

HIP HOP for HIV Awareness: An innovative approach to community-level HIV prevention

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Presented at:
American Public Health Association's 141st Annual Meeting and Expo
November 2-6, 2013
Boston, MA



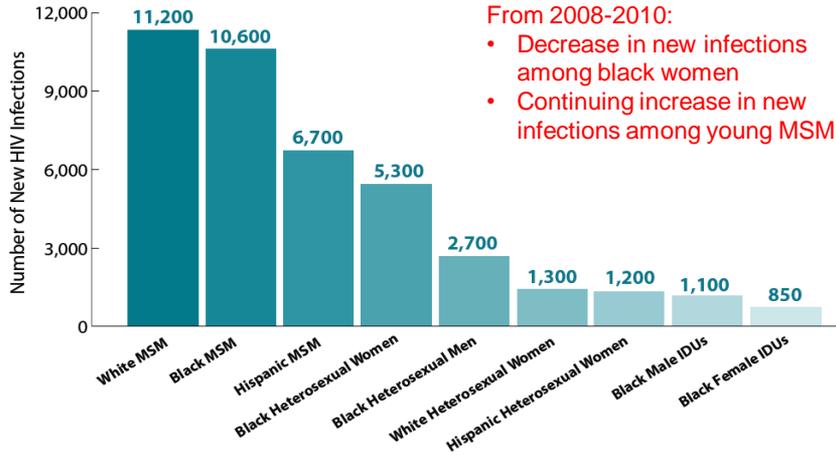
Houston/Harris County

HIV Epidemiology



New Diagnoses by Sub-Population

Figure 1: Estimated New HIV Infections in the United States, 2010, for the Most-Affected Sub-Populations

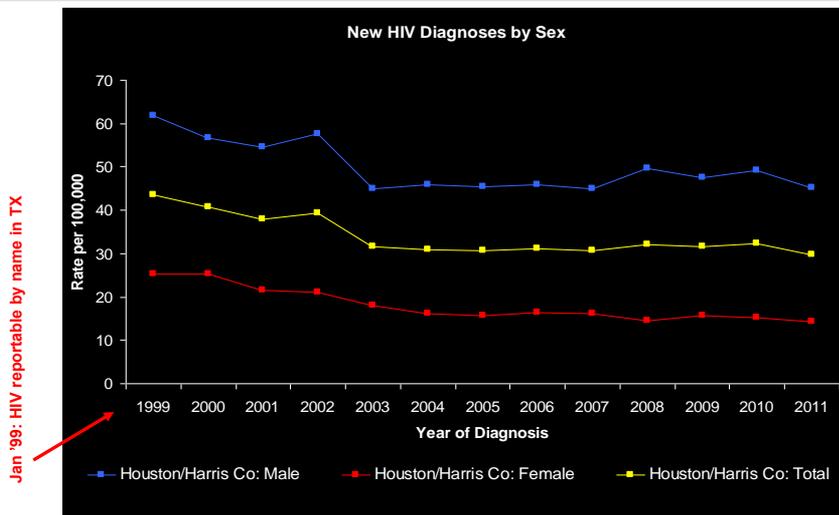


- From 2008-2010:
- Decrease in new infections among black women
 - Continuing increase in new infections among young MSM

Source: CDC

3

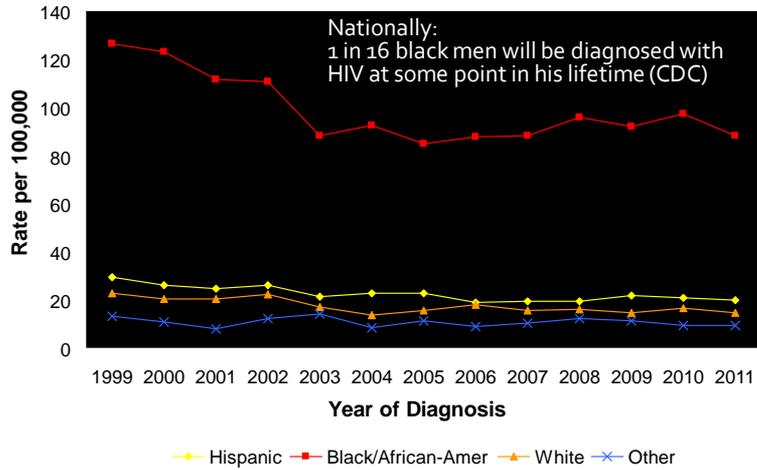
Houston/Harris Co. HIV Diagnoses, 1999-2011



Source: eHARS- HDHHS

4

HIV Diagnoses — Rates by race/ethnicity Houston/Harris County, 1999–2011

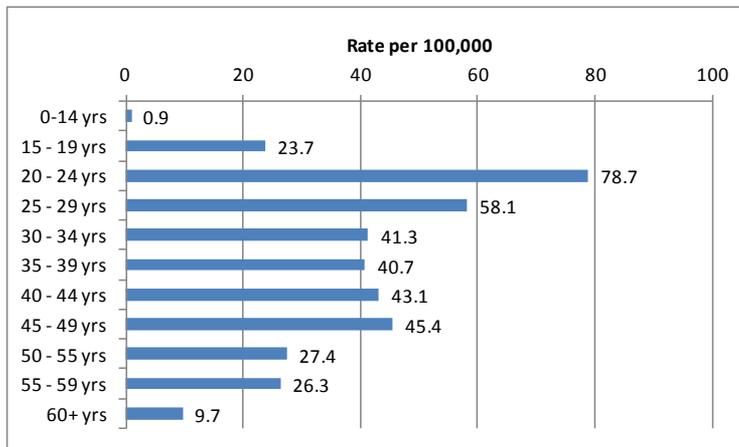


Source: eHARS- HDHHS

5

Houston/Harris Co. HIV Diagnoses, 2011

HIV Rates by Age

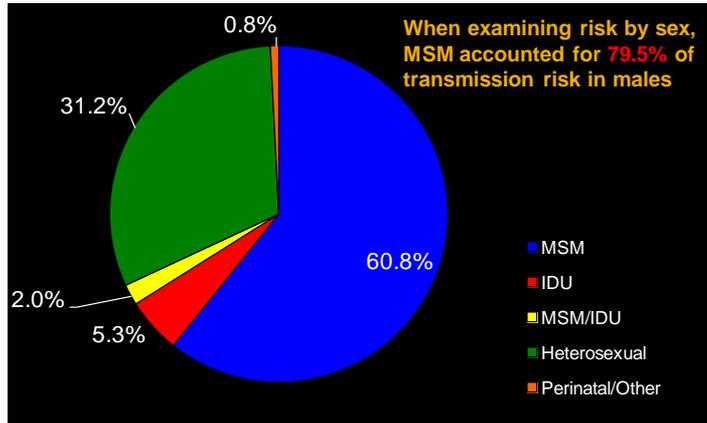


Source: eHARS- HDHHS

6

Houston/Harris Co. HIV Diagnoses, 2011

HIV by Risk

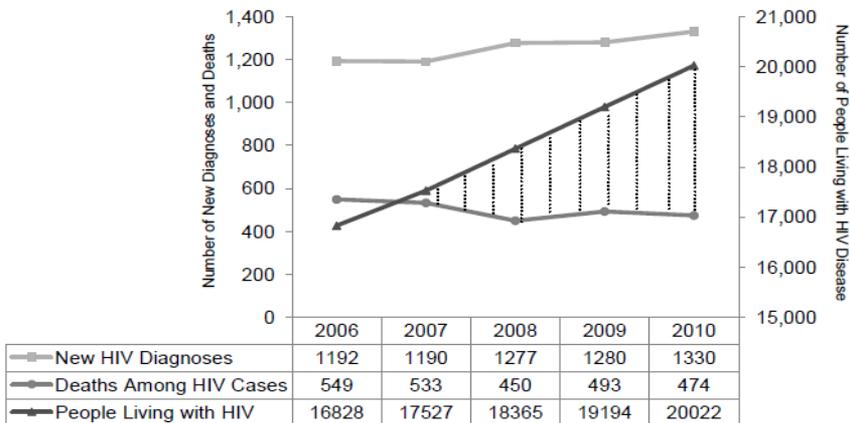


Source: eHARS- HDHHS, unknown risk re-distributed using the CDC's multiple imputation technique

7

Growing Gap between Deaths and Number of PLWH

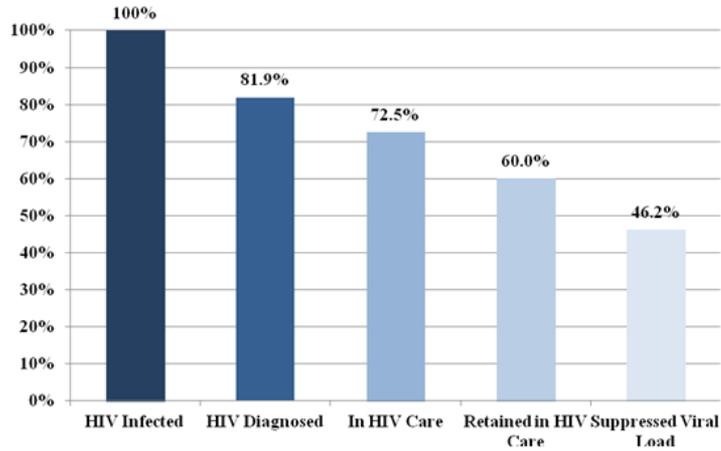
GRAPH 1-Numbers of New HIV Diagnoses, Persons Living with HIV, and Deaths among HIV Positive Individuals in Houston/Harris County, 2006 through 2010^a



^aSource: Houston/Harris County eHARS

8

Houston EMA HIV Treatment Cascade



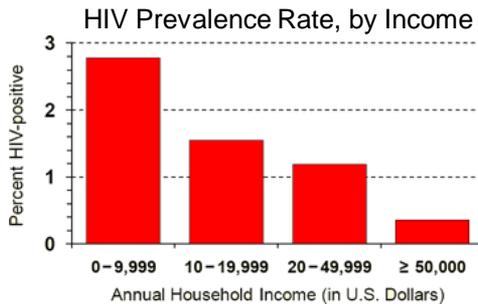
Produced by: The Ryan White Planning Council's Office of Support, the HDHHS (Bureau of Epidemiology and Bureau of HIV/STD and Viral Hepatitis Prevention), RWPC, and CPG
 Source Data: TXDSHS, August 2013

9

Contributing Factors to HIV/STD Disparities

“STD disparities reflect socioeconomic disparities, which in turn reflect deep-rooted racial inequalities” (CDC, 2007)

Individual sexual risk behavior does not account for the observed racial disparities in STDs (CDC, 2007)



Source: Houston Area Comprehensive Plan, Graph: CDC, NHBS-HET-1 2006-2007

- Higher prevalence in community
 - Houston: highest rate of PLWHA in TX
- Stigma and/or discrimination
 - Houston: larger % of foreign-born and language other than English at home vs. TX overall
- Access to quality medical care and testing → Delayed diagnosis and treatment
 - Houston: higher % of uninsured than TX overall
- Social determinants of health
 - Houston: median household income ~\$7000 lower than TX median
 - Houston: lower % of high school graduates than TX overall

10

HIP HOP for HIV Awareness

What is the Intervention?



HIP HOP for HIV Overview

Mission Statement

To provide free and confidential screening, treatment and vaccination for communicable diseases for youth and young adults in Houston/Harris County through a well planned, well documented and well executed intervention.

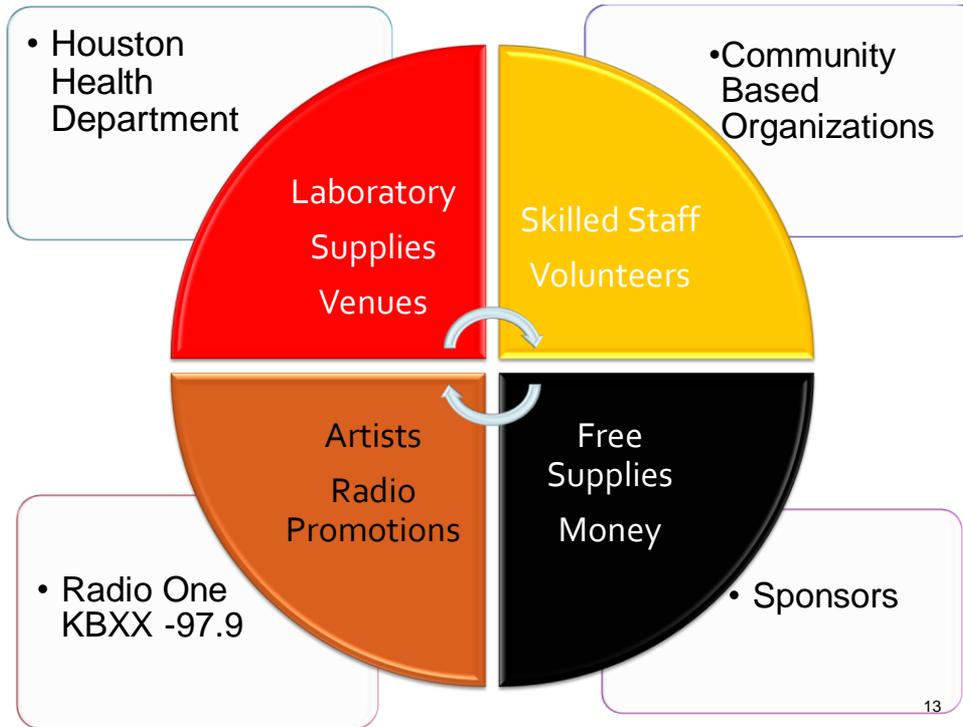


Mission Objectives

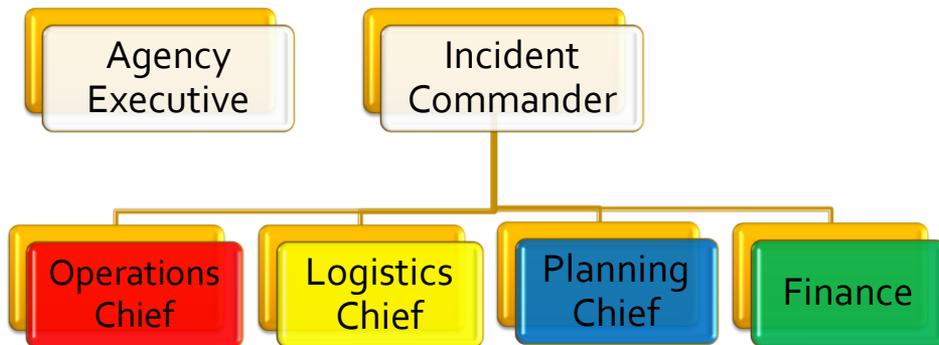
- To **increase knowledge** of HIV disease and other STIs
- To **implement** a personalized prevention and intervention strategy
- To **standardize** service delivery
- To **leverage collaborative relationships** with local community partners and business to create efficiencies in accessing services
- To encourage individuals to **promote awareness** among their peers

Intervention Components

Registration
Testing
Education
Results
Evaluation



Incident Command Structure



Registration

- At registration, participants consent to testing services, linkage to care services, using their information in the data system, and being photographed
- An 11-digit confidential code used for client access by prevention & RW providers
- Participants take a computerized pre-test of HIV/STI prevention knowledge and beliefs and a risk assessment



Planning – Health & Medical Intelligence

- Individual patient look-up in STD*MIS and eHARS for disease history
- Formats patient records for inclusion of laboratory results and patient risk information
- Delivers results to results and treatment stations



15

Phlebotomy Stations

- Staff from state and local HDs, CBOs, hospitals, phlebotomy schools
- Two tubes specimens for rapid HIV, HCV, and RPR
- Urine specimens collected and couriered back to main lab



GenProbe-Aptima Testing



16

On-Site Laboratory Services



- Phlebotomy will take the blood specimens into the laboratory room for HIV, HCV and syphilis
- Rapid HIV & HCV testing completed via batches in the laboratory
- Lab technician places STD confirmation blood work for final results in the folder.
- After specimen submissions, all clients in group remain together and are transported into a classroom for education & skills training.

17

Education

- All participants are provided sexual health education as they wait for lab results and chart creation
- Experienced youth educators as facilitators in every room
- Post-tests of knowledge and beliefs are completed at kiosk stations
- Counseling & treatment based on risk assessment completed at registration kiosks
- Clinical staff conduct exams and administer prophylaxis or DOT for syphilis, GC and Chlamydia



Treatment & Results



18

Educational Session

- After HIV/STD testing, sexual health education takes place in classroom of 20-40 participants
 - Approximately 45 minutes
 - Interactive game and condom demonstration
 - PowerPoint educational presentation with facts about HIV/STD prevention, transmission, symptoms, sequelae, and treatment
 - Statistics relevant to target population included

19

Results

Project Outcomes



20

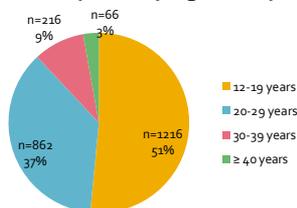
2011 Data Analysis

- Subset of 2011 HIP HOP participants received standardized testing, sexual health education, and pre/post-test administration
 - Subset: 38.4% of 6972 total participants (n=2675)
 - Intervention: June 27-30, July 11-14 at a local mall
 - Recruitment primarily by radio messages on hip hop station
 - Estimated reach= 1,231,400 people (valued at \$316,400)

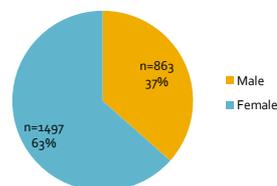
21

2011 Data Analysis

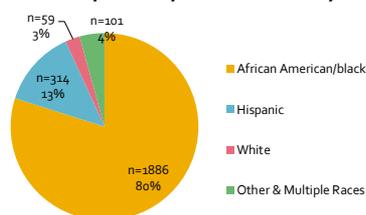
Participants by Age Group



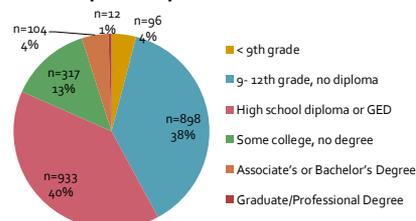
Participants by Sex



Participants by Race/Ethnicity



Participants by Educational Level



22

Significant Findings from 2011 HIP HOP

- Pre- and post-assessments conducted before/after sexual health educational session to measure beliefs and knowledge of HIV/STD
- Pre- and post-test scores treated as repeated measures
 - Significant change in knowledge level ($F=26.34$, $p<.0001$)
 - Level of education ($F=2.97$, $p=.01$) and sex ($F=8.83$, $p=.003$) significantly influenced knowledge gains
 - Two 3-level significant interactions
 - Knowledge, education, and sex ($F=4.30$, $p=.0007$)
 - Knowledge, education, and race/ethnicity ($F=1.77$, $p=.03$)
- Significant change in beliefs for 2 of 3 Health Belief Model constructs measured

23

Implications of Findings

- The educational session was more effective in some populations.
 - For example, the educational session was not as effective in increasing knowledge in those with less than a 9th grade education.
- Client knowledge did not increase on all measures.
 - Revised educational session
 - Ensured better alignment of pre- and post-assessment with educational session
 - Solicited input from HDHHS-CFAR Scientific Advisory Council to ensure alignment
- Changes to educational session and assessment tools were implemented for HIP HOP 2012 and 2013

24

Full Results Available

- Collaboration between the HDHHS, AIDS Foundation Houston, and researchers from The University of Texas Health Science Center to produce manuscript
 - Manuscript accepted for publication in *Sex Education*

25

Testing Results



****Average public health
cost per person = \$42.00****

Over 55,400 tests in seven years

In 2013:

- 1 in 326 people test positive for Hepatitis C
- 1 in 193 people test positive for HIV
- 1 in 81 people test positive for *both* Chlamydia and gonorrhea
- 1 in 48 people test positive for gonorrhea
- 1 in 9 people test positive for Chlamydia

26

2013 STD Infection Rates

Syphilis Testing Highlights

- 44% fewer tests in 2013 vs. 2012 due to transitional year, rebranding activities.
- However, in 2013, the **positivity rate for syphilis (1.72)** is higher than the **positivity rate (1.58)** observed during 2012.
- Higher syphilis positivity rate in 2013 due in part to the increases in syphilis in Houston/Harris that occurred in 2012.

27

2013 HCV Testing

- Computer based Risk assessment would flag records based on **reported date of birth 1945-1965**;
- **had sex with someone who shared needles** to inject any substance under the skin or into the vein (includes drugs, tattoo ink, steroids or hormones);
- **shared needles** with someone to inject any substance under the skin or into the vein.

	Male	Female	All
Number Preliminary Pos.	3	7	10
Maximum Age	54	52	54
Minimum Age	31	30	30
Mode Age		34	34
Mean Age	46	40	42
Median Age	53	34	41.5
Standard Deviation Age	13	9.84	10.48

Source: Testing4Tickets Database, 2013 HIP HOP for HIV Awareness

- 514 (21%) registered participants received rapid HCV testing
- 10 (1.94%) positive HCV cases were identified
- Positive HCV cases were referred to St. Luke's Liver Health Outreach
- 5 of 10 HCV positive cases had a HIV test within the past 12 months
- 2 of 10 HCV positive cases had sex with someone they didn't know within the past six months

28

Summary of Lessons Learned

- Don't miss the opportunity to screen for multiple diseases
- Integrate relevant health services
 - Vaccinations offered for Hepatitis A and B, HPV, Meningitis, and DPT
 - 2011 newly added WIC, family planning, and eligibility screening for health services
- Capitalize on partnerships – local, state and federal
- Consult with key stakeholders; staff, CBOs, legal, Human Resources, etc.
- Disseminate best practice models
 - Numerous presentations at state and national conferences including CDC Vital Signs Town Hall Teleconference, APHA, International AIDS Conference

29

National Replication

Step Up, Get Tested Chicago



Oakland

Dallas - Hip Hop for HIV



International AIDS Conference 2012



Atlanta

Waco

Hip Hop for Philly



Recognized as the largest HIV testing event in the United States

NYC - Bronx Knows



Miami & Ft. Lauderdale

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