

Recommendations for HIV prevention in Prince George's County, Maryland

Revised: November 27, 2007

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As of April 2007, the Maryland Department of Health and Mental Hygiene reported 4,983 documented cases of HIV/AIDS in Prince George's County – placing the county second behind Baltimore City with 15,563 documented cases.

While African Americans represent 29% of the Maryland population, they continue to represent nearly 80% of newly diagnosed cases of HIV in Maryland. Since 66% of Prince George's County residents are African American, the county should implement comprehensive and coordinated HIV management and prevention efforts. Such efforts include: testing initiatives to increase the number of residents who are aware of their status, coordination of healthcare services for improved quality of care, and education and outreach strategies to promote prevention and reduce stigma. Outcomes of such interventions will reduce infection rates and improve quality of life for persons living with HIV/AIDS.

Several interventions will help improve the county's capacity to reduce HIV incidence:

- Increase access to rapid testing
- Incorporate faith based leaders and faith based organizations in planning efforts
- Provide targeted outreach for special populations
- Provide targeted outreach for youth
- Institute a countywide social marketing campaign

Increase access to rapid testing

On November 26, 2007, the District of Columbia HIV/AIDS Administration released a report that estimates that nearly 1 out of every 20 of its residents is living with HIV infection. Due to Prince George's County's close proximity to a city with the highest number of AIDS cases per 100,000 (n=117), accessibility and availability of HIV testing is critical for the health of the Prince George's County community.

In the fall of 2007, the state of Maryland received a 2.7 million dollar grant from the Centers for Disease Control to increase its capacity to provide rapid testing for Maryland residents. Led by the Department of Health and Mental Hygiene, a percentage of those funds have been earmarked for Prince George's County. Plans are currently underway to make free rapid testing services available in multiple county venues. Venues include but are not limited to: community health centers, emergency rooms, health fairs, and other health promotion events.

As the county increases its capacity to provide free rapid testing, systems and coordinated efforts will need to be developed between healthcare providers to: 1) provide ongoing counseling and support to those who test negative and are identified as high risk; and 2) ensure persons who test positive are linked into primary care; and mental health services, if necessary.

In addition to its commitment to expand rapid testing, the CDC has also recommended routine integration of HIV testing in primary care settings for persons ages 13-64 - also known as opt-out testing. Currently, under state legislation, persons who are tested for HIV must give informed consent. Moreover, a separate consent form needs to be presented and signed. Under the CDC opt-out recommendation, HIV testing would be included as a routine part of care and a separate consent form would not be warranted.

Recommendations for HIV prevention in Prince George's County, Maryland

Many states employ this type of strategy to: 1) reduce the stigma that is associated with HIV/AIDS; 2) promote early detection; and 3) increase the number of persons who are aware of their HIV status. Leaders and county health officials should align themselves to educate policymakers on the benefits of integrating routine HIV testing in all primary care settings.

Note: Statistically, minorities are more likely to receive an HIV/AIDS diagnosis at advanced disease stages compared to their white counterparts. This phenomenon helps explain the high rates of AIDS diagnoses in the African American community. Early detection + Early treatment = delayed transition to AIDS.

Incorporate faith based leaders and faith based organizations

The church serves as the linchpin for the African American community – as it is a stable place for fellowship, moral teachings, and promotion of spiritual well-being. However, behaviors that are associated with HIV transmission may be inconsistent with philosophical or biblical teachings. This reality, which has created a level of discomfort and controversy within the faith based community, has stymied the ultimate contribution that faith based organizations can have on effective countywide HIV prevention efforts.

Currently, there are approximately 700 faith based organizations in Prince George's County. Due to the powerful impact the church has on the community, opportunities should be available for church leaders to mobilize themselves and openly discuss the complex issues that are associated with HIV infection. In addition, leaders of the public health community should work in partnership with faith based leaders to build bridges between spirituality and the science of public health as it relates to HIV/AIDS. Educational programs on HIV/AIDS that are exclusively designed for faith based leaders are strongly encouraged - as they have been effective in other metropolitan areas throughout the country.

Faith based organizations that strategically address the subject of HIV can be effective in changing attitudes and consequently decreasing incidence rates. HIV ministries that sponsor prevention campaigns or offer volunteer services have a strong influence on HIV/AIDS awareness. These interventions help change attitudes, dispel myths, and encourage testing.

Provide targeted outreach for special populations

Intravenous Drug Users:

Nearly 10% of county residents with HIV/AIDS self-report intravenous drug use as a method of exposure. Compared to other metropolitan areas, the county has yet to implement more progressive HIV intervention campaigns – mainly due to community resistance. For example comprehensive needle exchange programs have been effective in reducing HIV infection in high risk communities throughout the country; however, needle exchange proposals have been rejected by Prince George's county residents.

The county will benefit by investigating the volume of intravenous drug use and identifying geographic "hot spots." Since needle exchange programs are commonly misunderstood, educating community members and policymakers of the multiple services provided by comprehensive needle exchange programs will be helpful.

Men who have sex with men:

Adolescent men who have sex with men (MSM) is one of the fastest growing populations of newly infected persons; however, the county does not have an entity whose mission is to target MSMs. MSMs who live in the county and need age specific care, counseling or other services rely on programs based in the District of Columbia. The

Recommendations for HIV prevention in Prince George's County, Maryland

establishment or expanded capacity of a community based organization that targets the MSM community will aid prevention efforts and decrease infection rates. *Organizations such as the Sexual Minority Youth Assistance League (SMYAL) and Advocates for Youth – both based in the District of Columbia, have demonstrated success in education and outreach to youth outside of the traditional school curriculum.*

Tip: Depending on the setting, African American MSMs may not relate to specialized outreach and testing efforts that target MSMs exclusively. Therefore, interventions that target African American men in general may be more effective.

Seniors:

Traditionally, HIV public health messages have not targeted seniors; however, there is a growing trend in the number of persons infected who are 55 years and older. This trend, which is evident in the county, mirrors a national occurrence. Nearly 20% of persons documented with HIV/AIDS in the county are ages 50 and over.

Improvements in antiretroviral therapy are allowing persons with HIV to live long and healthy lives – many of whom are entering their golden years. Societal norms and cultural mores can be culpable for the absence of public health messages that target seniors. Missed opportunities for intervention also occur in the primary care environment, emergency rooms, and in other healthcare venues. In many cases, physicians are less likely to address sexual practices with seniors during the medical encounter.

The establishment of media campaigns and outreach efforts that target seniors will heighten awareness. Furthermore, efforts that provide healthcare professionals with tools to improve their level of comfort in addressing at-risk behaviors with seniors will be helpful.

Provide targeted outreach for youth

HIV incidence is on the rise among teenagers and young adults. Research suggests this trend is partially occurring because of a perception that the advancements of antiretroviral therapy are allowing people to live long lives without complications. Due to the emergence of new generations that have not witnessed the physically ravaging effects of HIV, some youth even question the existence of the disease. The inclusion of services that target at-risk youth is critical to curbing incidence rates. Public health leaders and county officials should collaborate with the Prince George's County Board of Education and Parent Teacher Associations to explore implementation of a countywide education and prevention model that overwhelming stresses the importance of abstinence, refusal skills, and other behaviors that prevent HIV infection.

Institute a countywide social marketing campaign

Attitudes and stigmas have a profound effect on one's willingness to be tested and compliant with treatment regimens. For example, one may not choose to be tested due to a preconceived belief that he/she does not fit the "at-risk" profile; or one may neglect treatment due to fear of discovery among loved ones or co-workers. Even religious messages have caused some to forego testing to avoid being ostracized from the religious community. Such beliefs have been restraining factors for public health programs designed to increase patient compliance and increase the number of persons who are aware of their status.

Adopting or creating social marketing campaigns that support a shift in societal attitudes may relieve apprehension that is commonly associated with testing and treatment. As societal attitudes change and stigmatic associations are detached, persons will be more likely to undergo testing and comply with treatment.

Recommendations for HIV prevention in Prince George's County, Maryland

Developing and branding a social marketing campaign aimed to promote HIV testing, increase knowledge, and change attitudes can be instrumental in redefining the perception of HIV/AIDS among county residents. Nationally recognized social marketing models have conveyed concepts such as there is life after HIV and protected sex can be fulfilling. Consequently, these models have been keys to reducing stigma, changing attitudes, promoting dialogue, and reducing HIV incidence.

Developing a plan and enlisting support from corporate sponsors and/or private grantmakers is recommended.

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About the author



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