The Efforts In Controlling The HIV Outbreak In Texas

HIV stands for Human Immunodeficiency Virus. This virus attacks the body's immune system. HIV has affected many States worldwide. Texas is one of the states that have been affected by this virus. To understand the impact that HV has on this state, it will be beneficial to know the background of this state, the background of HIV outbreak, the way it's being controlled, and the barriers that Texas faces.

Before HIV became an issue in Texas, there were other historical events that were happening with Texas. The first European settlers in Texas were the Spanish missionaries (History Channel). The European settlers were the ones who founded San Antonio in 1718 (History Channel). Texas was sparsely populated because of the hostile Native Americans and the isolation from other Spanish colonies (History Channel). Texas was sparsely populated until after the Revolutionary War and the War of Mexican Independence (History Channel). The newly established Mexican government allowed the U.S. to claim land (History Channel). Population explosion followed but reduced the percentage of the population with Mexican heritage (History Channel).

This led to some tension and this is when the Texas Revolution broke out (History Channel). This is what led Texas to become an independent nation in 1835 (History Channel). The Texas Republic had troubles defending itself from further issues with Mexican troops and this is when Texas discussed with the United States to join the union (History Channel). This is when Texas became a state on December 29, 1845. In size Texas is 268,597 square miles, and as of 2010 had a population of 25,145,561 (History Channel).

Between January 2003 and December 2007 the number of individuals in Texas living with HIV increased by 5% (Texas Department of State Health Services 2008, Hatton 2011 *). On December 31, 2006, around 70,577 of HIV/AIDS cases were reported since the start of the HIV epidemic in the 1980s (Texas Department of State Health Services 2010, Hatton 2011 *). In 2006 Texas had the 4th highest number of cases in the United States (CDC 2006, Hatton 2011*). In 2006 the highest rate of HIV cases was in urban areas such as Harris and Dallas (Haton, 2011) . Cities that contain larger populations and concentrated groups of people increase the chances of an individual contracting a disease such as HIV (Hatton, 2011). As of 2008, over 77,000 cases of HIV/AIDS were reported (Benavides-Torres, Wall, Rocha, Rodriguez & Hopson, 2012).

By the end of 2016, there were more than 86,000 people living with HIV (Texas Department of State Health Services). In over the last 10 years, the number of individuals in Texas living with diagnosed HIV has increased by 4% annually (Teas Department of State Health Services). Texas is the 4th highest number of reported cumulative cases of HIV (Benavides-Torres 2012). With these high numbers of HIV diagnoses, it is shockingly to see that a good portion of those cases are found in a single city in Texas. Over 20,00 people in Houston Texas are living with HIV and over 1,000 people are diagnosed yearly (Mgbere et al, 2014). Houston Texas ranks 12th nationally for HIV cases and ranks the 1st in the state of Texas for individuals with HIV (Mgbere et al., 2014). Overall, 1,300 individuals in Texas lose their life to HIV/AIDS every year (Hatton, 2011).

Certain ethnicities and age groups make up the total of HIV diagnoses in Texas. Between the age groups of 25-49 certain percentages of different ethnicities make up the population. Such as 46.7% are Caucasian, 12% African American, and Hispanics make up 36.9% of the total population in Texas (Rodriguez, 2011). When taking a look at the infected individuals in this age group it is fairly similar to the United States. In Texas, the infected population can be broken down into ethnicity percentages. Caucasians make up 38.4%, African Americans make up 36.1%, and Hispanics make up 24.3% of the population that have HIV (Rodriguez, 2011). 85% of individuals with HIV live in more urban areas in the United States and this trend is also found in Texas (Rodriguez, 2011). Higher rates of HIV diagnoses are found in the urban areas of Texas. Those urban areas in Texas include Dallas, El Paso, and Houston (Rodriguez, 2011).

When it comes to HIV it is very important for the state to have surveillance methods. Starting in 1994, the U.S. Center for Disease Control and Prevention started funding 65 states, territorial and health departments (Begley, Fourney, Elreda, Teleki, 2002). The goal was to provide HIV prevention services to high-risk populations (Begeley et al., 2002). When it comes to Texas the entire state has seen high numbers of HIV diagnoses. Certain cities in Texas have had more of an issue when it comes to HIV than other cities in Texas, such as Houston. There has been a lesson learned from Houston, Texas when it comes to prevention programs. There is a group called the HCPG which includes 30 members from all over the community, they discuss things such as identifying the population, and discussing interventions and ranking them based on a criteria that they have (Begley et al., 2002). The group's goal is to prioritize intvernetions for certain populations (Begeley et al., 2002).

The interventions that are provided are individual counseling, group counseling, counselling and testing, street outreach, and case management (Begeley et al.,2002) There were meetings that were held that contained different groups of people such as HDHHS staff, and HCPG members along with prevention providers (Begeley et al.,2002). At these meetings, objectives and criteria needed for selecting interventions for outcome monitoring were discussed (Begelet et al., 2002). Finally a decision was made and individual counseling became the main focus. Individual counseling became the main focus because it was thought that this is a multisession intervention and it would give prevention workers a chance to build a bond with the client and to encourage them within the program (Begeley et al., 2002). The results that came out of this For Houston Texas is something that should be carried out in every city in Texas.

It seems like individual counseling would be helpful, but more still needs to be done. There is research out there that shows that STD education can be beneficial. It could be beneficial in a number of ways such as reducing the number of sexual partners and reducing HIV infection risks (Hatton, 2011). However, Texas does not receive this type of education. Texas does not require sex education in schools and when it is taught the state has to follow federal definition of abstinence-only education (Hatton, 2011). This method would not be appropriate because if children live in an urban city in Texas that is highly affected from HIV than abstinence-only education would not be an accurate way of prevention.

There are some barriers that Texas faces when it comes to HIV prevention and control. Some of those barriers can be seen when it comes to Hispanic farm workers at the West Texas-Mexico Border. El Paso Texas and Ciudad Juarez, Mexico actually forms one of the largest boarder communities in the world (Varela-Ramirez,Mejia, Garcia, Bader, Aguilera, 2005). There are factors that migrant and seasonal farmworkers face. Some of these factors are that these individuals have a low socioeconomic status and poor education level which leads to barriers for

health care access (Varela-Ramirez et al., 2005). When it comes to health care access Hispanic farmworkers are not the only ones that are affected by this but other individuals are affected as well. When it comes to health care the structure of the health care can become a barrier (Mgbere et al.,2015). Other barriers that individuals in Texas face are longer wait times for their appointments, office hours do not accommodate work schedules, lack of access to a provider with expertise in treating HIV amongst other barriers as well (Mgbere et al.,2015) Looking back to the Hispanic farm workers they experience other barriers as well, with this population they face low condom use, poor knowledge about safe sex, and high-risk behaviors, this can be linked to high rates in disease such as HIV (Varela-Ramirez et al., 2005).

Another barrier that seems like individuals face in Texas still has to do with health care and that is HIV testing. When it comes to HIV testing is varies between ethnicities. Such as White and Hispanic woman are more likely to receive HIV testing than men of the same ethnicity groups (Benavides-Torres et al.,2012). When it comes to these two ethnicity's different age groups are more likely to get tested for HIV than other age groups. Such as individuals between the ages of 25-44 are more likely to get tested than the age groups between 18-24 (Benavides-Torres et al.,2012). Individuals in this ethnicity that were divorced and experienced one HIV risk behavior were more likely to be tested than individuals who were not divorced or who have not experienced at least one HIV risk behavior (Benavides-Torres et al.,2012). Other ethnicities in Texas such as African Americans get tested more than other ethnicities (Benavides-Torres et al.,2012). African Americans might have a higher rate of life time risk due to increased perception of risk (Benvides- Torres et al.,2012).

In conclusion, there could be some corrections made in Texas when it comes to the efforts in controlling the HIV outbreak. With some changes, HIV control could become more effective. For instance, health care should be more easier access for individuals living with Texas. Doctors offices should be a little more lenient when it comes to appointments since individuals have different work schedules. Also when it comes to HIV testing, it should be easier accessible and individuals should be able to easily get educated about HIV testing and the benefits that it could have. When it comes to schools in Texas, it should be mandatory for sex education to be given in the school. When it comes to sex education they should be taught more than just abstinence-only education. Overall, if Texas makes some changes in the way they control HIV, then HIV rates should decrease.