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 Ending the HIV Epidemic Plan

12/30/2020

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EXECUTIVE SUMMARY

The Ending the HIV Epidemic Integrated Plan was collaboratively developed by the Prince George's County Health Department (PGCHD); epidemiologists; HIV prevention programs; HIV care and treatment programs; those infected and affected by HIV; providers of health and social services; criminal justice system representatives; and the residents of Prince George's County. Prince George's County's Plan is organized to reflect the Center for Disease Control and Prevention's Four Pillars: Diagnose, Treat, Prevent, and Respond.

Diagnose – Expand HIV testing so individuals are aware of their HIV status; identify persons with HIV who remain undiagnosed and linking them to healthcare

Treat – Ensure that individuals with HIV receive treatment to stay healthy and prevent transmission to others; retain persons diagnosed with HIV in health care; and increase viral suppression

Prevent – Improve access to Pre-Exposure Prophylaxis (PrEP) to prevent new infections, particularly for persons to remain HIV negative, as well as other prevention interventions such as condoms and harm reduction

Respond – Identify geographic clusters and respond immediately to reduce further HIV transmissions

Recognizing that work is important to stabilize health, Prince George's County is committed to developing a health workforce to combat HIV and AIDS.

Healthcare Workforce – Increase the number of service providers who treat, care for, and prevent HIV and substance abuse; and provide culturally congruent service training.

Accomplishments For 2020

Developed Prince George's County Ending the HIV Epidemic Draft Plan 5/1/2020

Concurrence was met on December 21, 2020 to accept the Final Prince George's County Ending the HIV Epidemic Plan. Twenty (20) of the twenty-three (23) Prince George's County HIV Advisory Group members accepted the plan as written. Three of the members were out of town and could not be reached.

Existing local prevention and care integrated planning bodies

The Engagement Process included 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).

Community Engagement Partners

Local Community Partners comprised of prevention and care agencies and individuals who represent the key population were engaged in focus groups, targeted individual conversations,

the Prince George's County HIV Advisory Group (PGC on HIV). Other community partners include Syringe Services Programs, social groups, media agencies, and federal, state, and local representatives. PGCHD hosted one major Town Hall with more than 117 participants from across the county. Panelists included several residents from the county, a TV and Radio host, a person living with HIV/AIDS and federal and local government representatives. The Town Hall was hosted via Zoom by WUSA 9, a CBS affiliate covering Maryland, Virginia, and the District. The Town Hall served as an opportunity to inform the community about what Prince George's County is doing to Eliminate HIV, allowed participants to ask questions, and informed them where to get additional information. Four hundred and seventy-eight (478) commercials were aired using our tagline #CancelHIV. These commercials aired during NFL football games and in multiple newscasts. In addition, the ads were launched on the internet through video and digital display delivery. In all the message was seen in the region over 20 million times. The engagement of community partners fostered agreement and collaboration as we created our plan. Educational institutions in the County, including universities, colleges and the public-school system also participated in the engagement process allowing us to hear the voices of young people.

Stakeholders across Prince George's County participated in the Engagement process, providing recommendations and assisting in the planning for Prince George's County Elimination of HIV Plan.

- Prince George's County HIV Advisory Group: began recruitment in summer 2020
- An HIV Advisory Group was developed from across the county representing stakeholders who were providers, consumers, community agencies, academia, and members of communities who are most affected, e.g., LGBTQ women and men from targeted areas). We also included local, state and federal government representatives.
- Partner engagement: convened four subcommittees to gather information to be included in the plan
- Consumer/community engagement: conducted over 20 focus groups via Zoom and in numerous face-to-face meetings
    - Δ New Voices: members of Delta Sigma Theta Sorority, Inc., and Omega Psi Phi Fraternity, Inc., participated in the consumer/community engagement groups
- Three new partners: *Sisters4Sisters*, a community-based organization (CBO) will provide, to vulnerable women, men, and teens, community-based outreach programs that include education, testing, awareness, and prevention; *Bowie State University*, a Historically Black College/University, expanded their certified ATOD Peer Education Program; and *Solid Rock Full Gospel Baptist Church* will host a virtual, web-based, psycho-social support network for people living with HIV.

Addressing Service Gaps

- Four subgroups (Service Delivery, Special Populations, Criminal Justice/Mental Health/Substance Abuse, and Social Media) met to review, discuss, and add information to update each pillar of the plan. The service gap information was used as feedback and

evaluation to make improvements and determine ways to solicit additional information from providers and consumers

- Final presentations to the HIV Advisory Group of the data compiled from the focus groups, surveillance, partners etc. 12/17/20
- Final Plan submitted to the PGC HIV Advisory Group for concurrence 12/18/20
- ***The Prince George's County HIV Planning Group reached*** Concurrence was reached 12/21/2020

Upcoming Activities For 2021

- The PGC HIV Advisory Group will meet every other month to review data, discuss the EtHE plan, and offer recommendations for strategies for improvement
- HIV Service Provider Meeting: planned for February 2021
- Engagement meeting with the LatinX community: Spring 2021
- Evaluate service gaps, and changes in the plan reviewed by subcommittees: Ongoing
- Host four (4) consumer/community engagement sessions: by December 30, 2021

Introduction

While great strides have been made toward the elimination of HIV/AIDS through the National HIV/AIDS Strategy and Implementation Plan, there is still much to be explored concerning 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 biased mass incarceration. In many ways, race intersects with poverty, gender, sexuality and other factors and becomes the primary denominator of a multifaceted social condition and the rationalization for massive health inequities.

In 2019, Prince George's County (with 289 new diagnoses) had the highest per capita rate of new HIV diagnoses in the state, followed by Baltimore City (with 200). [Source: HIV in Maryland, 2019 Fact Sheet]. According to the HIV in Prince George's County 2020 Fact Sheet, "At the end of 2019, there were 7,926 people living with diagnosed HIV in Prince George's County. Just next door in the District of Columbia, there were 360 new diagnoses in 2018, with 12,322 residents living with HIV. [Source: 2019 Annual HIV/AIDS Epidemiology and Surveillance Report for Washington, DC] Unfortunately, Prince George's County also has the state's highest rates of sexually transmitted diseases (e.g., chlamydia, gonorrhea, and syphilis) in the state. [Source: Sexually Transmitted Infections, 2018 Annual Report]

This Plan includes strategies for:

1. Expanding HIV testing so individuals are aware of their HIV status; identifying persons with HIV who remain undiagnosed, and linking them to health care.
2. Helping individuals with HIV receive treatment to stay healthy and prevent transmission to others; retaining persons diagnosed with HIV in health care; and increasing viral suppression so they remain healthy.
3. Improving access to Pre-Exposure Prophylaxis (PrEP) to prevent new infections, particularly for persons to remain HIV negative, as well as other prevention interventions such as condoms and harm reduction.
4. Increasing the number of service providers who treat, care for, and prevent HIV and substance abuse; and providing culturally congruent service training.
5. Identifying geographic clusters and responding immediately to reduce further HIV transmissions.

Ending the HIV Epidemic (EtHE) Integrated Plan

Ending the HIV Epidemic Integrated Plan was collaboratively developed by Prince George's County Health Department (PGCHD); epidemiologists; HIV prevention programs; HIV care and treatment programs; consumers (those infected and affected by HIV); providers of health and social services; criminal justice system representatives; and residents of Prince George's County. The Plan is informed by PGCHD's participation in regional HIV planning bodies; formal and informal discussions with providers of HIV services in Prince George's County; and consumer/community engagement sessions to speak with people who provide and access services. These collaborations allowed us to gain a comprehensive understanding of HIV care in Prince George's County and beyond. To reduce duplication of services and maximize use of available resources, this effort identified organizations providing services that addressed unmet needs and service gaps.

This integrated plan will help improve management of fiscal and human resources in pursuit of results which will allow us to examine the total resources available to the County and ensure that we reduce duplication and better target to serve those most at risk. It may also lead to better results in resources for the organizational effectiveness and efficiency. This integrated plan allows for transparency of what services are planned, who in the County and how they will be delivered.

In developing the EtHE Integrated Plan, participants were strategic about:

- Leveraging existing resources to have maximum impact
- Implementing sustainable policies and programs
- Identifying strengths on which to build initiatives
- Developing a comprehensive system of care for HIV
- Increasing the number of residents in Prince George's County who are virally suppressed
- Increasing PrEP availability of those who seek it

Prince George's County Health Department Mission

The mission for the Prince George's County Health Department is to (1) protect the public's health; (2) assure availability of and access to quality health care services; and (3) promote individual and community responsibility for the prevention of disease, injury, disability, and to make optimum HIV care accessible to all Prince George's County residents.

Prince George's County Vision

Prince George's County, Maryland will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race-ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality life extending care, free of stigma and discrimination, free or at an affordable cost.

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.
- **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

A variety of stakeholders across Prince George's County was invited to engage in a planning process that assess HIV service needs and gaps across the continuum of prevention, care, and treatment. Using County-specific HIV surveillance data—in combination with on-the-ground information from consumers and community-based providers—will help us to enhance efforts to find individuals who are most vulnerable by identifying areas in the county where viral loads are highest. This information will also help focus funding from Prince George's County Health Department (PGCHD) on population-specific services and interventions. Ultimately, these efforts will help in providing guidance on how to devote the resources for interventions that are most supportive of the continuum of care demonstrated by the HIV treatment cascade:

Source: CDC, Understanding the HIV Care Continuum https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf

There are currently four types of partners that will participate in the planning process:

1. Local prevention and care integration planning bodies in the County and the region;
2. Local service providers, i.e., County agencies and entities providing healthcare or social support services to people with HIV;
3. Local community partners, community-based organizations that directly serve people with HIV in hard-to-reach populations, e.g., homeless, IV drug users, returning citizens, youth.
4. Consumers, including people living with HIV; community residents who live in areas with high incidence of HIV; and those who need prevention support to remain negative and virally suppressed.

Local Prevention and Care Integration Planning Bodies

Key regional planning stakeholders include the 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 statewide 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 providers and people living with HIV and AIDS, 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 Service Partners

Partners within the County who address prevention or serve people living with HIV include public health, social service, and clinical providers. The County's public schools are also important partners in educating young people about HIV and STIs. Currently, our County local service partners and their upcoming HIV awareness plans include:

- **Prince George's County Health Department** will host a meeting in 2021 with all current providers of HIV and AIDS services in the County, as well as other organizations and agencies that serve similar populations for other prevention, care, and treatment services.
- **Prince George's County Department of Social Services**, will share data on the services available, unmet need, and service gaps. The Deputy Chief Administrative Officer for Health, Human Services and Education will facilitate discussions with providers in their network on what is needed and how HIV/STI education and prevention strategies can be incorporated across all agencies.
- **Educational institutions** in the County—particularly the public school system but also colleges and universities—share more detailed data and information about the epidemic, workforce/health development, and integration of prevention services in their institutions. Students and staff will receive HIV/STI education and provide suggestions on how to improve prevention and treatment services.

Local Community Partners

Local community prevention and care organizations are important partners in the provision of services, as well as the planning process. They have established trusting relationships with clients and have positive reputations in the community. They have special access to target populations who may be difficult to reach or reluctant to engage (e.g., people who are homeless, IV drug users, youth) in those ZIP Codes that are identified as having high incidence/prevalence/clusters (see Table 2 in Appendix C: Community and Provider Engagement). Existing relationships also allowed our partners to bring additional voices to the table, such as returning citizens, transgender women, substance users, people who are homeless,

and young Black and LatinX men. Collaboration with these community partners is also an important part of the concurrence process, and engaging with community members for feedback, encouraged collaboration and provided information to and from the community, which resulted in a more viable plan. See Table 1: Engagement Activities in Appendix C: Community Engagement for more information. Currently, our community partners include:

Us Helping Us, People Into Living, Inc., is 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 identified venues and recruited individuals (both persons who are diagnosed HIV positive and HIV negatives who are considered at higher risk) to participate in engagement sessions. They provided information and engaged 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 provided specific data and information to individuals about HIV, other health issues, and current resources. Their focus was on young Black Gay men between the ages of 13 and 30. Engagements occurred in formal and more informal settings, such as homes, tea parties, and other venues that allow a safe space for everyone (this made it easier to get broad participation) within the focus groups.* This year, US Helping US was funded to participate in the Workforce Development Program: Peer Linkage to Care Navigator program. Building on the effectiveness of their peer education program, the Peer Educator Program at Us Helping Us hired and trained three (3) young Black and Latino gay, bisexual and other men who have sex with men, ages 18-29 years, to implement peer-based HIV prevention in Prince George's County, Maryland. In addition to education sessions on sexual health and sexual relationships, Us Helping Us provides regular testing for STIs and HIV; PrEP and PEP prophylaxis; substance use disorders; and navigation to harm reduction services, including HIV testing, syringe services. Peers work an average of 20 hours a week and completed the state-recognized Community Health Worker certification, which is add-value to the proposed project.

SLK Health Services, Inc., is an organization that provides outreach efforts for persons living with HIV/AIDS, and those at risk with complex issues such as substance use, psychosocial issues, and homelessness. They use peers/community health workers to work directly with homeless persons, substance users, and victims of domestic violence who may not come to a formal setting. This peer-to-peer connection allows for otherwise marginalized voices to be heard. The organization educates and informs individuals of resources that exist. *The agency helped recruit consumers for Zoom engagement sessions this year and will do so next year in neighborhood community centers, homeless shelters, and informal street encounters in various communities, to ensure voices are heard and incorporated into the plan.*

La Clinica del Pueblo, Inc., has been involved in working with the Latino community for over 37 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, including immigration and linguistic challenges. As a community-based organization and a FQHC, the organization will assist in creating safe spaces as well as provide linguistic support so that Spanish-speakers who need care and prevention services are heard from and gaps in care that exist in Prince George's County are recognized. They speak with other providers to address ways in which barriers that prevent

access to care can be removed. Individuals are presented with information (demographics, HIV profile, etc.) specific to their target population; receive HIV prevention health education; and be informed on how they can provide ongoing feedback during the planning and implementation phase.

Casa Ruby is an organization run and led by transgender women of color. Founded almost 30 years ago, it has offered support in social services and programs catering to the most vulnerable in the surrounding areas including Prince George's County. They offer a wide variety of programs and services, ranging from emergency housing to non-medical case management. *They facilitated engagement sessions to determine how and where to expand services, barriers to healthcare, discuss anti-transgender violence and capture data.*

Family and Medical Counseling Service, Inc., was 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 two (2) years. *They facilitated our consumer/community engagement process by representing and connecting us with people who are/were actively involved with substance use.*

Heart to Hand, Inc. (H2H) is a grassroots 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. They also provide testing, health education, and resources to 1,500 individuals annually. *They engaged residents in our most HIV prevalent and hard-to-reach areas.* This year, they were funded to participate in the Workforce Development Program: Peer Linkage to Care Navigator program, which will provide short and long-term linkage to care activities, individual and group health education sessions, and STI, HIV, and Hepatitis C testing and counseling.

New Community Partners in 2020

Solid Rock Full Gospel Baptist Church The purpose of this psychosocial support services project is to enhance workforce development by hosting host a virtual, web-based support system to address behavioral and physical health concerns of people living with HIV, their family members, and caregivers who reside in Prince George County, MD. This will provide workforce development and expanded access to mental health and support within a faith-based framework.

Sisters4Sisters Over the past 10 years Sisters4Sisters, Inc. has hosted culturally sensitive, community-based outreach programs that include education, testing, awareness, and prevention campaigns throughout Prince Georges County. Their program, "SOS, Saving our Sisters from HIV-AIDS," has impacted many vulnerable women, men and teens throughout our community, particularly among those who are age 40+, heterosexual, substance users, or victims of sexual and domestic violence. Sister 4 Sisters will be responsible to hold 3 major events, "Relationship Building and Re-starting in the Era of HIV" will feature issues related to reducing African

American and Latino women and men risk from domestic/ sexual violence, STIs, PrEP. These events may also include returning to the workforce for those who are living with HIV and AIDS.

Bowie State University Bowie State University is a Historically Black College/University located in northeast Prince George's County. This Workforce Development partnership will work to expand the current ATOD Peer Education Program that certifies Peer Educators who facilitate substance abuse workshops to students at Bowie State University. Expanding the program included training student opinion leaders, five (5) Peer Educators from the Nursing Department to conduct peer-to-peer outreach education on risk assessment, STIs and HIV, PrEP, HIV testing, and where to get these services on and off campus. Peer educators also spent at least 20 hours sharing with and transferring this information to community based organizations serving young people. The program is also developing social media for HIV awareness, as well as using the Arts for risk reduction messages and developing short vignettes depicting "what would you do" scenarios.

Prince George's County HIV Advisory Group

In late 2020, PGCHD recruited founding members of the Prince George's County HIV Advisory Group, consisting of representatives from provider organizations, universities, SSPs, CBOs, health departments, justice system, and social services, as well as Prince George's County residents and consumers. Ultimately, this group will consist of no more than 40 members from Prince George's County, including representatives from community-based programs, social services, hospitals, educational institutions, and consumers. The PGC HIV Advisory Group will intentionally include young people, men who have sex with men, transgender women and men, persons with personal knowledge of substance use, and residents who live in areas of the County with high HIV prevalence. The diversity of members on the PGC HIV Advisory Group will enhance planning for the unique needs of Prince George's County's priority populations and the complex health care infrastructure in the region.

The original 23 members met twice in late 2020 to establish subgroups to work on each of the Four Pillars. Advisory Group members contributed to the content; reviewed draft documents; and provided the consensus on this Final 2020 Plan.

Starting in January 2021, the PGC HIV Advisory Group will meet every other month to discuss strategies and make recommendations to the Health Department on how to strengthen Prince George's County's EtHE plan/Plan to Eliminate HIV by 2030 and close the service gaps in the County. At their first meeting, members of the PGC HIV Advisory Group will have the opportunity to the provide suggestions on the contents of this plan and review data in the context of the local service system. This may require the creation of a service inventory of resources in Prince George's County—and beyond—so that resources can be managed strategically.

Strategic recruitment of key participants in the Advisory Group continues. The PGCHD plans to recruit youth to participate in the planning process by reserving two seats on the expanded HIV Advisory Group for people under age 18, as well as ensuring they are represented in the quarterly consumer/community engagement meetings. Potential sources for youth participants include local schools and LGBTQI youth organizations. As the planning process continues, it is

expected that additional agencies, organizations, and individuals that should be included in future activities will be identified and invited to participate.

Prince George's County HIV Advisory Group Members 2020

FIRST NAME	LAST NAME	AFFILIATION
Vanessa	Cooke	Bowie State University
Manuel	Diaz-Ramirez	La Clinica del Pueblo Male
Debra	Dyson	SLK consumer
Kyla	Hanington	PGC Human Relations Committee
DeMarc	Hickson	Us Helping Us Male
Corenne	Labbe	PGC Department of Corrections
Theresa (Terri)	Liberatori	University of MD Medical Center
Michel (Mike)	McVicker-Weaver	AFH
Rose	Nesbitt	Pan Africa Christian AIDS Network
Krystal	Oriandha	LGBTQ Dignity Program
Renee	Patterson	PGC Sheriff
Sylvia	Quinton	Strategic Community Services, Inc
Michele	Richardson	PG Community College
Elder Gregory	Rhinehart	Solid Rock Full Gospel Baptist Church
Tonia	Schaffer	Resident Prince Georges County
Linda	Scruggs	Solid Rock Full Baptist Church/Ribbons
Larry	Villegas-Perez	Greater Washington Hispanic Chamber of Commerce
Carolyn	White-Washington	Sisters 4 Sisters (SOS)
Anne	Wiseman	Heart to Hand
Angela	Wood	Family Medical and Counseling Services
Mark	Young	WUSA 9

These are the founding members who—along with PGCHD staff—met in groups to address each of the Four Pillars to review the Ending the HIV Epidemic Draft Plan, submitted on December 30, 2019 and helped to develop the Final Ending the HIV Epidemic Plan, submitted on December 30, 2020.

The PGC HIV Advisory Group is comprised of the following: *Females:15; Males: 6; African Americans: 16; LatinX: 2; Whites: 3 - Representing People Living with HIV and AIDS, LGBTQI and Heterosexual communities.*

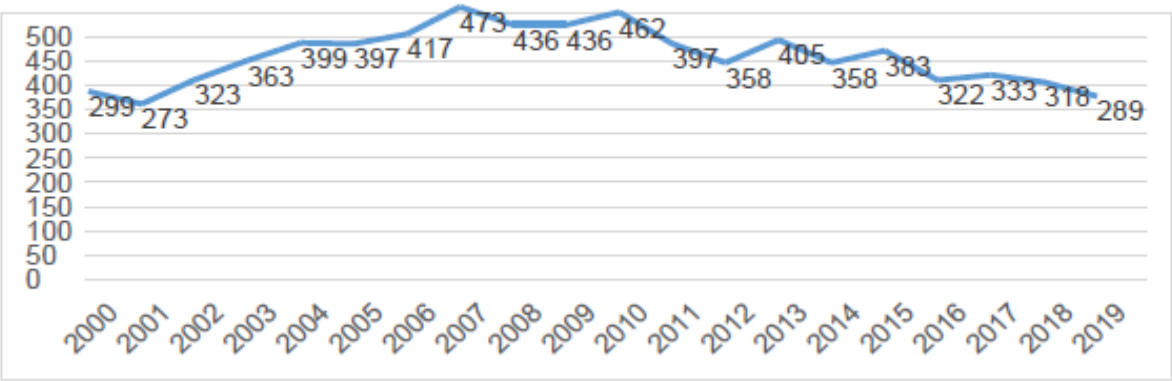
Section II: Epidemiologic Profile

HIV Incidence

In 2019, there were 289 people diagnosed with HIV in Prince George's County, a slight decrease from 2018's total of 311. The County had 31% of all new HIV cases in Maryland in 2019—once again the highest in the state—but represents only 15% of the state population, highlighting the disproportionate burden of HIV in the County.

Sources: https://phpa.health.maryland.gov/OIDEOR/CHSE/SiteAssets/Pages/County-Data-Sheets/Prince-George%27s-County-Fact-Sheet99.pdf
https://phpa.health.maryland.gov/OIDEOR/CHSE/SiteAssets/Pages/statistics/Maryland-HIV-Fact-Sheet2.pdf

Number of New HIV Diagnoses (Age 13+), Prince George's County, 2019



Source: PGCHD Epidemiology

New HIV Diagnoses (Age 13+), Prince George's County, 2019

	N	%
Sex (Age 13+)		
Male	199	68.8
Female	90	31.1
Race/Ethnicity (Age 13+)		
Black, NH	240	83.0
Hispanic	32	11.1
White, NH	10	3.5
Asian, NH	3	1.0
Other	4	1.4
Country of Birth (Age 13+)		
United States	200	69.2
Foreign-born	55	19.0
Unknown	34	11.8

Source: PGCHD Epidemiology

- More than two-thirds (68.8%) of all new HIV cases were among men.
- While Black, non-Hispanic residents comprise 61.8% percent of the Prince George's County population they represent 83% of people with new HIV diagnoses in 2019.

New HIV Diagnoses (Age 13+), Prince George's County, 2019

	N	%
Age at Diagnosis		
13-19 Years	9	3.1
20-29 Years	95	32.9
30-39 Years	72	24.9
40-49 Years	51	17.6
50-59 Years	34	11.8
60+ Years	28	9.7
Exposure (Age 13+)		
Men who have sex with men	149	51.6
IV drug use	16	5.7
Men who have sex with men and IV drug use	3	1.1
Heterosexual	120	41.6
Perinatal	0	0.0

Source: PGCHD Epidemiology

- More than half (57.8%) of new cases were diagnosed in persons between 20 and 39 years of age, with the majority—one-third of all new diagnoses—in the 20-29 age range (32.9%)
- Half of new cases were among men who have sex with men (51.6%)
- The number of new diagnoses among adults age 60+ doubled since last year, from 14 in 2018 to 28 in 2019

In 2019, rates of new HIV diagnoses remained higher in western Prince George's County, in those ZIP Codes closest to the District of Columbia.

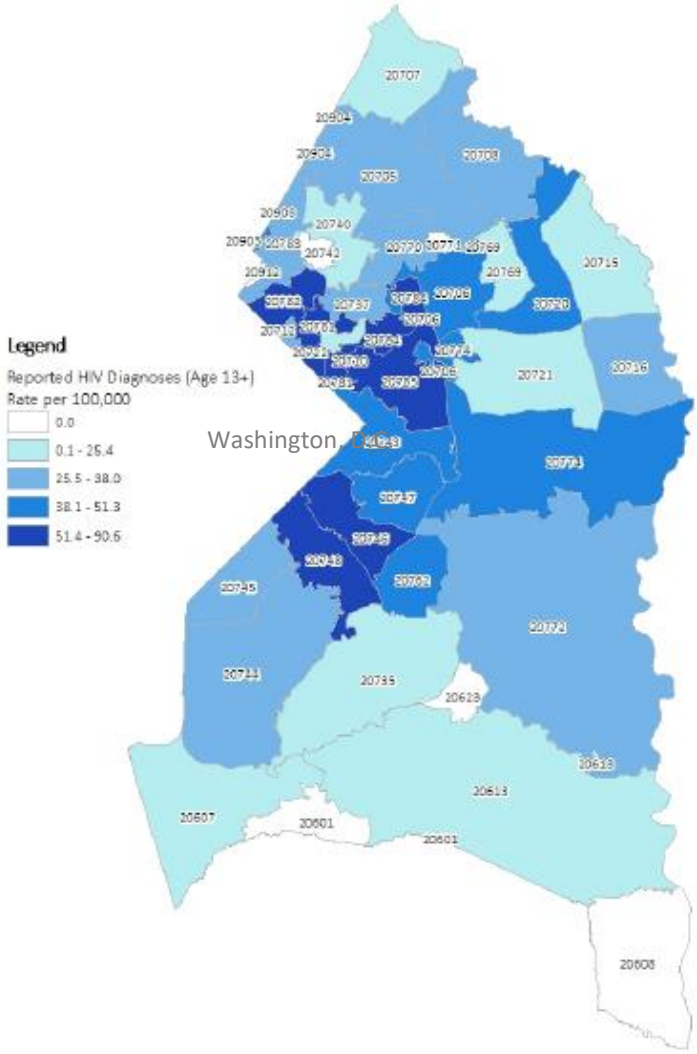
As noted in Maryland's Integrated HIV Plan 2018-2022:A Comprehensive, Coordinated Response to HIV for Baltimore and Maryland, "Because persons living with HIV may access services across the DC Metropolitan Statistical Area (MSA), tracking patient care across jurisdictions is especially challenging."

Source: Maryland's Integrated HIV Plan 2018-2022:A Comprehensive, Coordinated Response to HIV for Baltimore and Maryland
https://phpa.health.maryland.gov/OIDPCS/CHCS/SiteAssets/Pages/Home/HIVPlan2019.pdf

The number of providers and locations available in a dense urban area can be an advantage, but residency also plays a role in obtaining services. It is also known that some people seeking care must "game the system" to get what they need. Several returning citizens were told "I can get you services but they won't be in Prince George's County," so they used an old ID with a Washington, DC, address to access services there instead. Both providers and consumers said that the only culturally congruent providers for transgender women who live in Prince George's County are across the border in the District or Virginia.

2019 Rate of New HIV Diagnoses (Age 13+) in Prince George's County:
38.0 Per 100,000

New HIV Diagnosis Rates (Age 13+) by ZIP Code, Prince George's County, 2019



As shown on the map above, the ZIP Codes in Prince George's County with the highest Rate of New HIV Diagnoses for people age 13+ in 2019 are in areas closest to the District of Columbia:

20746 Suitland/Morningside Borders the District	**20748** Hillcrest Hills/Camp Springs Borders the District	**20784** Landover Hills/New Carrollton
20781 Hyattsville/Rogers Heights Latinx	**20782** University Park University of Maryland	**20785** Cheverly/Greater Landover
20722 Brentwood/Cottage City Borders the District	**20710** Bladensburg Latinx	**All are inside the Beltway**

Source: PGCHD Epidemiology

HIV Prevalence

As of 2019 there were nearly 8,000 County residents living with HIV (n=7,926), with an additional estimated 1,025 people with undiagnosed HIV. Similar to new HIV diagnoses, the majority of living HIV cases in the county are Black, non-Hispanic (83.1%) and male (67.9%). However, as of 2019, 42.1% of residents living with HIV in the County are 50 and older, an increase from 34.3% in 2013. As people with HIV live longer, conditions associated with older age, cancer and chronic diseases, have a greater impact on overall health and affect HIV management.

People Living with HIV (Age 13+), Prince George's County, 2019

	N	%
Sex (Age 13+)		
Male	5,384	67.9
Female	2,542	32.1
Race/Ethnicity (Age 13+)		
Black, NH	6,585	83.1
Hispanic	634	8.0
White, NH	316	4.0
Asian, NH	42	0.5
Other	343	4.3
Country of Birth (Age 13+)		
United States	6,519	82.2
Foreign-born	1,179	14.9
Unknown	228	2.9

	N	%
Age at Diagnosis (Age 13+)		
13-19 Years	48	0.6
20-29 Years	860	10.8
30-39 Years	1,850	22.7
40-49 Years	1,870	23.6
50-59 Years	2,057	25.9
60+ Years	1,286	16.2
Exposure (Age 13+)		
Men who have sex with men	3,781	47.7
IV drug use	572	7.2
Men who have sex with men and IV drug use	194	2.4
Heterosexual	3,261	41.4
Perinatal	89	1.1
Other/Unknown	29	0.4

Source: PGCHD Epidemiology

People Living with HIV (Age 13+) by Ratio, Prince George's County, 2019

1 in 96 Overall Residents	**1 in 67** Male Residents	**1 in 157** Female Residents	**1 in 73** Black, NH Residents	**1 in 205** Hispanic Residents	**1 in 317** White, NH Residents

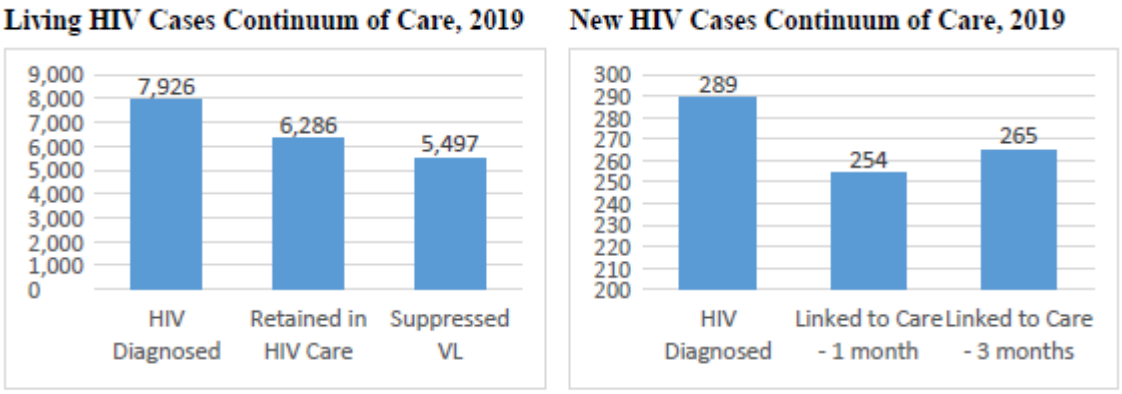
Source: PGCHD Epidemiology

Continuum of Care

HIV Testing and Linkage to Care In FY2019, there were 6,856 HIV tests performed by the PGCHD and its partners. About half of those tested were male (50.5%), and 63% were between the ages of 20-39 years. Almost two-thirds (65.0%) of those tested were Black, and 17.1% were Hispanic. Only half (52.2%) of the 23 newly diagnosed clients identified through testing were linked to care within 30 days of diagnosis, less than the goal of 90%.

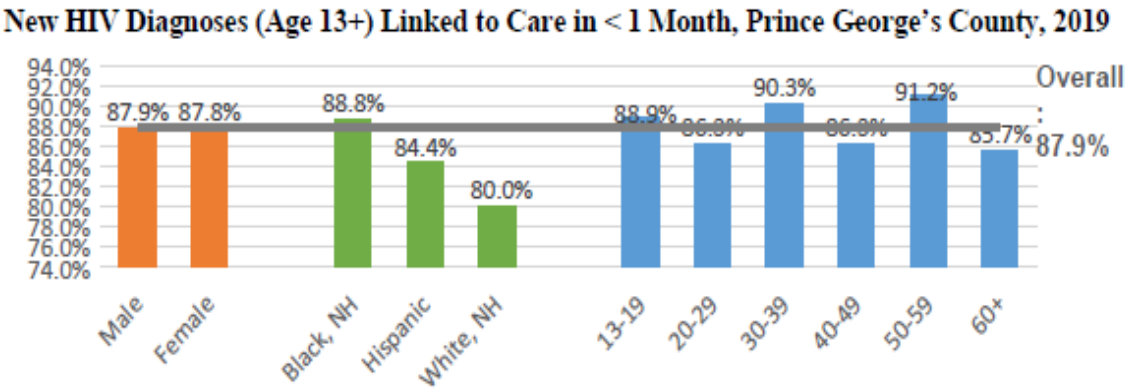
Retention in Care Per 2019 data, nearly eight in ten residents with HIV (79.3%) in the County are retained in HIV care (similar to the state's 80%) and 69.4% have a suppressed viral load, slightly higher than the state's (67%). Of the 289 new HIV diagnoses in 2019, 254 cases (87.9%) were linked to care within one month, which is higher than Maryland overall (82.5%) and above the national goal of 85.0%. Nine in ten (91.7%) new cases were linked to care within three months.

Prevalence-Based Estimated HIV Continuum of Care, Prince George's County, 2019



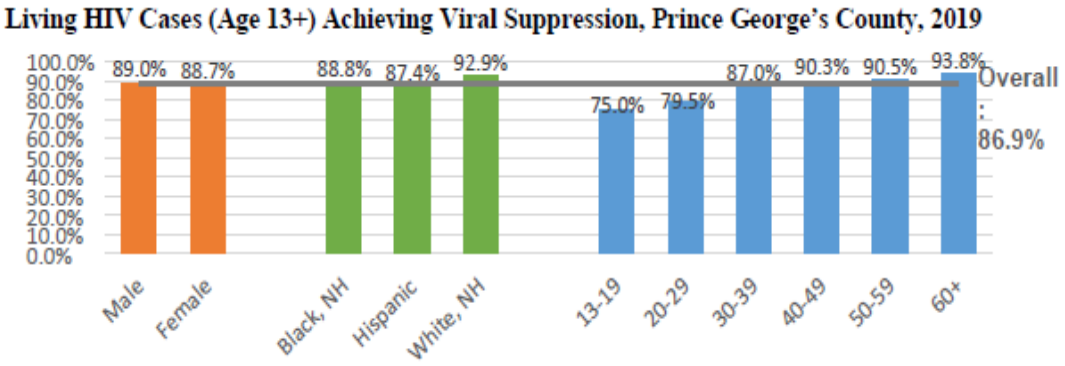
Source: PGCHD Epidemiology

In 2019, linkage to care within one month was highest for females, Hispanic residents, and those 40-49 years of age. Those least likely to link to care within a month were youth aged 13-19 (70.0%) and people aged 50-59 (71.4%).



Source: PGCHD Epidemiology

In 2019, 86.9% of people age 13+ living with HIV in Prince George's County had a suppressed viral load. Viral load suppression increased with age; three quarters of people aged 13-19 living with HIV were suppressed (75%), compared to nine out of ten people aged 40 and older.



Residents at Higher Risk

In Prince George's County, populations with a higher rate of HIV have remained consistent in recent years. Since 2010, new HIV diagnoses have remained concentrated among Black, non-Hispanic residents, residents ages 20 to 39 years, and men who have sex with men. PGCHD has also identified a number of special populations that engage in high risk behavior.

Young Black Men Who Have Sex with Men While Black, non-Hispanic residents are only 61.8% of the County's population, epidemiological data show they represent 83.0% of new HIV diagnoses in 2018. More than two-thirds of the County's new HIV cases in 2019 (68.6%) were among men, and the majority of people living with HIV in the County (67.9%) are men. More than half of new HIV cases in 2019 were among people aged 20 to 39 (57.8%), with the majority (32.9%) in the 20-29 age range. Most of those age 18+ living with HIV, however, were diagnosed at a later age, with only 0.6% diagnosed under age 19 and 10.8% diagnosed at age 20-29. Half of all new cases were among men who have sex with men (51.6%) and nearly half (47.7%) of those in the County living with HIV are men who have sex with men.

Heterosexuals As shown by epidemiological data above, nearly half (41.6%) of all people newly diagnosed with HIV were exposed through heterosexual sex, and 41.4% of those age 13+ living with HIV in Prince George's County were heterosexual. As noted during the consumer/community engagement sessions, adult heterosexuals who do not have LGBTQI friends are far less aware of new developments in HIV treatment and prevention, including viral suppression and PrEP. Many said the last time they received any HIV education was in high school. This was in the 1980s for those who are currently in the 50-59 age group, who represent 11.8% of new HIV diagnoses in the County.

Black Women In 2019, women represent nearly one-third of new HIV diagnoses (31.1%) and people living with HIV (32.1%) in Prince George's County. According to the Centers for Disease Prevention and Control, national statistics on women with HIV indicate most (85%) are exposed as a result of heterosexual sex. Additionally, HIV disproportionately affects Black

women nationally: in 2018 50% of all newly diagnosed women were Black or African American, although they represent only 13.3% of all women in the US. [Source: https://blackdemographics.com/population/]

People Who Use IV Drugs Nearly one in ten (9.6%) of the people living with HIV in Prince George's County in 2019 were exposed to HIV through either intravenous (IV) drug use alone (7.2%) or men who have sex with men in combination with IV drug use (2.4%). As of September 30, 2019, the Family and Medical Counseling Services' Syringe Services Program enrolled 112 program participants, distributed 9,800 sterile syringes, collected 4,563 used syringes, and made 111 referrals made for a variety of health and behavioral care services including HIV testing. According to our discussions with providers, IV drug users are also more likely to engage in high risk sexual behaviors and may engage in "transactional" sex, trading sex for drugs or money.

Youth Epidemiological data show that in 2019, there were 9 people between the ages of 13 and 19 diagnosed with HIV (3.1%) in Prince George's County, which is half that of 2018 (20 youth, 6.4% of new diagnoses). Among people aged 13+ living with HIV, only 0.8% were diagnosed in their teen years. Young people between the ages of 20 and 29 represented 32.9% of newly diagnosed cases in 2019. One in ten people (10.8%) currently living with HIV were diagnosed in their 20s, though they may have been exposed during their teens.

The Maryland Youth Risk Behavior Survey (YRBS) for 2018-2019 (the most recent data available) reported that high school students who identified as gay, lesbian or bisexual high school were only slightly more likely than heterosexual students to report engaging in HIV risk behaviors (see table, below). For both groups, substance use often played a role in sex (18.8% and 26.1%) but condoms did not (40.7% and 56.4%, respectively). Notably, 3.4% of heterosexual and 5.9% of gay, lesbian or bisexual Prince George's County high school students had injected an illegal drug with a needle at least once during their life.

Sexual Risk Behaviors Among High School Students in Maryland, 2018-2019

Risk Behavior	Heterosexual	Gay, Lesbian or Bisexual
Ever had sexual intercourse	30.4%	42.1%
Had sexual intercourse before age 13	3.5%	5.4%
Had sexual intercourse with 4+ persons	6.7%	10.6%
Drank alcohol or used drugs before last sexual intercourse	18.8%	26.1%
Did not use a condom during last sexual intercourse	40.7%	56.4%
Injected an illegal drug one or more times during lifetime	3.4%	5.9%

Source: Maryland Youth Behavioral Risk Survey 2018

LatinX Men Who Have Sex with Men According to epidemiological data from 2019, Hispanics represent 11.1% of new HIV diagnoses and 8.0% of those age 13+ living with HIV in Prince George's County. Looking at ZIP Code data where new cases are concentrated, it appears that several of them—20781-Hyattsville/Rogers Heights; 20722, Brentwood/Cottage City, and 20710-Bladensburg, have high proportions of Hispanic/LatinX residents (one-third to one-half in some communities). Source: US Census Quick Facts] According to the Centers for Disease

Control and Prevention, in 2018, the majority of new HIV diagnoses for Hispanics/LatinX was among men (87.6%), and 85% of those reported exposure through sex with other men.

African Immigrants People born outside the US represent 19.07% of new HIV diagnoses and 14.9% of those living with HIV in Prince George's County in 2019. Because 25.7% of the County's foreign-born residents were born in Africa, a group of African women with HIV was included in this year's consumer/community engagement sessions. One of the most striking things to come from that discussion was just how isolated this group is because of the extreme stigma associated with HIV in their culture.

Transgender Women and Men Except for client-level data at service providers, there are no reliable data available on the number of transgender people who have HIV in Prince George's County. According to feedback received from the community, transgender women and men who are not employed with health insurance can live economically fragile lives that put them at risk for HIV exposure. Information from providers indicate that the low-income transgender people they serve are often homeless or have unstable housing; engage in sex for survival; have a substance abuse disorder, depression, or anxiety issues; engage in needle sharing for injecting hormones or other gender-affirming procedures; and may be involved with the justice system or be returning citizens.

Returning Citizens As of December 31, 2018, there were 18,856 people living in 19 state prisons and 30 local jails, with another 70,248 under probation and 10,338 on parole. [Source: National Institute of Corrections] While there may be statistics on the number of people involved in the justice system in Prince George's County, there is no reliable data on how many are living with HIV, either in detention facilities or in the community, or for returning citizens coming home from facilities outside the area. Consumers and providers both noted returning citizens may have untreated chronic conditions in addition to HIV, and the insufficient support they receive threatens their continuity of care once they return to the community.

Priority Populations

The HIV epidemic in Prince George's County is very diverse, having significant impact on sexual minorities, injection drug users, homeless individuals, persons being released from corrections, and people of color (African Americans primarily, Hispanics and others). The HIV prevention and care delivery systems will continue to develop expertise in identifying, testing, referring and treating affected subpopulations and historically underserved communities. The County's strategy will be to continue to specifically target resources to high incidence/prevalence communities and racial and ethnic minorities disproportionately impacted by HIV/AIDS. We will continue to consider epidemiology data in the planning, implementation and evaluation of the strategy to ensure alignment between services and needs.

The most significant challenge associated with making individuals aware of their HIV status is that many individuals do not seek an HIV test on a regular or consistent basis, we will continue to place HIV screening/testing services in a variety of venues. Additionally, many individuals at highest risk for being HIV-positive and unaware of their serostatus are unlikely to be engaged in the healthcare system and may not be reached by routine HIV testing in clinical settings. For

these individuals, we will enhance our targeted community-based HIV testing strategy to reach clients and ensure the delivery of test results. We will continue to provide resources to support routine HIV screening and targeted testing in high prevalence healthcare and non-healthcare settings. The following narrative discusses why each population was chosen, the challenges and opportunities, specific activities, objectives, and planned outcomes.

Heterosexuals Notable challenges for working with the heterosexual population include lack of (or late) engagement into the healthcare system, lack of health insurance, poverty/unemployment, incarceration, substance abuse, mental illness and fear of disclosure. Other challenges include low perceived risk on the part of providers regarding their patients, stigma and cultural/religious customs and beliefs, and lack of individual risk perception.

In 2019, 39.3% of new HIV diagnoses in Maryland report heterosexual sex as their mode of exposure. The number of people living with HIV who were exposed via heterosexual sex is highest among Non-Hispanic Blacks and people diagnosed in their 50s (30.6%). [Source: HIV and Heterosexual Contact in Maryland 2019] Despite the disproportionate impact of HIV/AIDS in African American adults in Maryland, there is low perceived risk for HIV among this group, which may contribute to lack of HIV testing.

> ***Strategy:*** Activities that will be used to help meet the needs of the heterosexual target population include integrated HIV/STI/Hepatitis testing programs in STI clinics, HIV Testing in a variety of clinical settings, mobile/alternative venue HIV testing, HIV screening in mental health and drug treatment facilities, expanded availability of rapid testing HIV testing at faith-based organizations or other agencies that reach heterosexual clients, HIV testing social marketing campaigns, partner services, culturally tailored HIV outreach, and prevention and education programs. In addition, providing a comprehensive criminal justice program to include the courts, jails, and residential re-entry centers as venues for HIV testing and treatment.
>
> ***Strategy*****:** Black men within their community to give greater credibility to the reality of HIV risk for heterosexual men, and with linkages between community organizations serving HIV needs of Black communities (e.g., HIV counseling and testing programs) and community organizations serving the social and welfare services (e.g., job placement programs, public housing programs, fraternities, 100 Black men) that affect structural factors that heighten HIV risk for Black men.
>
> ***Strategy*****:** Organizational funding for community-based programming to ensure that programs can be developed and maintained in the community, once effective models of intervention for heterosexual Black men at risk for HIV are identified.
>
> ***Outcome*****:** Increased HIV counseling and testing, health risk reduction and services for early identification of HIV infection and other co-morbidities.
>
> ***Outcome*****:** Heterosexual men accessing PrEP and other risk reduction interventions

Young Black Gay Men Challenges for working with young Black men who have sex with men (MSM) include homelessness (or unstable housing), incarceration, physical poverty/unemployment, mental illness, sex trade, crime/violence/sexual abuse, fear of

disclosure/stigma, lack of engagement into the healthcare system, lack of health insurance, substance abuse, and lack of provider competence to implement culturally-informed services. Other challenges include marginalization, social exclusion, and internalized oppression (e.g., homophobia, heterosexism, rigid gender roles governing gender expression).

The proportion of new HIV diagnoses with MSM as the mode of exposure has been steadily increasing for the past decade and been the most common mode of exposure for new HIV diagnoses in Prince George's County. More than two-thirds of the County's new HIV cases in 2019 were among men, and the majority of people living with HIV in the County (67.9%) are men. More than half of new HIV cases in 2019 were among people aged 20-39, with the majority (32.9% or one-third of new cases) were in the 20-29 age range. Both African American and young MSM are less likely to access HIV testing and be engaged in the healthcare system due social exclusion, internalized oppression (e.g. homophobia, heterosexism), and anticipated cultural incompetence of healthcare providers.

Objective: Identifying Young Black Gay Men who have sex with men who may or may not be aware of HIV Status

Objective: Identify, Educate, Inform, Refer, and Link Youth to care and supportive services.

Objective: Retain in care and reach Viral Suppression

Strategy: Funding for targeted projects at organizations that are LGBTQ culturally competent and that provide such primary needs as housing assistance and food and to build awareness of the availability of HIV testing and treatment and referrals for those testing positive. Other effective interventions include HIV testing in clinical settings, integrated HIV/STI/Hepatitis testing programs in STI clinics, mobile/alternative venue HIV testing, partner services, HIV testing at substance abuse treatment and mental health programs, culturally tailored HIV outreach, prevention, and education. These programs should also understand the broader needs of adolescent health. Programs and social media campaign specially designed for young black Gay men and a second for young black and Hispanic youth. Support outreach on to black Gay men on Historical Black Colleges in Prince George's County especially through LGBTQ clubs on campus. Provide resources for a peer to peer model on campus and surrounding communities.

Outcome: Increased awareness of HIV, expanded access to a variety of venues for HIV testing, medical, and support services for young people black gay men.

Outcome: Young Black and Hispanic gay males between the ages of 13-30 seeking HIV/STI services in safe, culturally appropriate venues in their communities.

Outcome: Decreased likelihood of entering care and treatment late.

LatinX women and men According to epidemiological data from 2019, Hispanics represent 11.1% of new HIV diagnoses and 8.0% of those age 13+ living with HIV in Prince George's County. As the HIV epidemic has evolved, prevention efforts must evolve. With increasing disproportionate rates of HIV, a need exists to explore, understand, and intervene upon factors associated with exposure and transmission among Latino communities. Homophobia, stigma and

discrimination fuel HIV transmission, driving MSM underground, where shame and secrecy exacerbate HIV risk along with fear of rejection public humiliation. Latino MSM are put at higher risk for contracting STIs due to a combination of cultural social factors that influence risky sexual behaviors. Latino men are also less likely to use condoms with other men than they would with women, while machismo plays a big role in the community and so does lack of knowledge about HIV. The use of illegal drugs, including amphetamines, have been connected with riskier sexual behaviors. Higher rates of child sexual abuse have been connected to higher rates of risky sexual behaviors as adults, especially for Latino MSM.

> ***Strategy:*** Funding access for cultural appropriate HIV testing in venues where LatinX MSMs are comfortable.
>
> ***Strategy:*** We know to detect HIV at an early stage, to use treatment as a prevention, and reducing the viral load of a community. Fund LatinX organizations who work with the MSM Latino and who can create new tools that can be utilized to get Latino MSM to use PrEP and who are culturally and linguistically appropriate.
>
> ***Strategies:*** Provide targeted HIV testing through extensive outreach efforts, including street outreach (clubs, bars, mobile testing), and testing in non-clinical settings, along with PrEP that provide services to high-risk individuals (e.g. substance abuse treatment facilities, shelters, transitional housing, correctional facilities, and community-based organizations), utilize routine HIV testing programs in healthcare settings, i.e., local health department STI clinics, Behavioral health centers and those who are providing services for immigration.

Women While the proportion of new diagnoses among women has declined in recent years, as of 2018, women still represent 19.0% of new HIV infections, with 85% exposed through heterosexual contact. Nationally, Black/African American women represented 57% of women diagnosed in 2018, versus White (21%) and Hispanic (18%) women. African American women are hit hardest by HIV as the rate of diagnosis is 15 times as high as that of white women, and almost five time that of Latino women. In fact, HIV/AIDS-related illness was the ninth leading cause of death among Black women aged 20-44 in 2017, the most recent data available. [Source: Leading Causes of Death - Females - Non-Hispanic black - United States, 2017]

As in many communities of color, discrimination and stigma are significant factors that deter women and girls from knowing they should get tested, seeking more information on prevention and treatment options, and disclosing their status. Non-injection drug use contributes significantly to sexual transmission of HIV in Prince George. County. Substance users are more likely to engage in high risk sexual behaviors and may engage in “transactional” sex—trading sex for drugs or money. Substance using women between the ages of 18-40 are at high risk for transmission.

***Objective*:** Increasing HIV screening in all health care settings;

Objective: Ensuring the availability of testing for high risk individuals;

Objective: Increasing the availability of HIV care and support options to HIV positive individuals and women who are negative but high risk.

Strategy: Provide targeted HIV testing through extensive outreach efforts, including street outreach (clubs, hair salons, locticians hair designers, mobile testing), and testing in non-clinical settings, along with PrEP that provide services to high-risk individuals (e.g. substance abuse treatment facilities, shelters, transitional housing, correctional facilities, and community-based organizations), utilize routine HIV testing programs in healthcare settings, i.e., local health department STI clinics, Domestic Violence Services, Behavioral health centers and Faith based Institutions especially those with AIDS ministries.

***Strategy*:** Provide funding to FQHCs who have wellness clinics and women specific programs and emergency departments in high prevalence communities; and support a partnership with the Alcohol and Drug Abuse programs to provide and promote HIV testing in substance abuse service agencies. Fund community-based programs who support care and treatment for HIV/STI and other clinical and support needs of women and address other co-morbidities.

Outcome: Women will know their status and will learn social and behavioral skills to apply risk reduction strategies including incorporating as a source of prevention. PrEP

Outcome: Seek services that relate to women's health issues and preventative services.

Transgender This population is at very high risk of HIV infection due to engagement in high-risk sex work to survive and high-risk needle sharing practices of injecting hormones or other substances to alter gender presentation. Homelessness/unstable housing, stigma-induced depression/mental illness, substance abuse, and incarceration contribute to these risk behaviors. Additionally, transgender individuals are less likely to access HIV testing and be engaged in the healthcare system due social exclusion, internalized oppression (e.g. transphobia, rigid gender roles governing gender expression), negative experiences with previous healthcare, and anticipated cultural incompetence of healthcare providers.

Objective: Identify Transgender Women who may not be aware of their HIV status or who have fallen out of care.

Objective: Link and Retain Transgender Women in Comprehensive HIV/STI program and provide support services tailored to their needs.

Strategies: Significantly increase the number of persons newly diagnosed with HIV who are provided with a timely Partner Services interview through initiation of field follow-up based on client-level reports from HIV surveillance. Target resources to high incidence/prevalence communities where Transgender communities are disproportionately impacted by HIV/AIDS, STIs, and violence and sex crimes may occur. Contract with at least agencies who are culturally aware of the Trans community needs and who can treat clinical concerns of the community.

Strategies: Provide ongoing training opportunities for agencies and counselors who conduct HIV testing to increase skills for working with Transgender persons and to ensure appropriate referrals/linkages for all clients (including the homeless and recently incarcerated) provided in a culturally and appropriate manner. Implement an integrated Health Education/Risk Reduction, (Peer to Peer), PrEP, HIV testing, Partner Services and linkage to care Transgender Referral Model in Prince George's County.

Outcome: Increase the number of Transgender women who are awareness of HIV and the need to know serostatus.

Outcome: Increase the number of Transgender women seeking care in environments that are safe, and respectful for treatment, and support for HIV/STIs and other critical care.

African Immigrants In 2019, people born outside the US represent 19.0% of new HIV diagnoses and 14.9% of those living with HIV in Prince George's County in 2018. Because 25.7% of the County's foreign-born residents were born in Africa, a group of African women with HIV was included in this year's consumer/community engagement sessions. Recent African Immigrants are less likely to access HIV testing and be engaged in the healthcare system due to issues such as lack of culturally and linguistically appropriate health services, cultural/religious customs and beliefs, and fear of deportation. African cultural norms of sexual silence and rigid gender norms that amplify African male predispositions to have negative attitudes towards condom use, sexual negotiation, disclosure of HIV status and HIV testing, stigma, marginalization, social exclusion, lack of culturally and linguistically sensitive information makes this group vulnerable to behaviors that put them at risk for HIV infection including sexual exploitation.

Objective: Expand HIV testing at appropriate agencies/settings through the provision of training, technical assistance, rapid testing who work with immigrant populations.

Objective: Build provider capacity through education, technical assistance to effectively provide HIV testing and link HIV-positive individuals to prevention, care and support services through programs who have an understanding and experience with language, concerns/fears of immigrations, and role structure in the family.

Objective: Provide targeted HIV testing through extensive outreach efforts, including street outreach, mobile testing, and testing in non-clinical settings that provide services to high-risk individuals (e.g. shelters, transitional housing, correctional facilities, faith-based institutions and community-based organizations.

Strategies: Conduct and support health communication, public information and social marketing activities to increase knowledge of the importance of HIV testing and awareness of the availability of HIV testing, care and treatment services in local community areas where immigrants live.

Strategies: Provide training and technical assistance to medical providers to increase routine HIV screening in healthcare settings, including education in the language in which people can understand for those who currently are treating African immigrants. Develop Fact sheet in the appropriate languages to be given in medical and non-medical settings.

Strategies: Build the capacity of an organization of an organization who can work with the Health Department in providing services, risk reduction, referrals, care and treatment and sustain them with appropriate funding and resources.

Outcome: Increased biomedical intervention PrEP use, and sexual behavior communication and sexual assertiveness and knowledge about HIV prevention options.

Outcome: Increase their knowledge and use of community services for testing and care

Outcome: Reduce the number of new infections among new immigrants.

Criminal Justice System As of December 31, 2018, there were 18,856 people living in 19 state prisons and 30 local jails, with another 70,248 under probation and 10,338 on parole. One in seven persons living with HIV in the United States is processed through the criminal justice system each year (Centers for Disease Control and Prevention [CDC], 2014). Yet few prisons or jails in the United States offer opt-out HIV testing and few have comprehensive programs to provide critical services that link HIV-positive inmates to care after their release. Thus, jails and prisons have an opportunity to impact HIV detection, transmission, care and prevention. "In correctional settings, CDC recommends that HIV screening be provided upon entry into prison and before release and that voluntary HIV testing be offered periodically during incarceration.

Goals

- Identify new and existing cases of HIV who may have fallen out of care in the correctional facility population
- Link HIV-positive incarcerated persons to medical care and treatment during incarceration
- Link HIV-positive persons released back to the community to medical care
- Sustain people when released in medical care for HIV for six months following their release

Activities

New program (from the courts to time served out referral to community-based programs)

- Treatment/Prevention while incarcerated
- Training (Judges, correction officer, probation officers)
- Training: Corrections Health Service staff
- Education HIV/and other STI Diseases: Disease Intervention Specialist (DIS) worker out posted in correctional clinic
- Evidence based interventions
- Offer HIV test within 90 days of release (out posted position)
- Create referral support services to hand off upon release
- Educate incarcerated persons about the importance of HIV and STI testing, disclosure and the availability of medical care in the correctional setting and in the community.
- Offer HIV testing to all incarcerated persons scheduled for release who have no history of HIV testing within DOCCS
- Link HIV-positive incarcerated persons to medical care for HIV and supportive services following their release

- Link individuals who are most at risk to PrEP center in Prince George's County for prevention of HIV infection.

Anticipated Outcomes include the following:

- Increased availability of HIV testing, and other STIs counseling and referral services for reentry populations;
- Increased access and improved coordination of health, social and support services for reentry populations;
- Increased utilization of health services and adherence to HIV treatment plans;
- Behavior modification;
- Systems change relative to the development or enhancement of integrated community-based health, social and support services for reentry populations.

HIV Clusters

As of December 2019, one-third (33%) of individuals in active HIV clusters within Maryland are Prince George's County residents. However, almost three-quarters (72.1%) of these residents identified in active clusters are currently virally suppressed.

Due to the expansive nature of HIV network analyses, potential cluster investigations are conducted by the Maryland Department of Health's Center for HIV Surveillance, Epidemiology and Evaluation. Clusters are identified in two primary ways: through spatiotemporal geographic associations and genetic sequencing tests. Geographic clusters are identified when observed case counts exceed expected case counts based on a threshold set by MDH for each jurisdiction. Once a potential geographic cluster is identified available genetic sequencing results are used for confirmation. Cases with a sequencing match are reviewed against the continuum of care to ensure the entirety of the cluster is in care and virally suppressed. If viral suppression is not documented, the Prince George's County Health Department (PGCHD) Disease Intervention Specialists (DIS) provide case follow-up. In 2018, PGCHD DIS completed 35 investigations based on the cluster referrals.

Section III: Situational Analysis

Population and Demographics

The American Community Survey for 2019 estimates that Prince George's County's total population was 909,327. More than three quarters (77.8%) were over age 18; 47.2% were male and 52.8% were female. Young people aged 15-24 were 12.6% of the County's population, and 195,956 (21.5%) were aged 55+.

The County's residents are racially diverse: Black or African American (61.8%); White (16.0%); Asian (4.1%); American Indian/Alaska Native (0.4%); and Hawaiian Native/Pacific Islander (0.1%). One in five (22.7% or 206,277) County residents is foreign-born: 56.8% were born in Latin America and 25.7% in Africa. More than half (57.1%) of foreign-born residents are not U.S. citizens and nearly one quarter (23.3%) speak a language other than English at home (16.7% speak Spanish). One in five County residents is Hispanic (19.5%), with the majority from somewhere other than Mexico, Puerto Rico, or Cuba. [Source: American Community Survey]

Social Determinants of Health

The social determinants of health, "the conditions in which people are born, grow, live, work and age, including the health system" weigh more heavily in the cause and course of every leading category of illness than do any attitudinal, behavioral, or genetic determinant and can have a profound impact on health outcomes. This is the case for heart disease, diabetes, cancer, and it is equally true for HIV.

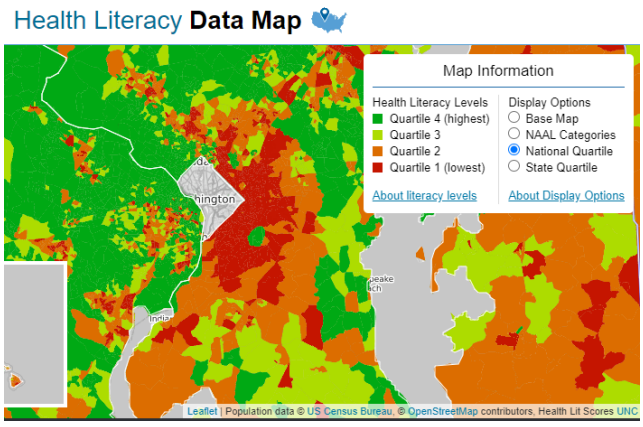
Therefore, attempting to combat HIV/AIDS through attitude adjustment and behavior modification alone is incomplete and ineffective. A strictly behavioral focus may also be misleading and increase stigma by implying that individuals' bad decisions are solely to blame for their poor health outcomes, and only those "other" people need to worry. Raising public awareness about the social, political, and economic conditions that exacerbate HIV/AIDS is key to changing the conversation. As we consider our strategies, we must include social determinants and structural implications throughout our planning process.

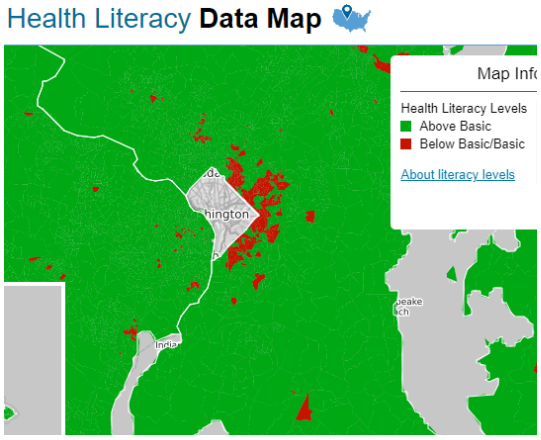
The Centers for Disease Prevention and Control lists five community components that have an impact on the health of individuals: Healthcare Access and Quality; Education Access and Quality; Economic Stability; Neighborhood and the Built Environment; and Social and Community Context.

Healthcare Access and Quality About 10% of Prince George's County residents are uninsured, while the majority have private health insurance (69.7%) or public coverage (31.9%). Even for those who are employed, 11.1% have public coverage and 12.1% have no insurance. One-quarter (25.0%) of those who are unemployed are uninsured. Notably, 7.6% of County residents aged 18-65 have a disability. [Source: American Community Survey 2019 (ACS2019)] There are five (5) hospitals and six (6) Federally Qualified Health Centers (FQHCs) operate eleven (11) facilities throughout the County. More than 60% of deaths in Prince George's County are due to chronic diseases like diabetes, hypertension and heart disease.

Education Access and Quality Prince George's County schools have an 86.7% graduation rate, compared to 90.2% in Maryland overall. Nearly one-third (33.1%) of County residents have a bachelor's degree or higher, compared to 40.2% of state residents. About 13.3% have less than a high school education. [Source: American Community Survey 2019] Unfortunately, graduation rates for the County's public schools dropped 4% from 82.5% in 2016-2017 to 78.5% in 2017-2018. This was the largest drop in the state—in Montgomery County it only dropped 1.2%, and the state saw only a 0.55% drop in graduation rates. According to a state audit, the problem centers on lack of documentation and absenteeism. Rates are only up 0.1%, to 78.6%, in 2019. [Sources: Washington Post, WTOP] Educational attainment is important because it is tied to both literacy and poverty rates. In 2020, an estimated 20% of Prince George's County residents with less than a high school diploma were living in poverty. Source: World Population Review

The University of North Carolina at Chapel Hill has created a mapping system to estimate the ability of people to understand health information. Based on the map below (left), much of Prince George's County is in the lowest quartile nationally, meaning many residents have basic or below basic health literacy (map below, right).





Source: Health Literacy Data Map

Economic Stability There are a number of factors to consider, including the local cost of living; employment and income; and housing burden. According to the Economic Policy Institute, the DC metropolitan area is the 10th highest annual cost of living nationwide ($105,539). Their Family Budget Map estimates that the cost of living for a family of four in Prince George's County is $90,824 per year (about $7,569 per month).

The 2019 American Community Survey estimates that the unemployment rate was 6.0% and 71.2% of people aged 16+ were in the labor force. One quarter (25%) were government workers, one in five (20%) were in the service industry, and one in (19.9%) were in sale and office occupations. Only 4.3% are self-employed.

By some measures, Prince George's County is relatively affluent. Median household income (in 2019 dollars), from 2015-2019 was $84,920. [Source: US Census Quick Facts]

Annual Income	%
Less than $25,000	10.7
$25,000-$49,999	15.8
$50,000-$99,999	32.4
More than $100,000	41.1

Housing According to American Community Survey 2019 data, about 5,703 (1.8%) of households in Prince George's County receive income in the form of cash public assistance (the mean amount was $2,676). The Federal Poverty Level (FPL) threshold for DC and Maryland is $12,760 for a household of one, and $26,200 for a family of four [Source: DHHS:ASPE] The 2019 American Community Survey estimates 8.7% of the County's residents live in poverty.

Even for those who are employed, the local cost of living can push a household into poverty. For example, although Prince George's County may offer lower cost housing than neighboring communities—73.7% of renters in Prince George's County pay between $1,000 and $1,999 per month—43% of renters are paying 35% or more of their household income in rent. [Source: American Community Survey 2019] This is worse for those who live in urban areas of the County (45%). Although the County has a supply of income-restricted rental options, more rental housing is needed for very low-income households. [Source: PGC Housing Fact Sheet] The Housing Authority's 2021 Plan notes that there are 4,115 families on the wait list for public housing, and 2,143 on the wait list for the housing voucher program.

Food insecurity—the economic and social conditions that create limited or uncertain access to food—is another measure of economic instability. The overall food insecurity rate of households in Prince George's County is 13.3%, but this may have changed as a result of the COVID pandemic. [Source: Feeding America] An estimated 29,021 people received SNAP benefits in 2019, representing about 9.3% of all households in the County. [Source: American Community Survey]

Homelessness The 2019 Point-in-Time (PIT) Enumeration for nine jurisdictions in the Washington Metropolitan area found that the number of people experiencing homelessness decreased by 6% in Prince George's County (from 478 people in 2018 to 447 in 2019). Homelessness in Prince George's County has dropped 29% since 2015.

> "Prince George's County attributes its decline in homelessness to its focus on six key strategies that have proven to be effective in reducing homelessness: coordinated entry; prevention assistance; shelter diversion; rapid re-housing; permanent housing; and, improved data collection and performance measures. In addition, Prince George's County made accommodations for five subpopulations with distinct needs. Collectively, they form a plan that aligns county efforts with federal strategic goals, shifts system focus from "shelter" to "housing", prioritizes programming for special populations, enhances system accountability, builds on current success, and provides new flexibility and opportunity." Source: Homelessness in Metropolitan Washington 2019

COVID has had a significant impact on the region's economy, and it is expected this will continue into 2021, particularly in terms of people being evicted for nonpayment after the CDC's moratorium expires.

Social and Community Context Prince George's County, Maryland is part of the Washington DC Metropolitan area. Geography is one of the key factors that explains the HIV/AIDS-related disparities we see among residents in Prince George's County. The effects of residential and regional disparities combine to raise the prevalence and burden of HIV/AIDS in the County. Located in the heart of the Baltimore/Washington corridor, the County borders Washington D.C.

and is just 37 miles south of the city of Baltimore. Encompassing almost 500 square miles, Prince George's County has an urban atmosphere that still manages to provide a scenic and peaceful place to live, work, and play. It has access to many urban-suburban amenities like a dense network of public transportation options. The County is among the nation's wealthiest Black communities, but approximately 9.4% of residents live below the poverty line. Even so, only 0.5% of County residents do not have a telephone, and the majority of households (94.3%) have a computer and/or a broadband internet subscription (97.2%). [Source: American Community Survey 2019].

Prince George's County residents who live in low-income, predominantly minority neighborhoods are significantly less likely to receive early HIV testing and treatment. The likelihood that an individual will know their HIV status or have knowledge of their viral load may not exist. Therefore, the community viral load is directly correlated with HIV/AIDS risk.

Stigma According to information obtained from the consumer/community engagement sessions, stereotypes that drive HIV stigma haven't changed much in the past 40 years and are still tied to outsiders' negative perceptions of the LGBTQI community. This can be challenging for a number of reasons, but one of the most important is that the stigma in Black, African American, and LatinX communities associated with negative stereotypes of LGBTQI people complicates discussions about men who have sex with men. Whatever it is that someone chooses to call themselves, it is the behavior—not the label—that puts one at risk for HIV.

On a deeper level, however, socio-cultural beliefs like homophobia and heterosexism, along with rigid rules governing gender roles and gender expression, allow little room for ambiguity or personal interpretation. Deviation from social norms and expectations is met with disapproval, discouragement, and potential shunning. This may be particularly true for immigrants from Africa and the non-Hispanic West Indies, or for individuals from a rigid, conservative faith community. Marginalization within one's own community because of homophobia, transphobia, stigma, and discrimination fuel HIV transmission by driving sexual behavior underground, where shame and secrecy, along with fear of public rejection and humiliation, exacerbate HIV risk. According to providers serving these populations, immigrants from nations/cultures with strong stigma and cultural taboos associated with sexual identity even find it difficult to talk about heterosexual behavior, and have negative attitudes towards condom use and sexual negotiation. Stigma affects the stigmatized in the form of internalized oppression that manifests itself in mental health issues like anxiety and depression, as well as distrust of the healthcare system due to previous experiences with discrimination.

HIV Healthcare Workforce

Due to constant change in health care, there is an increased need to go from just training employees to offering a more strategic approach that supports performance outcomes you need from the workforce. A local Health Force development system encompasses the organizations and activities that prepare people for employment, helps workers advance in their careers, and ensures a skilled workforce. These systems are complex, with multiple funding sources, programs, organizational missions, targeted populations, and labor market demands.

Stakeholders include employers, public workforce agencies, community colleges, community-based organizations, state and local governments, and hospitals.

Programs Funded for Peer Models As noted in Section I, PGCHD currently has three programs funded to support and expand peer-to-peer outreach and education models. These partners will create opportunities that values a great job, opens doors to financial independence, self-sufficiency, and thriving families and healthier communities. Due to poor employment histories, fear and anxiety over the possibility of disclosure, the reality of HIV-related prejudice and discrimination, and relative lack of job skills and/or education are leading factors for PLWHAs or other individuals that have been out of the main stream that has made it difficult to consider workforce (re)entry.

Additional issues such as fear of stress that can contribute to overall declines in health outcomes, fear of failure which can lead to further self-disappointment, a loss of social support, and a change of lifestyle they may have grown accustomed to while un (der) employed and receiving benefits are additional concerns will need to be assessed and provide support for individuals before entering this workforce certification program. Many HIV-infected individuals and others with disabilities feel they have become financial burdens to their families because of the financial support their families provide.

Heart to Hand, Inc. will engage people living with or affected with HIV/ AIDS to become a part of our prevention and care team. This program will provide training and support in order to develop the capacity of the peer to support clients along the HIV continuum. The *Peer Linkage to Care Navigator and Peer Program* will provide short and long-term linkage to care activities, individual and group health education sessions, and STI, HIV and Hepatitis C testing and counseling. The Peers will also work closely with the Harm Reduction program which is a non-status-based program that supports people that use drugs. Lastly, the Peer Linkage to Care Navigator will assist with maintaining consistent communication and an online Peer Program Assistant will receive support in two parts: on-going coaching and training through the Manager of Linkage to Care and through participation in the job development training program with LaMaison, a program of Damien Ministries. We anticipate that for the first six months of employment, approximately eight (8) hours per week will be dedicated to ongoing professional training and personal development activities. In addition, the Peers will receive on-the-job training and support through their immediate managers and other management staff within Heart to Hand. The on-the-job training will include, but is not limited to, public speaking, professional writing, HIV/STI 201, specific HIV intervention training, and technology skills training specific to the Peers job.

Us Helping Us, People Into Living, Inc. Building on the effectiveness of peer education, Us Helping Us will hire and train three (3) young Black and Latino gay, bisexual and other men who have sex with men, ages 18-29 years, to implement peer-based HIV prevention in Prince George's County, Maryland. Peers will work an average of 20 hours a week. In addition, peers will complete the state-recognized Community

Health Worker certification, which is add-value to the proposed project. The areas of HIV prevention include:

- Sexual health, including sexual relationships (e.g., serodiscordant) using a sex positive approach;
- Sexual relationships, including correct and consistent condom use (e.g., condom demonstrations);
- Regular testing for sexual transmitted infections, including HIV;
- Pre- (PrEP) and post- (PEP) exposure prophylaxis;
- Substance use disorders, and recognizing signs;
- Navigation to harm reduction services, including HIV testing, syringe services.

Bowie State University Peer Education Program will expand the current ATOD Peer Education Program that certifies Peer Educators who facilitate substance abuse workshops to students at Bowie State University. Expanding the program would include training student opinion leaders, at least five (5) Peer Educators from the Nursing Department to conduct peer-to-peer outreach education on risk assessment, STIs and HIV, PrEP, HIV testing, and where to get these services on and off campus. Peer educators will also spend at least 20 hours sharing with and transferring this information to community-based organizations serving young people. The program is also developing social media for HIV, as well as using the Arts for risk reduction messages and developing short vignettes depicting "what would you do" scenarios.

HIV Health Force Certification Program PGCHD is working in conjunction with Prince George's County educational institutions to develop a certification to provide a standardized base of knowledge for those working in the field of HIV and for providers who are seeking to enter the arena of care and treatment can attend and obtain a certificate of completion to provide services to people living with HIV/AIDS. It will include annual re-certification, a review of work experience, require workshop attendance and will provide workforce development with those who may not meet the requirements of educational institutions, but are extremely necessary to reach the community and those needing services.

New Program: Educational University This peer model HIV/ATOD program was initiated at Bowie State University but will be expanding to other Historical Black Colleges and Universities (HBCUs) in Prince George's County. The program provides training and stipends for students in targeted fields of learning (e.g., nursing, social work, psychology, and public health) to attend training and then conduct peer-to-peer outreach at events. Students can also choose to complete an internship being "posted out" to community organizations or FQHCs to reach young people in targeted areas of the County.

Workforce Development Program This program takes a holistic and systemic approach. Agencies will participate in workforce development and stakeholder education to create the infrastructure necessary to provide education, training, coaching, supervision, technical assistance, and mentoring to providers and community stakeholders, enabling them to consistently and sustainably provide quality care through:

- Increasing capacity of community organizations who work with vulnerable populations and can implement an integrated transitional HIV/AIDS Health Delivery System, and linkage to care models.
- Providing funding and training to agencies in Prince George's County who have the capability or are willing to develop stakeholders who can provide services to achieve viral load suppression. Programs will need to employ community health workers/Peer Educators, who are critical to the support ART adherence across client communities and develop a Health Force who will develop a diverse racial and ethnic cadre of workers with various backgrounds that is are grossly underrepresented in various health fields.
- Creating multidisciplinary care teams in partnerships between health care professionals and other cadres of the health workforce, including community health workers, toward a common purpose improving the quality of and achieving efficiencies in the delivery of healthcare.
- Using the private sector health workforce in the delivery of HIV services at private healthcare offices, hospitals, and at the community level. Increasing the health workforce capacity of HIV-impacted community areas with high viral loads by leveraging the public and private-sector plays a vital role in moving these areas towards self-reliance as they work to achieve HIV/AIDS epidemic elimination. Provide HIV care or funding in a sustainable and cost-efficient manner to those who can specifically provide Outpatient Ambulatory Health Services, Psychosocial support, Substance Abuse/ Mental Health, Early Intervention Services, and Medical Case Management services and bill for services.
- Providing funding to enhance the capacity and readiness of funded organizations in making structural changes to their workforce systems to improve the provision of quality care to People Living with HIV (PLWH). Develop an innovated practice that will implement and evaluate their current delivery system in order to better respond to the changing healthcare landscape and will identify best practices and methods to support other organizations to adapt and re-align their workforces, as well as factors that increase the potential for successful integration of HIV care into primary care and community healthcare settings serving vulnerable populations.

Methods of Identifying Service Gaps

Each year, PGCHD will use annual epidemiological data and data on geographic areas of high incidence or clusters (as shown above), in combination with information on unmet need and service gaps obtained from consumers, providers, and the community, to identify potential service gaps and update the EtHE Plan. A number of meetings are planned for each year to engage providers (one per year) and consumers/community members (four per year).

Provider Engagement In 2020, the PGC HIV Advisory Group convened four subcommittees comprised of internal stakeholders and providers to inform the draft plan by offering

recommendations under the four pillars of Diagnose, Treat, Prevent, and Respond. Each subcommittee met twice via conference call and focused on a specific topic or population:

- Criminal Justice/Mental Health/Substance Use
- Special Populations: Young Black Men who have Sex with Men (MSM), Latinx and Transgender women and men
- Service Delivery Based on ZIP Code: Location, women, men, older populations, and providers
- Social Media: PrEP, special populations, targeted messages, Undetectable=Untransmittable

Results from these meetings were combined with results of the consumer/community engagement sessions to inform this plan.

Early in 2021, PGCHD plans to host a meeting with clinical and non-clinical providers of services to people with HIV to gather information about service utilization and hard-to-reach populations; discuss the creation of a provider directory or web-based tool for information and referrals; and to discuss any specific technical assistance needs.

Consumer/Community Engagement Meetings For 2020, PGCHD had originally intended to conduct a number of individual interviews and at least four "community engagement sessions" at provider organizations and other public locations throughout the community. Unfortunately, the COVID pandemic delayed and then ultimately made this impossible as originally envisioned.

Late in 2020, PGCHD hired two local consulting firms to conduct these discussions virtually, via Zoom, and analyze the results (summarized below).

A total of fourteen one-hour focus groups were conducted via Zoom in October and November 2020. Participants primarily identified as Black or African American and included people from the LGBTQI community; youth and young adults; people living with HIV; returning citizens; and staff members from community-based provider organizations.

Group Demographics	# Participants
Heterosexual youth, women and men, age 16-18	5
Heterosexual young adult women, age18-25	9
Heterosexual young adult men, age 18-26	5
Young adult women and men living with HIV, age 23-30	9
African American women living with HIV age 18+	10
Gay men with HIV, age 18+	10
Men who have sex with men, living with HIV, age 18+	6
African women with HIV, age 18+	4
Transgender women and men, age 18+	4
Heterosexual women and men, age 25+	5
Returning citizens, women and men, age 18+	5
Returning citizens, women and men, age18+	9
Clinical Service Provider Staff	6
Community-based Service Provider Staff	3
Total number of participants	90

See Appendix B: Focus Group Discussion Questions

Combining data from more than fourteen hours of discussions, the following themes were identified in this year's consumer/community engagement sessions:

- There is a continuing need to *educate the public*—especially young people and heterosexuals—about HIV and PrEP. Messages should be specific to the audience, stress survival, and highlight services available in Prince George's County. A website and peer-to-peer education were the most popular suggestions, with young people most enthusiastic about a social media campaign utilizing local rapper celebrities and internet influencers

- People with HIV are extremely diverse, with *individual needs and preferences*. While some prefer going to well-known HIV clinics, others prefer more discreet settings. Some want a doctor of the same race/ethnicity, while others don't care, as long as they have expertise. These decisions are based on finding someone they trust, specifically, a provider who understands their experience, cares about them, gives them truthful information, and provides the best HIV care.

- Not everyone with HIV lives in poverty, but those who do need access to all of the services available for *low-income, underserved* people. Certain populations—for example, transgender women and men, returning citizens, people who are homeless—face a complex set of socio-economic challenges that can threaten their health and continuity of HIV care. There are insufficient services and service providers in Prince George's County for these populations.

- People with HIV are most vulnerable during *life transitions*—newly diagnosed, returning citizens, new residents, changing or losing jobs, lapses in insurance—and this is when they are most likely to need assistance and least likely to know where to find it.

- The *gender spectrum* is broad and getting broader, particularly among young people. More public education is needed to reduce stigma about people who are transgender, non-binary, and gender fluid. Providers will need to proactively hire staff from this population and provide existing staff with more diversity training to ensure everyone is treated with respect and dignity.

- Prince George's County Health Department should lead an initiative addressing the *health of people involved in the justice system*. This would include facilities located in the County, as well as re-entry programs for people returning home from other facilities. Continuity of healthcare is particularly important because in addition to HIV, many returning citizens suffer from chronic, uncontrolled health conditions from years of substandard care.

Education The following table summarizes consumer/community recommendations for HIV education efforts. Although many suggested information sheets, fact sheets, or brochures, others pointed out that there are people with literacy challenges who also need this information.

TOOLS	PURPOSE(S)	TACTICS	AUDIENCE(S)
Website **Fact Sheets*** **Brochures***	Public Information • *Prevention*: safer sex, PrEP, PEP • *Treatment*: HIV medications, viral suppression, survival • How to talk to your partner (sexual history, safer sex, PrEP) • Where to get PrEP and PEP; how to pay for it • Where to get tested; testing at home • Gender diversity: transgender, non-binary, gender fluid	• Messages tailored to different audiences • User-friendly, easy-to-remember tag lines	• General public • Youth and young adults • Seniors • LGBTQI • Transgender women and men • Returning citizens • Heterosexuals
Website	An online resource for information and referrals to clinical and nonclinical providers of healthcare services • Primary care doctors and clinics with HIV expertise • HIV Specialists and clinics • HIV case managers or peer navigators • Medications assistance (ADAP, PAP) • Insurance assistance during gaps in coverage (pre-Medicaid, lapses/loss of private insurance) • Mental health services • Behavioral health services • Dental health services • Vision services • Hearing services	• Regularly updated • Focus on Prince George's County but include resources in DC, Maryland, and Virginia	• People living with HIV • Primary care providers • Medical care providers • Specialty care providers • Social service organizations • Community-based organizations • Faith-based organizations
Website	An online resource for information and referrals to social service resources • Programs serving people with HIV, including transgender women and men, returning citizens, people who are homeless, people who use IV drugs • Support groups for people living with HIV • Housing • Employment • Transportation • Food • Cash Assistance	• Regularly updated • Focus on Prince George's County but include resources in DC, Maryland, and Virginia	• People living with HIV • Primary care providers • Medical care providers • Specialty care providers • Social service organizations • Community-based organizations • Faith-based organizations

Social media was a popular suggestion to get people more engaged in talking and learning about HIV. Young people were eager to see celebrities and their peers interact on the subject in a video format on Instagram or TikTok, while adults over age 25 talked about more information, images, and messages on older social media platforms like Facebook.

Engage the audience in discussions
• How to talk to your partner about sexual history, safer sex, PrEP • The latest in HIV treatment medications, viral suppression, survival
Involve local influencers
• Faith leaders • Community leaders • Entertainers • Public figures

Targeted approach: Targeted audience
Facebook campaign: Adults age 25+ and seniors
Instagram campaign: Youth and young adults
Instagram and TikTok campaigns with local celebrities like rapper Lil Key and internet influencer Princess Tommi: Youth and young adults

Participants in the community engagement/consumer meetings discussed a wide range of challenges to engagement in care, but they also offered a number of strategies they felt PGCHD could use to improve HIV and AIDS services in the County:

Consumer/Community Recommendations: Outreach and Engagement in Care
One-on-one, peer-to-peer outreach efforts work best, especially for those reluctant to engage in care
Trust is important; people only accept information and services from trusted sources
Staff at organizations serving the community need cultural diversity training, including information on implicit bias, gender diversity, returning citizens
Hire more transgender, non-binary and gender fluid staff
Encourage innovation, especially with special target populations
Work with community-based organizations to develop realistic, achievable outcome measures
Increase HIV testing and counseling services available in Prince George's County
Work with primary care physicians to increase HIV testing in primary care settings
Pay incentives/give gift cards for people to get tested (especially youth)
Reduce the amount of time spent on the intake process
Ensure early connection to mental health services, from initial HIV diagnosis
Connect to a case manager or peer navigator, from initial HIV diagnosis
Explore the possibilities of using telemedicine/telehealth in treating HIV patients
Provide more support groups for people living with HIV
Pay incentives for taking medications/maintaining undetectable levels
Offer more self-development and wellness services for low-income people with HIV
Start outreach to returning citizens early, before release
Strengthen programs to support returning citizens by offering life skills training

Virtual Town Hall On November 30, 2020, PGCHD hosted a Virtual Town Hall with more than 117 participants from across the County. Panelists included several residents from the County, a TV and Radio host, a person living with HIV/AIDS, and Federal and local government representatives. The Town Hall was hosted via Zoom by WUSA 9, a local CBS affiliate serving Maryland, Virginia, and Washington, DC. The Town Hall served as an opportunity to inform the community about what Prince George's County is doing to Eliminate HIV, allowed participants to ask questions, and informed them where to get additional information. Four hundred and seventy-eight (478) commercials were aired using our tagline, #CancelHIV. These commercials during NFL football games and in multiple newscasts. In addition, ads were launched on the internet through video and digital display delivery. In all, the message was seen by audiences in the region over 20 million times. See Appendix A: Virtual Town Hall for more information.

How Service Gaps will be Addressed

Gaps in HIV care will continue to be identified, prioritized, and addressed through the PGCHD Quality Management Program. The Quality Management Program will include a Quality Management Committee (QMC), comprised of staff from the Prince George's County Health Department, community-based programs, social services, hospitals, educational institutions, and consumers. The Committee will also include members of special populations, e.g., young men who have sex with men, transgender women and men, and persons with personal knowledge of substance use, who will participate in quality assurance and quality improvement activities. Led by the Prince George's County Health Department as the jurisdictional administrative agency responsible for overall program monitoring, oversight of the funds and resources for EtHE, the QMC will review data from various service areas, including program implementation, quality of service delivery, and client satisfaction.

A key role of the quarterly process will be to gain community input on the unique influences, issues, and circumstances of each service area, HIV care and service needs of Prince George's County to ensure that the needs of all populations are addressed. PGCHD will meet with community groups in the County throughout the year to continue identifying gaps in service. Consumer/community engagement meetings will be held at least four times a year to gather information on perceptions of need, availability, and quality of services. PGCHD will also meet with providers at least once a year to discuss the HIV service delivery system, workforce engagement, and programmatic or technical assistance needs.

Service gaps will be identified by an annual process of reviewing service utilization patterns, epidemiological trends, ZIP Code geographic data, needs assessment data, and results from provider and consumer/community engagement sessions. The service gap information will also be used as feedback and evaluation information to make improvements and determine ways to solicit additional information from providers and consumers.

Enhancing and facilitating networking among HIV service providers in the County will allow PGCHD to coordinate efforts, expand services, and add additional services (such as outreach and psychosocial support services). Regularly scheduled conference calls will be used to update providers on legislative changes, new policies and procedures, and best practices that impact clients.

Monthly Narrative and Fiscal Reports will be requested from recipients of funds to identify target completions and fiscal spending to identify service gaps that can be addressed more quickly and efficiently through the network of providers. Technical Assistance will be provided to agencies as needed. For example, as noted in this year's consumer/community engagement process, service program partners want to work with PGCHD to develop realistic, achievable outcome measures.

Quality Management Plan The overarching purpose of the Quality Management Plan is to ensure the highest quality of HIV medical care and support services for people living with HIV in Prince George's County. The Quality Management Plan reflects a comprehensive, coordinated process for continual evaluation and improvement of services

Quality Management Program (QM) The goal of the QM program is to demonstrate the effectiveness of programs and services offered in the county related to HIV and other co-morbidities, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services. The QM Program consists of three major components to assess and monitor the quality of services provided: clinical care; access; and satisfaction and utilization. Within this framework, QM activities will focus at the client, program and system levels.

Client-level activities evaluate and improve the quality, utilization and access to primary care and health-related supportive services. Activities will include site visit reviews including client chart reviews for adherence to USPHS HIV Treatment Guidelines and standards of care for case management care plans and other services; annual client satisfaction surveys; input from focus groups and from consumer forums.

Program-level activities will evaluate and improve the quality, utilization and access to each service site. This QI component will contain evaluation criteria, standards of care, site visit protocols, record review protocols, budget expenditures forms, performance measures, SUPS standards of care, contractual conditions of award, and instruments to streamline the care processes, such as the development of a client referral form to be used between providers and managed care organizations.

The goal of *system level activities* is to evaluate the effectiveness of programs in increasing the quality and utilization of services for all eligible HIV-infected residents of Prince George's County. Results of an on-going evaluation will assist in developing new programs and maintaining other programs at a consistently high level of quality. System-level activities focus on measuring the overall impact of services in PGC by monitoring HIV-related illnesses and trends in the local epidemic through the use of available demographic, surveillance, clinical and health care utilization data.

The goal of *services* is to improve the health status of our clients through focused improvement activities. The QM program provides direction for assessing quality and adherence to recommended standards of care for service provided through our providers.

The QM Program will be developed and managed through routine meetings outline strategies for the planning, development, and implementation of programs and activities and to program

evaluation. These meetings will offer an effective forum for presenting intermediate and final evaluation results and for discussing methods to further enhance access to care and improve patient outcomes. Evaluation information will be utilized to make improvements and determine ways to solicit information from providers and consumers. Evaluation findings will also be presented to the health departments and community-based organizations to guide the improvement of services. Further the QM program will create a Quality Improvement Committee to oversee the quality improvement initiatives.

The Quality Management Program will include internal and external stakeholders. Our internal stakeholder representatives are staff involved in the provision of client care through our providers. The internal work group will assist with quality improvement activities by evaluating or monitoring funded providers throughout the county. Prince George's County will consider the establishment of a memorandum of understanding with an area academic partner for comprehensive expert assistance for Quality Management. This partnership would provide support to update Standards of Care and to assist, as needed with on-going quality improvement activities and site visits.

Strategy 1: PGCHD will further develop, maintain and expand their Quality Management Program

Strategy 2: in collaboration with stakeholders, refine performance measures for funded service categories.

Strategy 3: will ensure stakeholders receive education about quality improvement and quality assurance. Stakeholders include, but may not be limited to, PGCHD staff, funded agencies, care providers, state agencies, legislators, administrators and consumers.

Strategy 4: Offer quality improvement trainings to stakeholders as needed.

The **Office of Assessment and Planning** will continue to provide HIV and AIDS prevalence by information by demographic groups and exposure categories and will indicate if the proportions of persons with known to have HIV or AIDS who are not receiving primary medical care are increasing or are unknown. Maryland has an integrated HIV/AIDS active surveillance system that includes physician reporting, facility reporting, laboratory reporting, and health department supplemental surveillance activities. The HIV/AIDS registry routinely receives death notices and is periodically matched to state and national death registries to verify vital status. All reported HIV cases, with or without an AIDS diagnosis, that were residents of Maryland and age 13+ at the time of diagnosis and not reported to have died are a part of the registry. This office will continue to work closely with the state utilizing this registry for planning purposes. In addition, this office will work closely with the state to investigate HIV clusters that exist in the county to help respond immediately to the area and individuals.

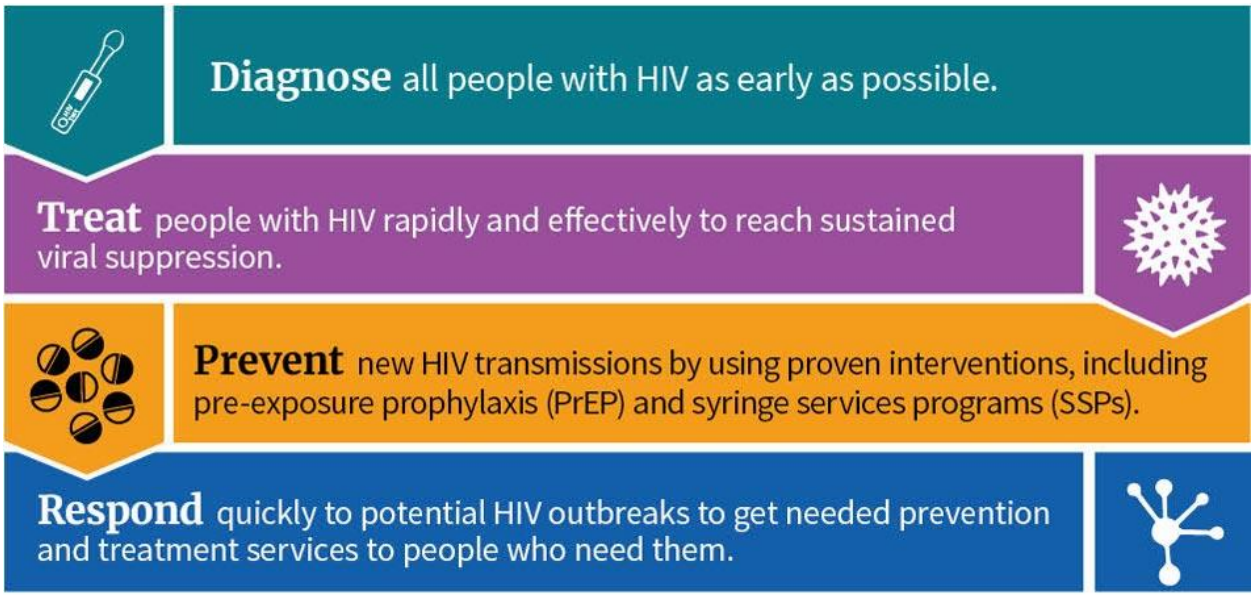
The Office of Assessment and Planning will work collaboratively with the Quality Management team to review statewide and regional HIV epidemiological data, needs/utilization data, programmatic data from HIV testing and HIV/STI partner services programs, and community input from Prince George's County community. In addition, the two departments will work with statewide and regional community planning groups to plan for unmet needs and resource allocations. Providing disease surveillance and reporting data, monitoring trends, and producing

program and population health reports, the Program Evaluator in conjunction with the Quality Improvement team will monitor program implementation, manage quality improvement activities, and will also lead community participatory research to support program planning and monitor program penetration.

The Office of Assessment and Planning will also provide a Biostatistician/Data Analyst for data management and analysis, as well as support intervention study designs, plan and conduct robust data analysis. Finally, through Health Informatics, the office will support EMR coordination among community provider's health records and analysis, support EMR coordination among community providers through the Health Information Exchange (CRISP), improve program technologic capacity, and support data collection through IT capacity.

The Four Pillars

Adopting the framework from Ending the HIV Epidemic: A plan for America, PGCHD has developed specific strategies aligned with each of the pillars: Diagnose, Treat, Prevent, and Respond. The national plan's strategy focuses on four areas:



Prince George's County has opted for a more specific framework:

Diagnose all people with HIV as early as possible after infection.

Treat the infection rapidly and effectively to achieve sustained viral suppression.

Prevent new HIV transmissions by using proven prevention interventions, and biomedical interventions, including PrEP, that can prevent HIV infections.

Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.

Prince George's County is one of 48 counties that will receive extra resources and funding to combat HIV to eliminate transmission of the virus by 2030.

PILLAR ONE: DIAGNOSE

Strengths

- Maryland law allows HIV testing in health facilities to be part of routine care without the need for HIV-specific consent; requires perinatal testing in the 1st and 3rd trimester unless the patient declines; and allows a minor to consent to medical treatment in the same capacity as an adult if the doctor believes delaying treatment would adversely affect the health of the individual (this effectively allows HIV and STI testing without parental consent)
- HIV testing is currently offered in Prince George's health department clinics as well as all five (5) hospitals, three (3) FQHCs and four (4) community-based HIV/AIDS organizations
- Testing is also offered on a regular basis in our correctional facilities and colleges/universities

Challenges

- Despite the disproportionate impact of HIV/AIDS in African American adults in Maryland, there is low perceived risk for HIV among this group, particularly among heterosexuals, which may contribute to a lack of HIV testing
- Although Maryland law allows for routine testing beginning at age 13, many providers have a low perceived risk regarding their patients and do not offer them testing
- Lack of or late engagement in the healthcare system due to lack of insurance, poverty, substance use, mental health issues, or inattention to their personal health due to more pressing problems
- A number of the County's target populations who engage in risk behaviors are reluctant to be tested because of the stigma associated with a positive test result
- Hard-to-reach populations need one-on-one outreach from peers and organizations they trust

Needs Assessment

- The general public needs to see HIV testing as a normal part of healthcare
- The general public needs more information about HIV services available in Prince George's County, including testing locations
- Clinicians, including pediatricians, need to be encouraged to incorporate HIV testing into routine health assessments
- People at the most risk are often not connected to regular healthcare
- Populations where stigma and trust are problematic—such as transgender women and men, youth and young adults, Latino men, African immigrants, returning citizens—may need more one-on-one outreach by trusted community-based organizations
- Certain communities in the County have concentrations of HIV; testing efforts should focus on these areas
- Culturally congruent messages and outreach services are needed to address testing with specific populations: Black and Latino men who have sex with men; immigrants with language barriers; returning citizens; transgender women and men, Black and Latina women

PILLAR TWO: TREAT

Strengths

- For several years, Maryland HIV partner services programs have focused on linkage to care and have seen substantial improvements, particularly among publicly funded providers
- Because HIV is now managed as a chronic infection, expansion to primary care providers for routine HIV care can provide readily accessible options for care engagement. FQHCs, some of whom have longstanding tradition of HIV-related care, could develop greater HIV capacity
- Existing HIV peer-based training and certification programs can develop peer and community health outreach workers

Challenges

- Lack of coordination between organizations, providers, and funders can make accessing services difficult, which can contribute to lapses in care
- Culturally congruent services require a culturally diverse workforce. Prince George's County's resident population is racially and ethnically diverse, and includes immigrants from around the world
- Consumers noted a particular need for more transgender and gender-nonconforming staff at local service agencies, as well as diversity training that addresses gender, homelessness, and returning citizens

Needs Assessment

- RAPID models that will include same-day treatment or access to a medical provider within five (5) days after diagnosis should be implemented
- Consumers would like more access points in the community for care and treatment, and more options for discreet care (e.g., get prescriptions filled online or at CVS or Walmart)
- Community health workers recruited from the target community could be trained to serve as culturally congruent navigators to link people to care with a "warm hand-off"

PILLAR THREE: PREVENT

Strengths

- PGCHD takes a harm reduction approach that starts where the individual is and works with them ultimately toward reduction, treatment, and safer drug use which prevents HIV and AIDS
- Reductions in HIV transmission among injection drug users is one of the success stories of HIV prevention and is attributed in large part to sterile syringe access through programs like Family and Medical Counseling Services' Syringe Services Program. The availability of Naloxone, a cost-effective and fast-acting medication that stops an overdose in progress, has also drastically reduced negative outcomes for IV drug users
- The Metropolitan Housing Access Program provides centralized access to housing services and information in the DC metropolitan area. Housing and financial assistance programs for people with HIV in Prince George's County are supported by Housing Opportunities for People with AIDS (HOPWA) and Ryan White funding

Challenges

- As one provider told us, "Housing IS prevention," but returning citizens often can't find affordable housing (or employment) because of their record, while transgender women and men often face discrimination from landlords who won't rent to them. Housing for people living with HIV is limited, and there is a shortage of short-term living and transitional housing
- A major component of the Ending the HIV Epidemic initiative is pre-exposure prophylaxis (PrEP) for HIV-negative individuals engaging in sexual risk behavior. Many people of color resist adopting this medical prophylaxis, however, because of concerns about toxicity and side effects
- Heterosexuals, particularly those aged 25+, are unaware of recent developments in HIV treatment and prevention, including PrEP. Stigma and stereotypes about HIV as an LGBTQI problem have convinced them they wouldn't need it

Needs Assessment

- The general public needs information on PrEP and PEP, benefits vs side effects
- Culturally congruent messages must be tailored to different risk behaviors and demographic groups to overcome stigma and concerns about toxicity
- The general public needs more information about how and where to get PrEP in Prince George's County
- Heterosexuals of all ages could benefit from a Sex Ed refresher class that includes PrEP

PILLAR FOUR: RESPOND

Strengths

- The existing toolkit of HIV surveillance, prevention and field services programs is currently being used to respond to identified clusters. People living with HIV are connected to care and provided assistance with care retention with the goal of achieving and maintaining viral suppression since Undetectable equals Untransmittable (U=U)
- Collaborations with HIV/STI partner services and disease control program staff at the Prince George's County Health Department and with area providers and organizations ensure all clients are successfully linked to HIV care and receive appropriate treatment with established protocol and procedures for a trained response team
- As of December 2019, one-third (33%) of individuals in active HIV clusters within Maryland are Prince George's County residents. However, almost three-quarters (72.1%) of these residents identified in active clusters are currently virally suppressed

Challenges

- By far the most significant challenge associated with using data and technology to respond to emerging clusters of HIV is convincing people to get tested

Needs Assessment

- Technology and personnel resources are needed to investigate all related HIV cases to stop chains of transmission

HIV HEALTHCARE WORKFORCE

Strengths

- PGCHD has funded three community partners to implement peer-to-peer outreach and education programs as part of its HIV Health force Certification Program
- Existing toolkits contain a suite of existing tools and resources that can be used to address site-level health workforce performance and productivity problems impacting HIV service delivery.
- Hiring local people with HIV and AIDS who represent the target population helps build a culturally congruent workforce that is well-connected to the community and attentive to client HIV needs.

Challenges

- Training needs vary by provider and staff type. Separate initiatives are therefore needed to address peer-to-peer and professional staff.
- Community members recruited from the community to staff peer-to-peer programs, including those completing the HIV Health force Certification Program, may need additional de assistance with (re)entering the workforce, including; job preparation and job-search, job training and, job counseling.
- Community members recruited from target populations may be coming from low-income, low-resource situations, and so may need to be paid a stipend—or even an hourly wage—for their work.

Needs Assessment

- Healthcare workers/providers do not share a standardized base of knowledge about HIV. There is a need among the local workforce to increase and sustain HIV literacy around scientific advances, including biomedical and behavioral tools for prevention and treatment of HIV/AIDS.

Section IV: EHE Planning

DIAGNOSE	
Goal:	Diagnose 75% of Prince George's County residents living with HIV within five (5) years.
Objectives:	• Increase access to HIV testing in community venues with the highest burden of HIV infection • Increase public awareness through social media messaging on testing and treatment. • Increase routine testing in all five emergency rooms in hospitals in Prince George's County.
Key Activities	• 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. • Recruit community members to interact with clinical providers to encourage routine testing. • Work with payers to incentivize routine HIV testing.
Key Strategies	• Use stories from the community/target populations' experiences (voices from the community). • Increase visibility through marketing the County's programs via websites, Facebook, social media apps, TV, radio, and YouTube that direct individuals back to resources about how to get tested. • Expand services in other types of agencies such as faith based, social services, and justice system, who can either provide or educate residents about testing. • Provide cultural/diversity/sexual health training to providers outside of current HIV providers, so they are more sensitive and aware of what their clients might need in order to test (e.g., discussions of trauma, perceived racism, homophobia). • Provide bilingual information for dissemination to the public and in offices.
Key Partners:	Health Department staff (HIV services, school-based clinics, STI clinic, reproductive health, hospitals, community-based organizations, FQHCs, colleges and universities, Prince Georges County Criminal Justice System (jails, adult and juvenile detention centers)

Potential Funding Resources:	Ryan White HIV/AIDS programs, CDC HIV prevention and surveillance programs, State, and or local funding, Medicaid.
Estimated Funding Allocation:	Estimated $2-3 million to increase social media, partners (CBO's, providers, and agencies)
Outcomes:	• Widespread HIV testing in targeted communities and linkage to care which will enable access to treatment early. • Expand and enhance community organizations and medical institutions who will provide HIV/STI and other support services. • Expand the number of County residents who will know why and how to get tested for HIV/AIDS and other STIs.
Monitoring Data Source:	Surveillance (State) EMR Data, local programs, hospitals

TREAT	
Goal:	Engage 75% of persons with HIV in ongoing HIV care and treatment in five (5) years to reduce HIV-associated morbidity; prolong the duration and quality of survival; and prevent HIV transmission.
Objectives:	• Develop RAPID models that will include same-day treatment or within five (5) days access to a medical provider after diagnosis. • Increase access points to care and treatment for HIV/AIDS, including Telehealth. • Increase our workforce with community health workers, who can provide Linkage to Care activities in targeted communities.
Key Activities	• Provide networking strategies and training 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	• 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/LatinX men who have sex with men, and Black/LatinX 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. • Make housing available and ensure training for housing staff that includes HIV education, cultural sensitivity, and the importance of retaining individuals in care and treatment. • 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. • Increase partner services to be included in FQHCs, and community-based programs. • As part of the discharge process, link returning citizens to Health Department and community-based organizations' case managers to coordinate care upon release and a positive transition from detention back into the community. • Outpost DIS staff from the Health Department to work with community-based organizations and health facilities • Share providers' webpage links on all of our websites, so individuals can access a broader array of agencies with easy navigation. • Enhance Continuous Quality Management (CQM) program through evaluation of client, program, and system level activities and implementation of quality improvement initiatives.
Key Partners	Hospitals, FQHCs, medical providers, community-based organizations, behavioral health and substance abuse agencies, state and local Health Department, Prince George's County Criminal Justice System
Potential Funding Resource:	Ryan White HIV/AIDS Program Services, state, local funding, housing agencies including HUD, SAMHSA
Estimated Funding Allocation	Estimated $3.5-4.0 million includes inclusion of expanded work by FQHCs, clinics, CBO's and providers

Outcomes:	• Increased linkage-to-care. • Increase the number of persons relinked to HIV services. • Increased access for disproportionately impacted low-income minority individuals with HIV to HIV/AIDS treatment/medications, care and support.
Monitoring Data Source:	Surveillance, local data, monthly and quarterly reports, CDC data

PREVENT	
Goal:	Increase access to proven prevention interventions, including PrEP, a biomedical intervention that can prevent HIV infection, motivational, behavioral activities and condom distribution by 75% in 5 years.
Objectives:	• Increase the number of 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	• ***Workforce 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. • 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 activities to promote the acceptability of Harm Reduction Programs and behavioral interventions. • Ensure condoms are available in venues in high prevalence communities.

Strategies	• 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 efforts to communities in specific ZIP Codes, and venues such as hair salons, barbershops, local businesses, and entertainment facilities 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 training 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.
Key Partners	Health Departments, prevention providers, FQHC's, private providers, community-based organizations, correctional institutions, hospitals and other social services, behavioral health, sexual health clinics.
Potential Funding Resources	Ryan White (HRSA), State and local funding, SAMHSA, DC EMA, CDC, MAI, Office of Women's Health, Office of Minority Health, and HRSA
Estimated Funding Allocation	Estimated $3.0 million will allow expansion of providers and outreach in the community, including mobile reach.

Outcomes	• Increased education and information for those seeking and needing PrEP. • Increased providers of PrEP. • Increased access to PrEP. • Increase and provide a comprehensive menu of prevention tools from PrEP and condom use to harm reduction techniques.
Monitoring Data Source:	CDC testing linkage to care, Surveillance, Ryan White, HIV IDS Programs, Local data (monthly and quarterly), State data, and Quality Management

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.
Strategies	• 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 sero-status 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 **R*esponse Team of PGCHD*** for clusters from identification to rapidly navigating clients to primary care and support services. By partnering with mental health providers, police, politicians, and other community leadership, messaging will be increased while anxiety and fear are decreased. • 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 about prevention and care, and use influencers and peers to engage and educate individuals in the community. • Enhance Continuous Quality Management (CQM) program through evaluation of client, program and system level activities and implementation of quality improvement initiatives.

Key Partners	State and local Health Department, local community members, health professionals, business community, people living with HIV and AIDS
Potential Funding Resources	State and local Health departments, CDC HIV prevention and surveillance, STD funding, Ryan White HIV AIDS Programs (HRSA)
Estimated Funding Allocation:	Estimated $2.0 million to increase DIS and quality management, in addition to epidemiology staff and social media.
Outcomes:	• Protocol and procedures for HIV/AIDS Cluster detection. • Trained Cluster response team for HIV/AIDS. • Quick response to clusters of HIV and STI infections.
Monitoring Data Source:	State and local protocols, reports, community feedback

HIV HEALTHFORCE	
Goal:	All boots-on-the-ground workforce of culturally competent and committed public health professionals that will carry out HIV elimination efforts in HIV hotspots
Objectives:	To build a workforce to meet the needs of addressing HIV in Prince George's County
Key Activities	• Make existing HIV workforce development toolkits available for organizations in the county seeking to further develop their workforce along with workshop opportunities from CDC CBA Provider networks • Place County employees in FQHCs, look-alikes, and community-based organizations at start-up to provide clinical services as agencies build their capacity to provide ongoing services. • Identify a comprehensive list of consultants skilled in training and mentoring for different skills and knowledge and provide funds as well as assistance for seminars, professional training, and Internet training. • Expand School Health programs to include HIV services including biomedical prevention, PrEP, risk reduction, education, and HIV counseling and testing. • Provide in-service sessions to school health staff to increase their knowledge of care and prevention and to support networking with other HIV service providers.

	• Support organizations who use innovative practices to attract and retain health worker/peer educator staff through strategies like short-term contracts, hiring locally, and expanding the range of the labor pool. Hiring locally helps build a workforce that is well-connected to the community and attentive to client HIV needs.
Key Partners:	Bowie State University, Heart to Hand, Inc., Us Helping Us, Prince George's County Public Schools, local providers of HIV services
Potential Funding Resources:	Maryland Department of Health, CDC, SAMHSA
Estimated Funding Allocation:	$500,000
Outcomes:	• Increase community health workers in the community and in schools. • Increase community health workers in the community as peer workers. • Enhance healthcare provider's skills and offer a higher level of services.
Monitoring Data Source:	Local Service Partner Reports

Glossary

Language is an important way to establish trust and show respect, but language is fluid and evolving. The easiest way to know is to ask. Below is a glossary of terms that may be familiar but problematic, along with some emerging terms.

This glossary is intended to be informative but content is up for debate and update.

Familiar Terms		Newer Terms
Diversity		
Cultural Competence	Implies an achievement rather than a continual learning process Traditionally addresses racial and ethnic identities rather than those based on life experiences, such as being transgender or homeless or gay or a returning citizen or an IV drug user	Cultural Congruence – an evolving effort to support ongoing, effective client-provider interactions Culturally congruent services resonate with clients because they reflect their values and address their needs with respect and dignity
Latino	Gendered term, Latino is male and Latina is female	Latinx is a non-gendered alternative
HIV and AIDS		
High-Risk, Higher Risk Groups	Implies that the risk is contained within a group. Reinforces stereotypes, stigma, and discrimination of individuals in identified groups. Allows some to think that it only happens to "others."	Behaviors, not people, are risky. • People who engage in high-risk behavior • People who _____ (specify high risk behavior, e.g., share needles)
HIV/AIDS	Two very different things: • HIV is a virus that people can suppress with medication • AIDS is a medical diagnosis	Be specific; do you mean: • HIV • AIDS • HIV and AIDS
Infected with HIV or AIDS	Words like "infection" reinforce stereotypes, stigma, and discrimination against people with HIV	Exposed to HIV Diagnosed with HIV Living with HIV Living with AIDS
Gay men vs MSMs "on the down low"	The behavior, not the identity, puts someone at risk	Men who have sex with men describes the risky behavior
Mental and Behavioral Health		
Drug user/abuser, druggie, addict, junkie		Substance user, Person with a substance use disorder, Person with a history of drug use
Needle Exchange Program		Syringe Services Programs
Crazy, mental, mentally ill, insane, emotionally disturbed, demented		Person living with a mental health issue; Person with anxiety or depression
Substance Abuse Treatment Mental Health	Negative stereotypes in the public	Behavioral health is emerging as an umbrella term

Familiar Terms		Newer Terms
People Involved in the Justice System		
Correctional facility, Penitentiary		Detention facility
Prison health services		Healthcare in detention facilities
Ex-prisoner, ex-inmate, ex-felon, ex-offender, ex-con, criminal, thug		Returning citizen Person who was formerly incarcerated
Prisoner, inmate, felon, offender		Person who is incarcerated, person involved with the justice system, person living in detention
Prisoner-patient	Location and status are irrelevant; it's healthcare	Patient, client
Prostitute Prostitution		Person who trades sex for survival Sex worker
Probationer, parolee		Person on probation, person on parole
Halfway house		Residential reentry programs and services
Illegal, illegal immigrant, illegal alien		Undocumented resident Person without documentation
LGBTQI Community		
Sexual orientation or sexuality: gay or straight or bi		Spectrum of sexual and romantic attractions under the LGBTQIA+ umbrella: asexual, allosexual, demisexual, omnisexual, pansexual, polysexual
GLBT: gay, lesbian, bisexual, transgender	More inclusive Q= queer or questioning I = intersex	LGBTQ LGBTQI LGBTQI+
Gender: socially constructed idea, only two: male and female, with androgyny in the middle. Includes stereotypes of how someone of a certain gender "should look"		Gender Identity: an internal, personally-constructed identity somewhere on the gender spectrum New terms like gender fluid, non-binary, gender queer, and gender non-conforming are being used to reflect a broader spectrum of gender Gender Expression –the outward expression of one's gender identity
Transvestite, transexual, tranny, cross-dresser Drag queen	Outdated, derogatory, negative stereotypes Drag is for entertainment	Transgender person Transgender woman Transgender man
Sex change, pre- or post-op	Focus on physical, medical, genitals.	Gender confirmation surgery *Note: not everyone who is transgender has surgery*
Born male or female, biologically or genetically male or female	Focus on physical, medical, genitals.	Transgender woman Transgender man
		Intersex – someone born with anatomy that does not fit standard binary notions

Familiar Terms		Newer Terms
Coming out –telling one's friends and family they are gay and publicly acknowledging that identity	Sometimes used to describe telling one's friends and family they are transgender and intend to transition	Transition – a public shift in social identity from one gender to another
he/him, she/her		What pronouns do you use? Use of They as non-gendered alternative
There was no term for non-transgender people		Cis gender is anyone who is not transgender

Sources:
A Guide to Talking About HIV, Centers for Disease Control and Prevention
https://www.cdc.gov/stophivtogether/library/stop-hiv-stigma/fact-sheets/cdc-lsht-stigma-factsheet-language-guide.pdf

GLAAD Media Reference Guide - Transgender
https://www.glaad.org/reference/transgender

Leading Into New Communities – Language of Incarceration
https://lincnc.org/language-of-incarceration/

Tran, N. T., Baggio, S., Dawson, A., O'Moore, É., Williams, B., Bedell, P., Simon, O., Scholten, W., Getaz, L., & Wolff, H. (2018). Words matter: a call for humanizing and respectful language to describe people who experience incarceration. BMC international health and human rights, 18(1), 41. https://doi.org/10.1186/s12914-018-0180-4
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6240232/

Yeager KA, Bauer-Wu S. Cultural humility: essential foundation for clinical researchers. Appl Nurs Res. 2013 Nov;26(4):251-6. doi: 10.1016/j.apnr.2013.06.008. Epub 2013 Aug 12. PMID: 23938129; PMCID: PMC3834043.
https://pubmed.ncbi.nlm.nih.gov/23938129/

Appendix A: Virtual Town Hall

"Eliminating HIV & AIDS: A Virtual Discussion" was held on Monday, Nov. 30th at 12 noon. Led by Allison Seymour from WUSA-TV, it featured panelists Joe Clair, host of WGPC's "Joe Clair Morning Show", and Joe's brother Stephen Bridges, who is living with HIV.

The forum also featured Diane Young, Associate Director of the Family Health Services Division, and Harold J. Phillips, Senior HIV Advisor and Chief Operating Officer of Ending the Epidemic: A Plan for America.

Learn how HIV has affected our communities and how the County is working to end the HIV epidemic in the United States. This is a platform to get your questions answered about HIV/AIDS and get important information about available resources and support that we can use or share in our communities to help us Cancel HIV.

For more resources and information about HIV in Prince George's County and the Cancel HIV Campaign, please visit health.mypgc.us/EndingHIV.

Visit the Website: Cancel HIV Virtual Town Hall

Double click on the icon to hear the radio commercial:

CANCELHIV30 480p.mp4

NOVEMBER 30th 2020 *12:00 PM*

ELIMINATING HIV & AIDS

VIRTUAL DISCUSSION MONDAY NOVEMBER 30TH

TEXT ELIMINATE TO 65047 TO REGISTER

REGISTRATION CLOSES NOVEMBER 24TH

GET INFORMED

Join us for a "Virtual" zoom event with WUSA9's Get Up DC! Team Member Allison Seymour. This virtual event will give you the platform to ask questions and provide information that you can use to Cancel HIV and AIDS

CANCEL HIV & AIDS

Panelists for this event will include Prince George's County Health Dept. Division Director Diane Young, Senior HIV Advisor and Chief Operating Officer of ***Ending the Epidemic: A Plan for America*** Harold J. Phillips, Advocate Joe Clair and HIV Survivor Stephen Bridges

FILL THE SCREENS

This virtual event will take place on **Monday, November 30th** at **12 Noon**

CANCEL HIV
PRINCE GEORGE'S COUNTY

REGISTER TODAY

FOR THIS VIRTUAL DISCUSSION

SPONSORED BY HEALTH DEPARTMENT Prince George's County

WUSA9

WUSA9 provided promotional spots for the Virtual Town Hall:

Virtual·Event·Promos·ROS¤	November·2—30,·2020¤	Adults·18+,¶living·in·the·¶Washington,·DC·DMA¤	56·:30·and·:15·spots·in·CBS·Early·Morning,·Noon·News,·5pm·News,·6pm·News,·and·Late·News¶ **2,258,500·Impressions¤**
VIRTUAL·TOWNHALL¤	December·1,·2020¤	Adults·18+,¶living·in·the·¶Washington,·DC·DMA¤	1x·virtual·Townhall·¶ 9x·High·impact·Client·banner·ads·for·registrants¤
Sports·Sponsorship¤	November·2-·November·30¤	Adults·18+,¶living·in·the¶¶ Washington,·DC·DMA¤	17·spots·in·High·Impact·Sports¶¶ **3,439,900·impressions¤**

WUSA9 aired information on #CancelHIVPGC in multiple newscasts, including four segments on Great Day Washington, like this [Interview with Department of Health's Diane Young](#).

A total of four hundred and seventy-eight (478) commercials were also aired using our tagline #CancelHIV. These commercials aired during NFL football games and in multiple newscasts. In addition, the ads were launched on the internet through video and digital display delivery. In all the message was seen in the region over 20 million times. Here is the coverage report:

GET·UP·DC·¶ **SPONSORSHIP¤**	November·2—27,·2020¤	Adults·18+,¶living·in·the·¶ Washington,·DC·DMA¤	20x·Sponsor·branding·open·billboard·of·Get·Up¶ 20x·BB·preceding·question·of·the·day¶ 20x·Bump·to·break·question·full·screen¶ 20x·Return·from·break·answer·full·screen¶ 15x·:30·Client·creative·after·question¶ 15x·:30·Client·creative·within·Get·Up¶ 40x·total·Tune-in·promos·with·client·audio·visual·tag¶ **3,598,000·impressions¤**
VIRTUAL·TOWNHALL·¶ **TUNE-IN·PROMOS¤**	November·2—27,·2020¤	Adults·18+,¶living·in·the·¶ Washington,·DC·DMA¤	40x·total·:15·Tune-In·promos·¶ with·client·audio·visual·tag·in·6-7am¶ **984,000·impressions¤**
ROS·DISPLAY·BANNER·ADS·WUSA9.COM¤	November·2—27,·2020¤	Adults·18+,¶living·in·the·¶ Washington,·DC·DMA¤	**193,833·total·impressions¤**
AUDIENCE·MARKETPLACE·DIGITAL·DISPLAY¤	November·2—27,·2020¤	Adults·18+,¶living·in·¶ Prince·George's·county¤	**454,545·total·impressions¤**
PREMION·OTT¤	November·2—27,·2020¤	Adults·18+,¶living·in·¶ Prince·George's·county¤	**89,286·total·impressions¤**

Broadcast· Commercials¤	Dec·2020¤	°Adults·18+·living·in·the·¶ Prince·George's·County¤	**228·total·messages¶** **11,832,600·Adult·18+·· impressions¤**
Great·Day· Washington¶ **(4·segments)¤**	Potential°Dates:¶ **Weekly·Segment·in·December· focused·on·HIV¤**	°Adults·18+·living·in·the·¶ Washington,·DC·DMA¤	•→ 4x·3-5·Minute·Virtual· Segment·¶ •→ Segment·Posted·on· WUSA9.com/GreatDay¤
Premion·(Over· The·Top·Video· Ads)¤	December·2020¤	•→ Men·18-34:·203,· 880·avail¶ •→ Women·25-54:· 397,463·avail¶ •→ Adults·18+:· 1,414,462·avail¶ Living·in·Prince·George's· county¤	Men·18-34:·$3,833,·91,261· monthly·imps.¶ •Women·25-54:·$3,833,·91,261 monthly·imps.¶ •Adults·18+:·$3,833,·91,261· monthly·imps.¶ •→ **Total·Impressions:·· 273,783¤**
Audience· Marketplace· Digital·Display· Ads¤	December·2020¤	**Audience·Contextual· Retargeting·¶** •Heterosexual·men·&· women¶ •Young·Gay·Black·and· Latino·men·(18-24)¶ •Women·(25-54)¶	**Category·Contextual·Targeting:** **Audience·Targeting·Display:·· 2,545,452·imps.¶** ¶ Includes·ads·placed·on·dating· and·LBGTQ·friendly·platforms¤

Appendix B: Focus Group Discussion Questions

C. L. Russell Group, LLC

Focus Group 1: Virtual Focus Group for Youth | HIV Prevention

1. In the registration survey 50% of participants responded that they have heard less about HIV since COVID-19. Why do you think this has happened?
2. In the registration survey 91% of participants responded that they believe that HIV is still a problem in Maryland. Do you think HIV is a problem specifically in Prince George's County?
3. Why do you think HIV impacts African American and Latino people more than anyone else?
4. Why do you believe people are still getting exposed to HIV?
5. How can we reach people who may be at risk for HIV?
6. Where can we reach those who may be at risk for HIV?
7. Does the age, gender, or race make a difference of believability when giving HIV information? Why?
8. Where would you get information on HIV infection?
9. How can we reach people who may be at risk for HIV?
10. Where can we reach those who may be at risk? (Venues, social media etc.)
11. Where would you like to get more information on HIV infection? (Example social media, health department, in the community etc.)
12. 8 in 10 new HIV infections come from people not in HIV care. How do we encourage more people in the county to seek care and treatment for HIV?
13. African Americans and Latinos are not rushing to take PrEP to prevent HIV infection, why do you think they are hesitant about taking this preventable treatment?
14. What would you need to know in order to feel comfortable about this medication?
15. How would/does the gender identity and sexual orientation of you and/or your partner affect your behavior or concerns about HIV?
16. How would/does the sexual history of you and/or your partner affect your behavior or concerns about HIV?
17. How would/does the type of relationship you have with your partner (hookup, casual, serious) affect your behavior or concerns about HIV?
18. What special challenges do young people have when speaking to their partner(s) about sex? About HIV?
19. What are the primary reasons that young people might not seek treatment for HIV, even if they tested positive?
20. How concerned would you be if others (friends, family members, parents) knew you were receiving treatment or services for HIV?
21. What would you say that health education programs don't understand about young people, sex, and HIV?
22. Who would you trust to tell you about this PrEP medication and why?

Focus Group 2: People Living with HIV|AIDS

1. 8 in 10 new HIV infections come from people not in HIV care. How do we encourage more people in the county to seek care and treatment for HIV?
2. What are the primary reasons that young people might not seek treatment for HIV, even if they tested positive?
3. What programs are available for People Living with AIDS in Prince Georges County?

4. Have you ever seen advertisement about these services/programs? What would you like to see and where?
5. What special challenges do young people have when speaking to their partner(s) about sex?
6. How would/does the gender identity and sexual orientation of you and/or your partner affect your behavior or concerns about HIV?
7. How would/does the sexual history of you and/or your partner affect your behavior or concerns about HIV?
8. How would/does the type of relationship you have with your partner (hookup, casual, serious) affect your behavior or concerns about HIV?
9. African American and Latino people are not rushing to take PrEP to prevent HIV infection, why do you think they are hesitant about taking this preventable treatment?
10. What would you need to know in order to feel comfortable about this medication?
11. How do you think someone's age might affect whether or not they would be willing to take PrEP?
12. How would being in a relationship make a difference as to whether someone would or should take PrEP?
13. How do you think someone's gender identity or sexual orientation might affect whether or not they would be willing to take PrEP?
14. Who would you trust to tell you about this medication and why?
15. How could you get this medication (PrEP.) for free?
16. We would like you to specify what kind of supportive services would a person living with HIV/AIDS need?

Focus Group 3: Individuals Formerly Incarcerated HIV |AIDS Awareness & Prevention

1. In the registration survey 70% of participants responded that they have heard less about HIV since COVID-19. Why do you think this has happened?
2. Do you believe that HIV is still a problem in Maryland? Do you think HIV is a problem specifically in Prince Georges County?
3. How does mass incarceration contribute to the health and wellbeing of those affected or infected with HIV?
4. How does mass incarceration contribute/promote further HIV infection?
5. What should we be doing in the County to address incarceration and health?
6. How would/does the gender identity and sexual orientation of you and/or your partner affect your behavior or concerns about HIV?
7. How would/does the sexual history of you and/or your partner affect your behavior or concerns about HIV?
8. How would/does the type of relationship you have with your partner (hookup, casual, serious) affect your behavior or concerns about HIV?
9. Where can we reach those who may be at risk for HIV? (Venues, social media etc.)
10. Where would you get information on HIV?
11. Why do you think HIV impacts Blacks and Hispanics more than anyone else?
12. Black and Brown people are not rushing to take PrEP to prevent HIV infection, why do you think they are hesitant about taking this preventable treatment?
13. 8 in 10 new HIV infections come from people not in HIV care. How do we encourage more people in the county to seek care and treatment for HIV?

Focus Group 4: Providers - Virtual Focus Group for HIV Clinical, Non-Clinical & Local Public Health Staff

1. Why do you think HIV impacts Black and Hispanic people more than anyone else?
2. How are we expected to win the battle and "Get to Zero" if we are not armored with the proper artillery to protect ourselves from the epidemic? What armor would we need to protect ourselves?
3. What political and institutional changes would bring us steps closer towards achieving health equity and social inclusion?
4. What are the inequities and disparities in Black America/among LatinX that we need to overcome where we emerge victorious in the fight for "Zero New Infections" in the Black (Hispanic) community?
5. HIV-related stigma refer to negative beliefs, feelings and attitudes towards people living with HIV, their families, people who work with them (HIV service providers), and members of groups that have been heavily impacted by HIV, such as gay and bisexual men, transgender, homeless people, street youth, and mentally ill people. What is HIV stigma?
6. How [WHAT] does stigma look like to you?
7. How would you suggest we address HIV stigma?
8. Direct and indirect effects of incarceration on health and well-being is a significant contributor to persistent racial health disparities in the United States. Disproportionate incarceration rates in certain communities undermine the overall health of that community.
9. How does mass incarceration contribute to the health and wellbeing of those affected or infected with HIV?
10. How does mass incarceration contribute/promote further HIV infection?
11. What should we be doing in the County to address incarceration and health?
12. What would you say that health education programs don't understand about young people, sex, and HIV?
13. What would be the most important characteristics of an HIV treatment program for young people? For young people of color? For LGBTQ youth? For gender non-conforming youth?
14. How have sexual relationships among young people changed since their parents were young?
15. How do you think someone's age might affect whether or not they would be willing to take PrEP?
16. How do you think someone's gender identity or sexual orientation might affect whether they would be willing to take PrEP?
17. Under what circumstances should someone who is underage but sexually active take PrEP?
18. What are the primary reasons that young people might not seek treatment for HIV, even if they tested positive?

Clinical and Forensic Associates, Inc.

The following 6 basic questions were asked in every group, with minor changes to make the language relevant to the participants.

1. Despite getting a positive HIV test, many people are reluctant to begin treatment right away. What are the primary reasons that you, or someone like you, might not get treatment for HIV, even if they tested positive?
2. Many people face stigma in the community for their HIV status. In your experience, where are HIV+ people most likely to encounter stigma and discrimination?
3. Where would you, or someone like you, prefer to receive services: from an organization that specifically serves people with HIV, or from an organization that is not obviously HIV-related?

4. How important is it to you, or people like you, that the people providing services are the same demographic as you?
5. Have you ever encountered discrimination *by service providers?* Based on what?
6. Statistically speaking, people of color are less likely to use PrEP. Why do you think this is the case?

The following questions were added for people who were HIV+

- Have you ever had any difficulties finding or paying for HIV care or other health care services? Which ones?
- In addition to HIV and medical care, what other kinds of supportive services or assistance are important for people living with HIV? Why?

The following questions were added for heterosexuals (age 18-25, age 25+)

- How confident are you about your knowledge of HIV? Please explain.
- How confident do you feel about your ability to protect yourself from HIV? Please explain.
- What would prompt you to get tested for HIV and where would you go?
- How comfortable would you be dating or being intimate with someone who is HIV+, knowing there was something that could prevent you from getting HIV?

The following questions were added to the returning citizens group

- In your experience, are institutions providing appropriate care to people who test HIV positive while incarcerated? Why or why not?
- In your experience, what kind of information or assistance are returning citizens given when they are released?
- Despite getting a positive HIV test while incarcerated, many people don't get care right away when they are released. Why do you think this happens?
- What kind of stigma or discrimination have you, or people like you, experienced once they return to the community?

The following questions were added to the provider discussion group

- Based on what you hear from your clients, what do you think are the most effective places to advertise HIV services?
- Which client populations that you serve is most resistant to getting tested? Why?
- In your experience, which populations are we still not serving as well as we should?
- What would you say that most people don't understand about young people, sex, and HIV?
- What could the Health Department do to better serve HIV+ people who are incarcerated, and for people returning to the community?

- **Closing Question in every group**: What could the Health Department do to improve treatment services for people with HIV and AIDS?

Appendix C: Community and Provider Engagement

Table 1: Engagement Activities

Agencies/ Planning Bodies	Frequency	Location	Time	Number of Attendees	Brief Summary
PLANNING BODIES					
COHAH	4TH THURSDAY of MONTH	JUDICIARY SQUARE – CITYWIDE CONFERENCE CENTER 441 4TH STREET, NW; 11TH FLOOR; WASHINGTON, DC 20001	6PM-8PM	60	The meeting covered the following topics: Jurisdiction Reports, Core Medical Services Waiver, HRSA Site Visit and Regional EIS. The Regional EIS funds were awarded to 21 organizations throughout the Washington, DC EMA. 5 in Virginia, 3 in Maryland and 13 in Washington, DC of which 5 have additional sites in Maryland.
HPG	9-12-2019, 10-5-2019	DoubleTree by Hilton, 210 Holiday Court, Annapolis, Maryland 21401.	11AM-3PM	140	The meetings covered the following topics: LEGS 2019 Report, Plan and Budget Request 2021, Condom Distribution Program, HIV Epidemiology by Age, STIs in Senior Populations and HPG Community Announcements.
COMMUNITY PARTNERS					
Casa Ruby	2	Kiky Ball, Focus Group	11-22-2019, 12-16-2019	38	Based on selected questions community members responded stating that they receive their Health/HIV Information from doctors, hospitals, friends, relatives, Internet, Community-based organizations and seminars. Services received by community members include Primary Care (physicals, dental, vision), Mental Health, HIV services, and food. Recipients travel to services via bus, car, walk, Casa Ruby, and bike. HIV Prevention barriers include housing, being influenced not to use protection, substance abuse, lack of financial resources and sex work. HIV Treatment Barriers include lack of a cure, lack of transportation, drug abuse and lack of insurance. Community members assume Providers need to know about PrEP, how to obtain a sexual history and the clients current treatment. Suggestions to engage the community members in attendance includes show all programs offered, be sensitive to the population, bring awareness to the importance of asking for help, network through people, educate everyone, free testing and free condoms. Services attendees would like to see offered are food, more outreach, HIV workshops, housing, education, and free treatment. Current community support received includes outreach, workshops, transportation and resources. The community members responded that they support income generating activities because it would motivate people and give them independence.
Family Medical	32	Individual meetings with Community	11-12-2019-11-22-2019	32	Based on selected questions community members responded stating that they receive their Health/HIV Information from doctors, Social Services, Health Department, friends, relatives, Internet, Community-based organizations. Services Received by community members include Primary Care (physicals, dental, vision), Mental Health, Chiropractor, and Acupuncture. Recipients travel to Services via bus, car, walk, friend/relatives, taxi, rideshare. HIV Prevention barriers includes lack of education, not being tested and not seeing your partners results, drug use, multiple partners. HIV Treatment Barriers are lack of Knowledge, self pity, fear, cost, lack of information. Suggestions to engage the community members in attendance included more outreach, community informed of services available, remove judgment and prejudice, continue to teach. Services attendees would like to see offered are safe sex education (adults & child), testing, syringe exchange/distribution, more outreach, condom distribution, services for seniors. Current Community Support received includes social gatherings, free African dance class and drumming. The community members responded that they support income generating activities because it will boost their morale and give them independence.
Heart 2 Hand	53	Individual Meetings with clients, Transgender Day of Remembrance	11-19-2019, 11-27-2019	68	Based on selected questions community members responded stating that the they receive their Health/HIV Information from Doctors, social media, hospital, Internet, community based organizations SHIPS, Damien Ministries). Services Received by community members include medications, checkups, HIV tests, mental health, hormone therapy. Recipients travel to Services via bus, car, walk, friend, taxi, social worker. HIV Prevention barriers include substance abuse, lack of money, cost of insurance, immigration issues, housing and pressure from partners not to use protection. HIV Treatment Barriers include affordability, side effects of medication, health insurance, immigration status, stigma, size of medication, mental health issues, employment and time management. Suggestions to engage the community members in attendance includes maintain staff, use social media, more advertising, more outreach, give incentives, use status neutral information and more group involvement. Service attendees would like to see offered are educational services, mental health services, campaigns, job training, free condoms, mobile clinics, youth engagement, services available in Spanish, home visits and free treatment. The community members responded that they support income generating activities because financial support is needed for those who are willing and able to return to work, provide a sense of independence and improve self esteem.
La Clinical	3	La Clinical del Pueblo (Focus groups)	11-18-2019, 11-19-2019, 11-20-2019	24	Based on selected questions community members responded stating that the they receive their Health/HIV Information from Doctors, radio, flyers, social media, Friends/Relatives, Internet, agency portal. Services Received by community members include gender affirmation services, vaccines, medications, checkups, nutrition services, HIV tests, mental health, nephrology. Recipients travel to Services via bus, car, walk, friend/relatives, taxi, MetroAccess, rideshare. HIV Prevention barriers includes social determinants (domestic violence, religion, sex work, housing, food), general information instead of geared toward HIV+, incorrect capture of information, invisibility, lack of money, cost of labs for STD testing, pressure from partners not to use protection. HIV Treatment Barriers include costs, side effects of medication, health insurance, immigration status, refusal to receive treatment, stigma (relatives/friends see medication), incorrect information, not knowing status, MADAP qualifications, lack of trust between patient and doctor, stress. Suggestions to engage the community members in attendance includes more advertising via television and radio, expanded Hispanic community programs, advisory board, match the community, improve services offered. Service attendees would like to see offered are educational services, mental health services expanded, campaigns, small community meetings, additional resources and agencies, free condoms, mobile clinics, PrEP accessible and affordable, flexible hours at Health Departments, services available in Spanish, culturally appropriate services for transgender Latina women. The community members responded that they support income generating activities because finding a job is difficult with the language barrier and many are undocumented. They would like a project similar to IMPACT DMV (pilot program) which trains people in the community so they can be employed by community organizations, learn and share experiences.
SLK	5	Outreach, Support Groups, Town Hall	10-26-2019, 11-13-2019, 11-6-2019, 11-14-2019, 11-11-2019	52	Based on selected questions community members responded stating that they receive their Health/HIV Information from Doctors, social media, Friends/Relatives and the news. Services received by community members include Primary Care (physicals, dental, vision), pain management, podiatry, and infectious disease. Recipients travel to services via public transportation and private car. HIV Prevention barriers includes lack of education and lack of access to protection. HIV Treatment Barriers are cost of medication. Suggestions to engage the community members in attendance included more outreach, community informed of services available, job readiness training, social groups, and support groups. Services attendees would like to see offered are shelters, transitional housing and spiritual support. Current Community Support received includes case management and support groups. The female returning citizens felt that their is little community support for persons released from incarceration. The community members responded that they support income generating activities because it will boost their morale and give them independence.
US Helping US	2	Focus Group	11/14/2019, 12-16-2019	10	Based on selected questions community members responded stating that they receive their Health/HIV Information from doctors, various websites and the news. Services received by community members include general healthcare, Sexual health screenings that include HIV/STI testing, vaccines and mental health services. Recipients travel to services via public transportation and private car. HIV Prevention barriers includes HIV prevention programs are only prioritizing gay-identified individuals, sometimes held at LGBT-identified venues, thereby limiting wider outreach to other men who may not necessarily identified as gay, but engage in same-sex practices and healthcare providers do not conduct sexual history and risk assessment with Black MSM to assess their risk to HIV, and provide appropriate HIV prevention education. HIV Treatment Barriers are lack of health insurance, locations of healthcare services and medical providers is far from where the population resides, hours of operations, lack of medical providers who understand the unique health needs of Black MSM and HIV-related stigma and discrimination within the community and society at large. Suggestions to engage the community members in attendance included to continue to involve the community at all levels of engagement, from project planning/designing, to implementation and evaluation and making sure that the different demographics and sub-population of the community are involved in this process. Services attendees would like to see offered are outreach activities focusing on Black MSM at different places not frequented by Black MSM, mental health services, housing, food assistance, help to facilitate insurance for those who are uninsured, PrEP and an inclusive community by giving men the space to be themselves, however they like to express or identify themselves; and having sex positive conversations on sexual health and emotional health. Current community support received includes safe space for Black MSM to get together, access to sexual health education, condoms and lubricants, informational materials and support groups. The community members responded that they support income generating activities particularly for people who need assistance with getting a job, such as resume/CV building, job interview skills building, and conducting mock interviews. This can help to address unemployment and subsequently address issues of housing and food insecurity, which can improve the wellbeing of members of the community.
SERVICE PROVIDERS					
Service Providers	19	telephone, in-person, online survey	11-12-2019-11-25-2019	25	Based on selected questions service providers in the community responded that more health centers to provide HIV care are needed within PG County, more medical insurance for uninsured people, especially undocumented children, more advertising around the importance of regular HIV/STI health screenings and enhance program collaboration and service integration across Prince George's County in order to ensure access to adequate medical care for PLWH. Barriers to clients maintaining their health and accessing health care include the lack of information, transportation, housing options, hours of operation, language barriers which makes it difficult to communicate with medical providers and creates shame, lack of documentation, costs of health care, immigration status, gender identity and a distrust of system. Teens navigating the health care system without a trustworthy adult can also create traumas for them which becomes a barrier. Some of the issues providers face when referring clients to specialty services are lack of insurance, lack of access to linguistically appropriate services, high medical costs, and lack of resources in the county. Most specialist aren't culturally sensitive to the population being serviced. Trainings to better serve PLWH or at risk of HIV/STI included building capacity on how to provide clients information and how to deliver messages to teens and culturally and age appropriate trainings on how to conduct effective safer sex practice talks with teens in high school. Training on how to recruit people for testing, how to give information that isn't overwhelming to teens, trauma informed care, mental health services for all ages, social determinants of health and insurance benefits/coverages. Overall, majority of the providers were comfortable discussing HIV/STI and sexual health topics and offered PrEP and PEP to their clients.

Agencies/ Planning Bodies	Frequency	Location	Time	Number of Attendees	Brief Summary
Educational Institution	2	Bowie State University, University of Maryland College Park	11/13/2019	20	Based on selected questions community members responded stating that they receive their Health/HIV information from doctors, friends, Internet and on campus Health and wellness center. Services received by community members include Primary Care (physicals, dental, vision), vaccinations, mental health, specialty care (asthma, diabetes) and STI testing. HIV Prevention barriers includes lack of education, not being tested, stigma, stereotypes (only affects gay men) and status unknown. HIV Treatment Barriers are fear, cost, lack of privacy, ashamed of diagnosis, lack of insurance and peer pressure. Suggestions to engage the community members in attendance included workshops and HIV testing incentives. Services attendees would like to see offered are s free testing, peer presenters, posters, share information through social media and email, one-on-one workshops and normalization of the topic. The community members responded that they support income generating activities because it will keep the person engaged in positive outcomes.
Prince Georges County HD	1	Cheverly Clinic	12-9-2019, 12-10-2019, 12-11-2019	10	Based on selected questions service providers in the community responded that the following are needed to access adequate medical care for PLWH: access to health insurance, same day appointments, accessible PrEP services, housing services, transportation, substance abuse treatment, onsite behavioral health counseling, legal support, English courses and job counseling, training and support. Barriers to clients maintaining their health and accessing health care include, transportation, hours of operation, language barriers, costs of health insurance and a distrust of system. Some of the issues providers face when referring clients to specialty services are lack of insurance, lack of access to linguistically appropriate services, competing responsibilities, substance use, mental health and housing. Training on effective engagement strategies and treatment options for methamphetamine users and youth, sensitivity training, routine updates on services offered through counties, motivational interviewing, treatment modalities, understanding lab work (CD4 percentages), HIV interactions with other diseases, PrEP, PEP, medication side effects and services, programs and Practitioners specializing in transgender clients. Overall, majority of the providers were comfortable discussing HIV/STI and sexual health topics and offered PrEP and PEP to their clients but are currently referred to other agencies for PrEP services.
Special Event-Urban One Honors	1	MGM-National Harbor	12/5/2019	3000 sold out event only agency attending with announcements and tabling	ABOUT URBAN ONE HONORS Urban One Honors is an awards show designed to acknowledge individuals and organizations, making extraordinary strides in entertainment, media, music, fashion, sports, education and the community. This esteemed event was created to engage, inspire and entertain audiances via our platforms: TV One, CLEO TV, Radio One and IOne Digital. Will be televised on TV One January 20, 2020 and the Promo is on our website at https://www.princegeorgescountymd.gov/3212/Ending-the-HIV-Epidemic
			TOTAL:	3479	

Table2: Community Partners Providing Services in ZIP Codes with High Incidence/Prevalence/Clusters

Agencies/ Planning Bodies	Type of Engagement	Number of Participants	Zip Codes	Race/Ethnicity						Age						Gender							Mode of Transmission								
				American Indian	Asian only	Non-Hispanic Black	Hispanic	Non-Hispanic White	Other	13 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 +	Male	Female	Transgender Female	Other	Transgender Male	Nonbinary	Gender Neutral	IDU	MSM/IDU	Hemophilia/ Coagulation Disorder	Heterosexual contact	MSM	Perinatal transmission	Blood Transfusion	HIV Negative	Unknown
Casa Ruby	Outreach-Kiky Ball, Health Fair, Community Meeting	38	20743,20747, 20767, 21401, 20708	3		26	9			2	18	10	6	2		11	5	16		2	4		2			12	3			21	
Family Medical	One on Ones (Various dates)	32	20743, 20745, 20748			19		13			3	7	7	10	5	16	16						8			24				32	
Heart 2 Hand	Trans Day of Rememberance (11-27-19), One on One (11-19, 27, 2019)	68	20904, 20910, 20745, 21784, 20747, 20785, 20712, 20747, 20743, 21061, 20770, 21133, 20902, 20744, 20746, 20774, 20706, 20640, 20721		1	57	3	1	2	1	18	15	14	14	6	27	26	15			2					24	12		2	14	3
La Clinica	Focus Group (11-18-19), Focus Group with Latinx LGBTQ Community (11-19-19), Focus Group with general Latinx population (11-20-19)	24	20782, 20737, 20706, 20783, 20743, 20786, 20770, 20740, 20708				24				8	6	3	3	4	11	5	8			2									16	8
SLK	Outreach (Surrattsville Community Day 10-26-19), Support Groups (11-13 and 11-6-19), Focus Group (PG House Shelter 11-14-19), Lunch and Learn for returning citizens(11-11-19)	52	20746, 20613, 20707, 21231, 21042, 20782, 20785, 20770, 20743, 20784, 20710, 20735, 20772, 20730, 20747, 20706,20740,	2		40	6	3	1	10	7	12	9	10	4	30	22									3	6			38	5
US Helping US	Focus Group (11-18-19), Focus Group (12-16-19)	10	20747, 20716, 20785, 20770, 20774, 20746			10					6	4				10											10				
	TOTALS:	224		5	1	152	42	17	3	13	60	54	39	39	19	105	74	39	0	2	8	0	10	0	0	63	31	0	2	121	16