DRAFT

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

4:00 p.m., Monday, July 19, 2021

Meeting Location: Online or via phone – Please do not come in person
Join Zoom Meeting by clicking on this link:
https://us02web.zoom.us/j/89518532649?pwd=U3VuditaSFdXNXptOXI4NWZrMDU1UT09
Meeting ID: 895 1853 2649 Passcode: 745873
To join via telephone call: (346) 248-7799

AGENDA

I. Call to Order — Daphne Jones and
   A. Welcome and Introductions — Rodney Mills, Co-chairs
   B. Moment of Reflection
   C. Adoption of the Agenda
   D. Purpose of the Meeting — Tori Williams

II. Public Comment and Announcements

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization.

III. Select the FY22 EIIHA Plan Target Populations
   A. Review recommendation from EIIHA* Workgroup
   B. Select Target Populations for FY22 EIIHA Plan**

IV. Announcements

V. Adjourn

*The Early Identification of Individuals with HIV/AIDS, or EIIHA, is a national HRSA initiative to increase the number of individuals who are aware of their HIV positive status and link them to medical care. Each year, the Ryan White Planning Council hosts a collaborative process of HIV prevention and care strategies and stakeholders to develop an EIIHA plan for the Houston Area.

**As of 7/09/21, data typically reviewed for the target population selection process is current through 12/31/2019 (late diagnoses are current through 12/31/18).

EIIHA Workgroup Motions
FY 2022 EIIHA Populations

The EIIHA Workgroup met on July 14, 2021. Participants included representatives from prevention and care, community members, and consumers. The EIIHA Workgroup reviewed the FY 2022 guidance from HRSA, adopted selection criteria, and selected the FY 2022 populations.

Item: FY 2022 EIIHA Plan Populations
Recommended Action: **FYI: (Committee provides final approval):** Approve the following populations for inclusion in the FY 2022 EIIHA Plan:

1. Black/African Americans
2. Hispanics/Latinx Individuals
3. Male-Male Sexual Contact/Men who have Sex with Men & People Who Inject Drugs (MSM/PWID)

Office of Support is to include information on late diagnoses, along with HIV and aging, in the EIIHA section of the HRSA application.

Recommended Action: **FYI: (Committee provides final approval):** Office of Support is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data consistently fail to assess the need for testing, referral, and linkage in vulnerable populations such as among those who are transgender, intersex, homeless, and those released from incarceration.

The Comprehensive HIV Planning Committee will meet on Monday, July 19, 2021 at 4 p.m., online via Zoom, to review and approve the FY 2022 EIIHA Plan populations.
Zoom Meeting ID 895 1853 2649
Link to Zoom Meeting:
https://us02web.zoom.us/j/89518532649?pwd=U3VuditaSFdXNXptOXI4NWZrMDU1UT09

All are welcome to provide public comment at the July 19, 2021 Comprehensive HIV Planning Committee Zoom meeting at 2 p.m. Those unable to attend are encouraged to provide input via phone, email or fax to Ricardo Mora no later than Friday, July 16, 2021 at 5 p.m. Those submitting input via email or fax are encouraged to call to confirm receipt.

Input can be submitted via:

Phone: (832) 927-7926
Email: Ricardo.Mora@cjo.hctx.net
Fax: (713) 572-3740

Thank you very much, and we look forward to receiving your input!

Ricardo Mora MPH, Health Planner
Ryan White Planning Council
Office of Support

B. Early Identification of Individuals with HIV/AIDS (EIIHA)

The purpose of this section is to describe the data and information associated with ensuring that individuals who are unaware of their HIV status are identified, informed of their status, referred to supportive services, and linked to medical care if HIV test is positive. The goals of the EIIHA plan are to present a strategy for: (1) identifying individuals with HIV who do not know their HIV status; (2) making such individuals aware of their status and enabling them to use the health and support services; and (3) reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities. See Section 2603(b)(2)(A) of the PHS Act.

A. Describe the planned EMA/TGA EIIHA activities for the three-year period of performance. Include the following information:
   a) The primary activities that will be undertaken, including system-level interventions that will positively impact HIV outcomes (e.g. routine testing in clinical settings, expanding partner services);
   b) Major collaborations with other programs and agencies, including HIV prevention and surveillance programs and the Ending the HIV Epidemic in the U.S. effort in your jurisdiction (if applicable); and
   c) The anticipated outcomes of the jurisdiction's overall EIIHA strategy. Specifically provide anticipated outcomes for each of the four required EIIHA components: 1.) Identification of individuals unaware of their HIV status; 2.) informing individuals that tested positive of their HIV diagnosis; 3.) referral to care to newly diagnosed individuals; and 4.) linkage to care of newly diagnosed individuals.

B. As applicable, describe any planned efforts to remove legal barriers, including state laws and regulations that increase HIV stigma and discrimination and can pose complex barriers for people with or at risk for HIV, preventing them from seeking prevention tools, learning their HIV status, and accessing medical care, treatment, and supportive service. Also include program/policy efforts to expand implementation of routine HIV testing.

Note: The EIIHA activities will remain the same for the three-year period of performance. Outcomes will be reported in the FY 2023 and FY 2024 NCC progress reports.

C. Subpopulations of Focus

Although HIV affects millions of Americans nationwide and from all social, economic, and racial and ethnic groups, and in all parts of the country, it disproportionately affects certain populations. The disproportionate prevalence of HIV in specific populations increases the risk of HIV transmission with each sexual or injection drug use encounter within those populations. In addition, a range of social, economic, and demographic factors – such as stigma, discrimination, socio-economic status, income, education, age, and geographic region – affect people's risk for HIV or their ability to access or remain engaged in prevention or care services.

Subpopulations of focus are specific groups of people with HIV within RWHAP Part A jurisdictions that are disproportionately affected by HIV, as a result of specific needs.

A data driven process should be used to identify subpopulations of focus disproportionately affected by HIV. This should include an analysis of the jurisdictional needs assessment, outcomes along the HIV care continuum, data from the unmet need framework, epidemiological data (i.e. incidence of new HIV infections and trends, prevalence of HIV), and potential impact of other major public health threats (e.g. opioid epidemic, COVID-19, etc.).

The PC/PB should determine the needs of subpopulations, with particular attention to identifying disparities in access and services among the affected subpopulations and historically underserved communities. See Section 2602(b)(4) of the PHS Act for a description of the PC/PB's duties.

1. Identify three (3) subpopulations with disparities in health outcomes in your jurisdiction (e.g. subpopulations with disparities in viral suppression, receipt of care, retention in care, late diagnosis, HIV incidence, etc.), and describe the specific needs for each subpopulation.
2. How do the data in the unmet need framework inform the process for identifying the subpopulations of focus for the jurisdiction?
3. As applicable, identify activities for each required EIIHA component (identification of individuals unaware of HIV status; informing newly diagnosed individuals of HIV status; referral to care of newly diagnosed individuals; and, linkage to care of newly diagnosed individuals) and describe how the activities align with the needs of the identified subpopulations of focus for the jurisdiction.

Note: The subpopulations of focus will remain the same for the three=year period of performance. Updates will be reported in the FY 2023 and FY 2024 NCC progress reports.

Fiscal Year 2022
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Criteria Worksheet

Type of Data	Possible Criterion	Definition	Suggested Thresholds	Selected
Epidemiological	1. **HIV diagnosis rate***	Number of new diagnoses of HIV disease within the population after accounting for population size (per 100,000)	Rate > EMA rate	✓
	2. **HIV prevalence rate**	Number of HIV diagnosed people within the population after accounting for population size (per 100,000)	Rate > EMA rate	
	3. **Unaware estimates***	Number of people in each population group estimated to be HIV+ and unaware of their status using the CDC estimate (17.3%)	Comprises largest # of status-unaware within demographic category	✓
Care Continuum	4. **Linked proportion***	Percent of population that was linked to HIV medical care within **3 months**** of diagnosis	% < EMA %	✓
	5. **Unmet need/out of care proportion***	Percent of diagnosed persons in the population with no evidence of HIV medical care in the previous 12 months per HRSA definition	% > EMA %	✓
Planning	6. **Special populations***	Population is designated as a "special population" in the Comprehensive HIV Plan	Yes/No	✓
	7. **FY19 EIIHA Target Group***	Population was included in the FY19 EIIHA Matrix as a Target Group	Yes/No	✓
Other	8. **Late diagnosis***	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of initial HIV diagnosis	% > EMA %	✓

*Criteria used in selection of FY 2021 EIIHA target populations

**Linkage within 1 month not available by population

Fiscal Year 2022
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Selection Matrix

DRAFT – ALL CRITERIA

■ = meets criteria

	1. HIV Diagnosis Rate	2. HIV Prevalence Rate	3. Undiagnosed Estimate	4. Linked Proportion	5. Unmet Need / Out of Care Proportion	6. Special Populations	7. FY21 EIIHA Target Group	8. Late Diagnosis*	Total # Criteria
Houston EMA	20.8	241	4,924	79%	25%	--	--	22%	
Sex									
Male	80.4	367.9	3,986	79%	25%	Y	Y	22%	
Female	19.6	116.3	1,048	81%	24%	Y	Y	22%	
Race/Ethnicity									
White	8.2	120.4	613	83%	23%	N	N	25%	
Black / African American	49.9	660.4	2,214	75%	26%	Y	Y	18%	
Hispanic	20.6	182.8	2,394	83%	25%	Y	Y	26%	
Other	4.6	47.8	--	79%	25%	N	N	19%	
Multi-race	57.1	637.2	--	75%	18%	Y	N	10%	
Age									
0 - 1	0.6	0.6	--	100%	0%	N	N	--	
2 - 12	0	4.2	--	--	15%	N	N	0%	
13 - 24	32.6	101.4	310	77%	22%	Y	N	10%	
25 - 34	48	463.8	3,347	78%	24%	N	Y	21%	
35 - 44	28.4	417.5	1,357	81%	26%	N	Y	22%	
45 - 54	18	386.2	1,480	79%	24%	Y	Y	34%	
55 - 64	13.2	296.8	300	86%	23%	Y	Y	36%	
65+	3.2	0	--	95%	30%	Y	Y	31%	
Risk Category									
Male-Male Sexual Contact	d	d	3,468	80%	24%	Y	Y	20%	
PWID	d	d	205	71%	28%	Y	N	21%	
MSM/PWID	d	d	208	75%	25%	Y	N	35%	
Sex with Female/Sex with Male	d	d	1,247	81%	25%	Y	N	24%	
Perinatal	d	d	--	100%	30%	N	N	0%	
Adult other risk	d	d	--	--	31%	N	N	--	

Notes	1. HIV Diagnosis Rate	2. HIV Prevalence Rate	3. Undiagnosed Estimate	4. Linked Proportion	5. Unmet Need / Out of Care Proportion	6. Special Populations	7. FY20 EIIHA Target Group	8. Late Diagnosis
Definition of selection criterion	Number of new diagnoses of HIV within a population while accounting for population size (rate is the number of new HIV cases per 100,000 population)	Number of HIV diagnosed people within the population after accounting for population size (rate is the number of HIV + HIV stage 3 cases per 100,000 population)	Number of people in each population group estimated to be living with HIV and unaware of their status using the CDC estimate (19.0%)	Percent of newly diagnosed individuals linked to HIV medical care within 3 months of diagnosis	Percent of diagnosed people living with HIV with no evidence of HIV medical care in the previous 12 months per HRSA definition	Population is designated as a "special population" in the Comprehensive HIV Plan	Population was included in the FY20 EIIHA Matrix	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of HIV diagnosis. **Denominator is new diagnoses ONLY.**
Threshold for prioritization	Rate > EMA rate	Rate > EMA rate	Comprises largest # of status-unaware within demographic category	% < EMA %	% > EMA %	Yes/No	Yes/No	% > EMA %
Data source	DSHS, New diagnoses 2019. Released 2/26/20	DSHS, Prevalence 2019. Released 2/26/21	DSHS, HIV Undiagnosed 2019. Released 2/26/21	DSHS, Linkage to care 2019. Released 2/26/21	DSHS, Unmet need 2019. Released 2/26/21	2017 Comprehensive Plan Special Populations	FY21 Houston EMA EIIHA Target Populations, approved by the Comprehensive HIV Planning Committee on 7/23/20	DSHS, Late Diagnosis by population 2018. Released 3/25/21
Explanations and additional background	Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk	HIV+HIV stage 3 (total HIV prevalence) Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk	Estimates have been extrapolated using a national approximation of status unaware. No local estimates are available.	Linked proportion not available for risk category Adult other	---	--	Target Groups for FY20 EIIHA Plan were: • African Americans • Hispanics/Latinos age 25 and over • Men who have Sex with Men (MSM)	Late diagnosis proportion not available for age range 0-1; risk category Adult Other There were no late diagnoses observed among age range 2 – 12.

EIIHA
Trends
Data

EIIHA Workgroup

July 14, 2021

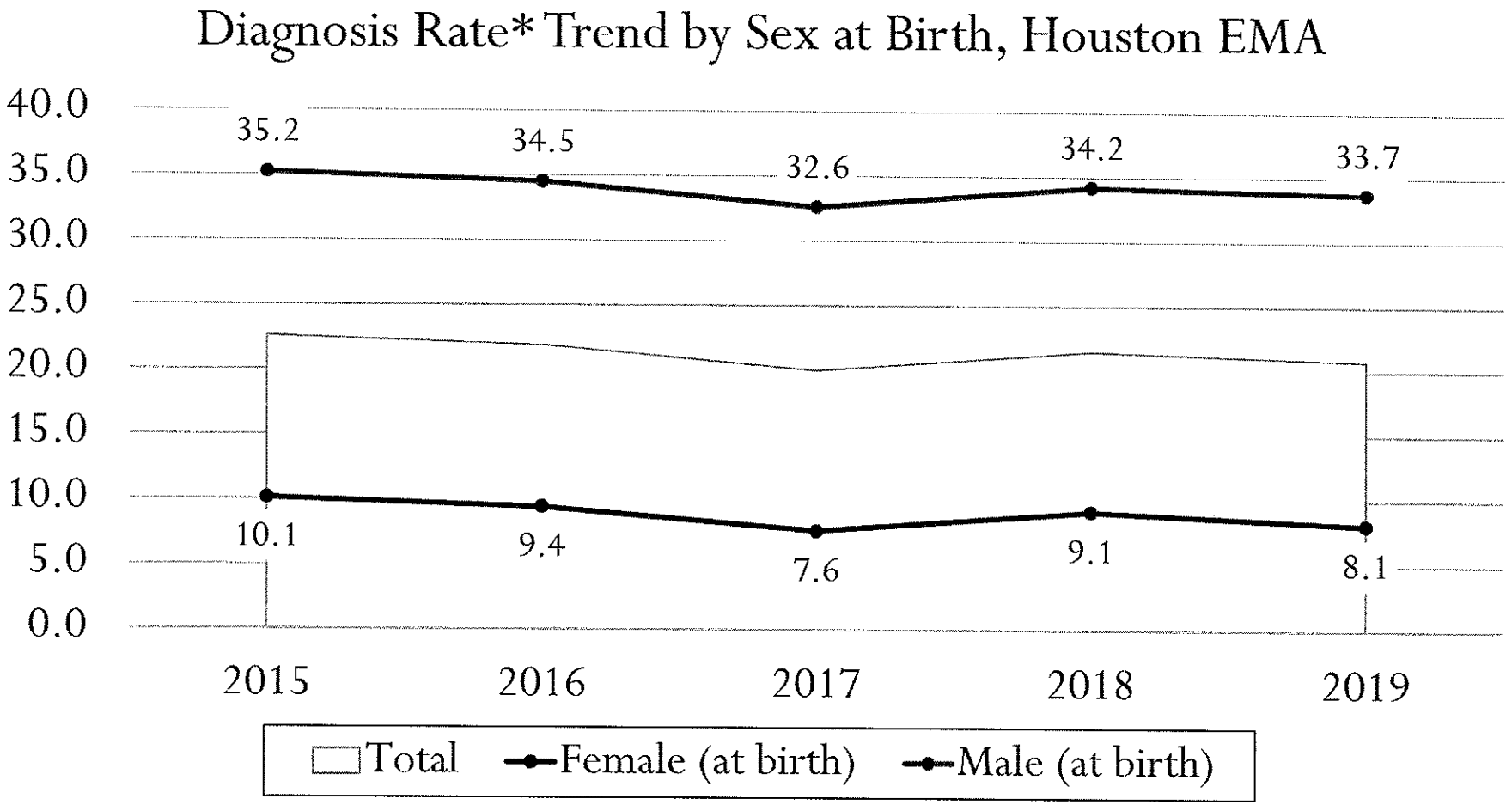
Background

- EIIHA measures looking at:
  - Diagnosis Rates
  - Linkage Proportions
  - Out of Care Proportions
  - Late Diagnosis Proportions

- Data will represent the past 5 years (2013 – 2019).

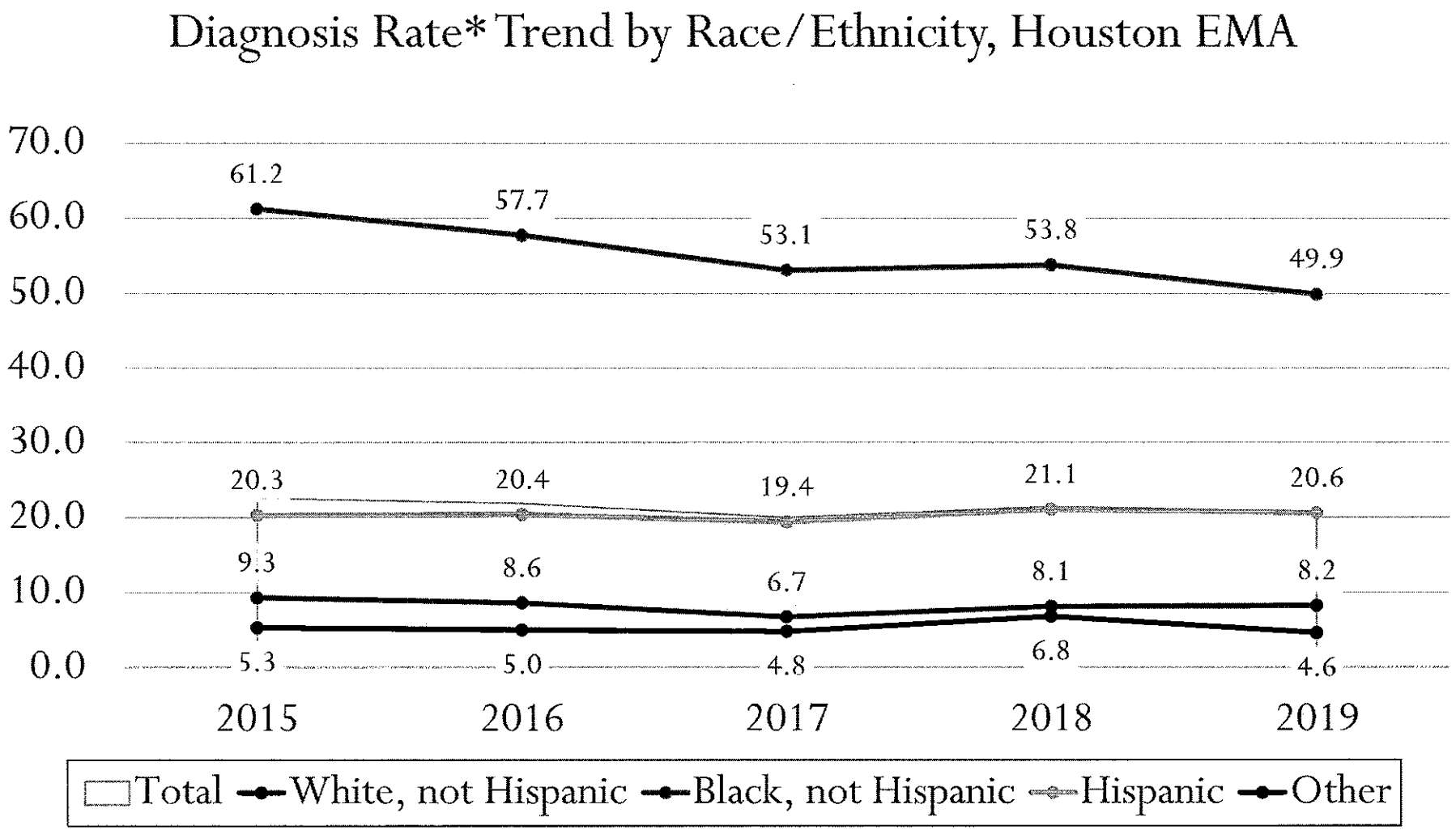
- Data was provided by Texas Department of State Health Services (DSHS) – Unmet Need Framework data.

Diagnosis Rates



*Rates are per 100,000 people

Diagnosis Rates



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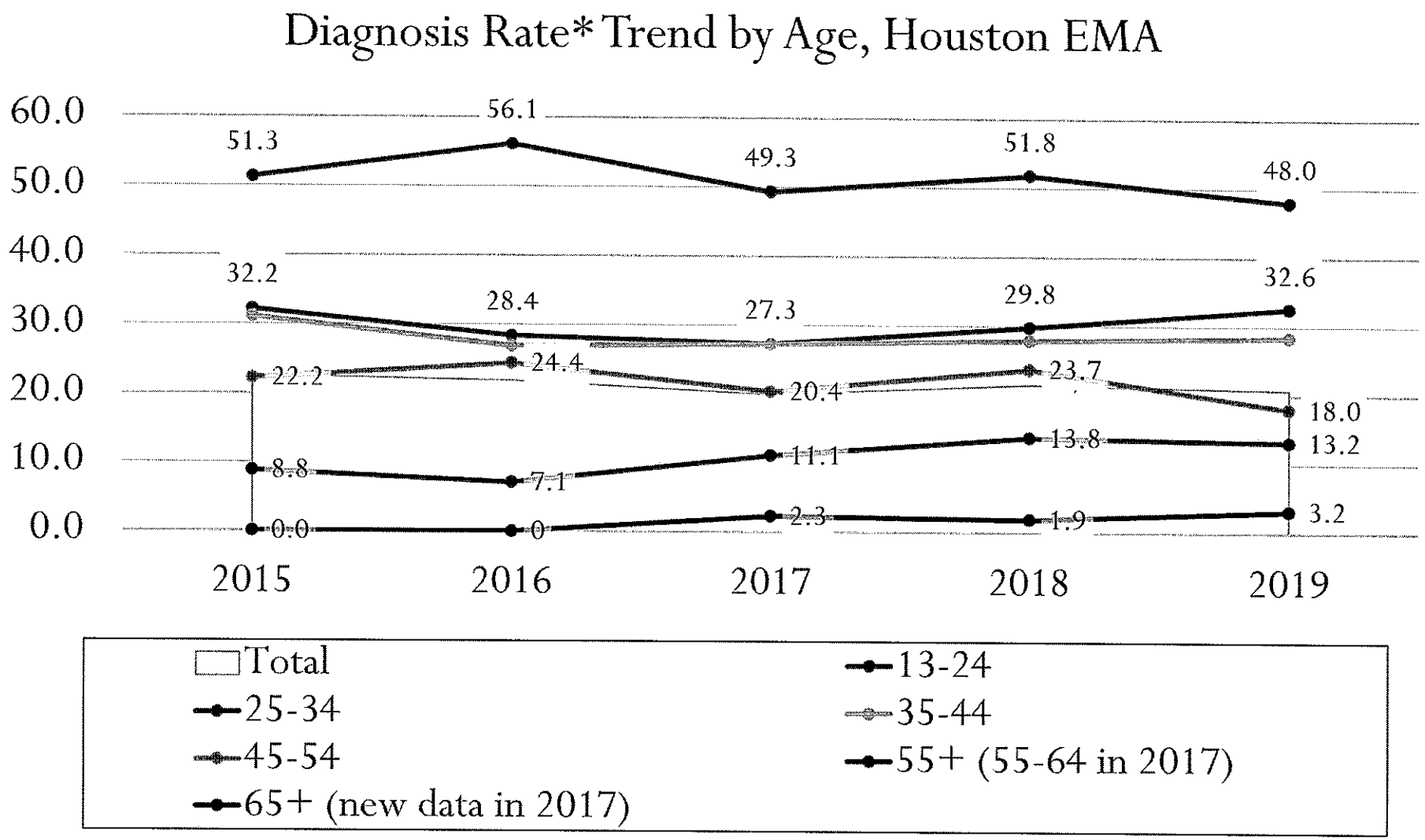
Diagnosis Rates



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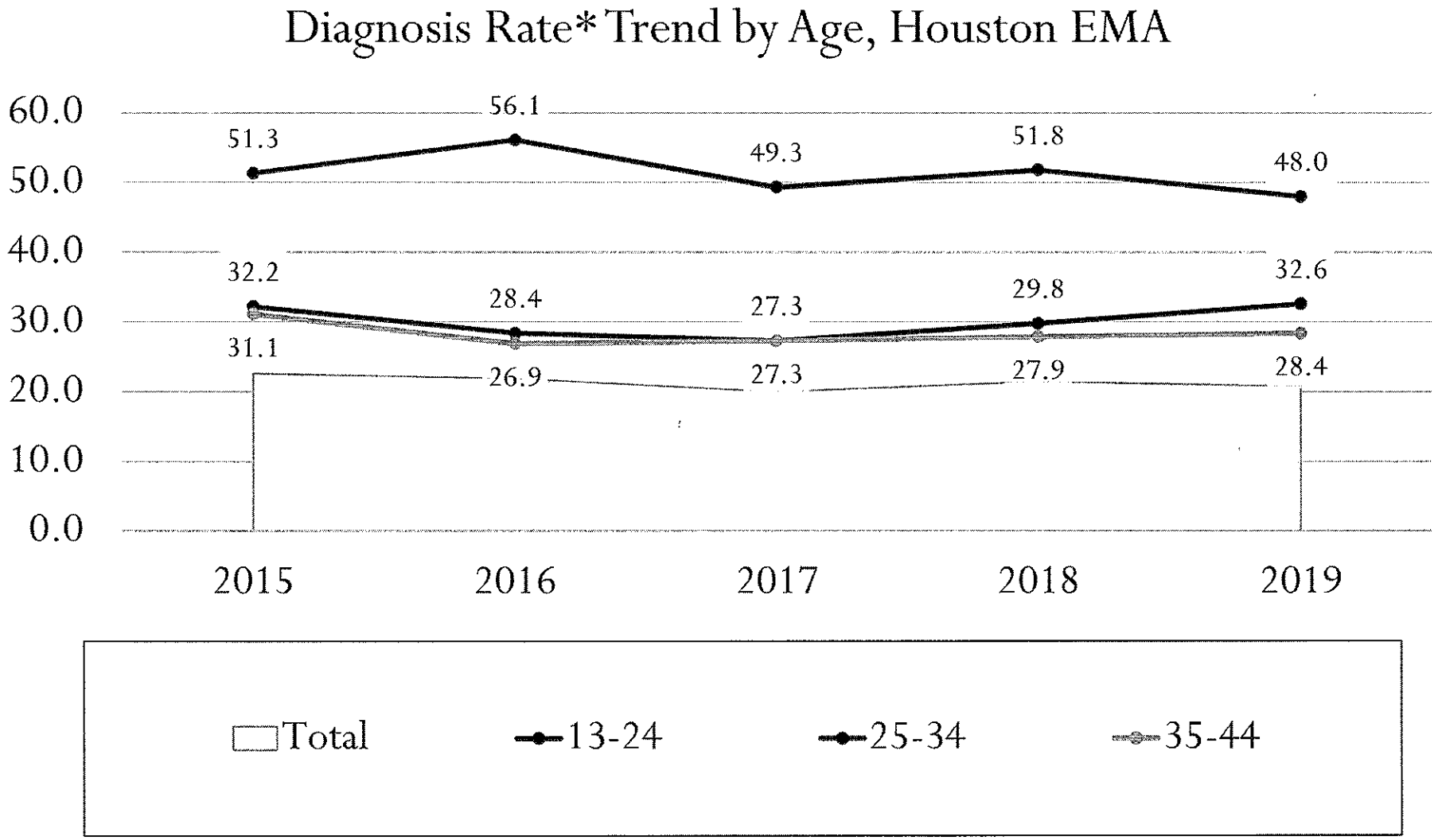
Diagnosis Rates



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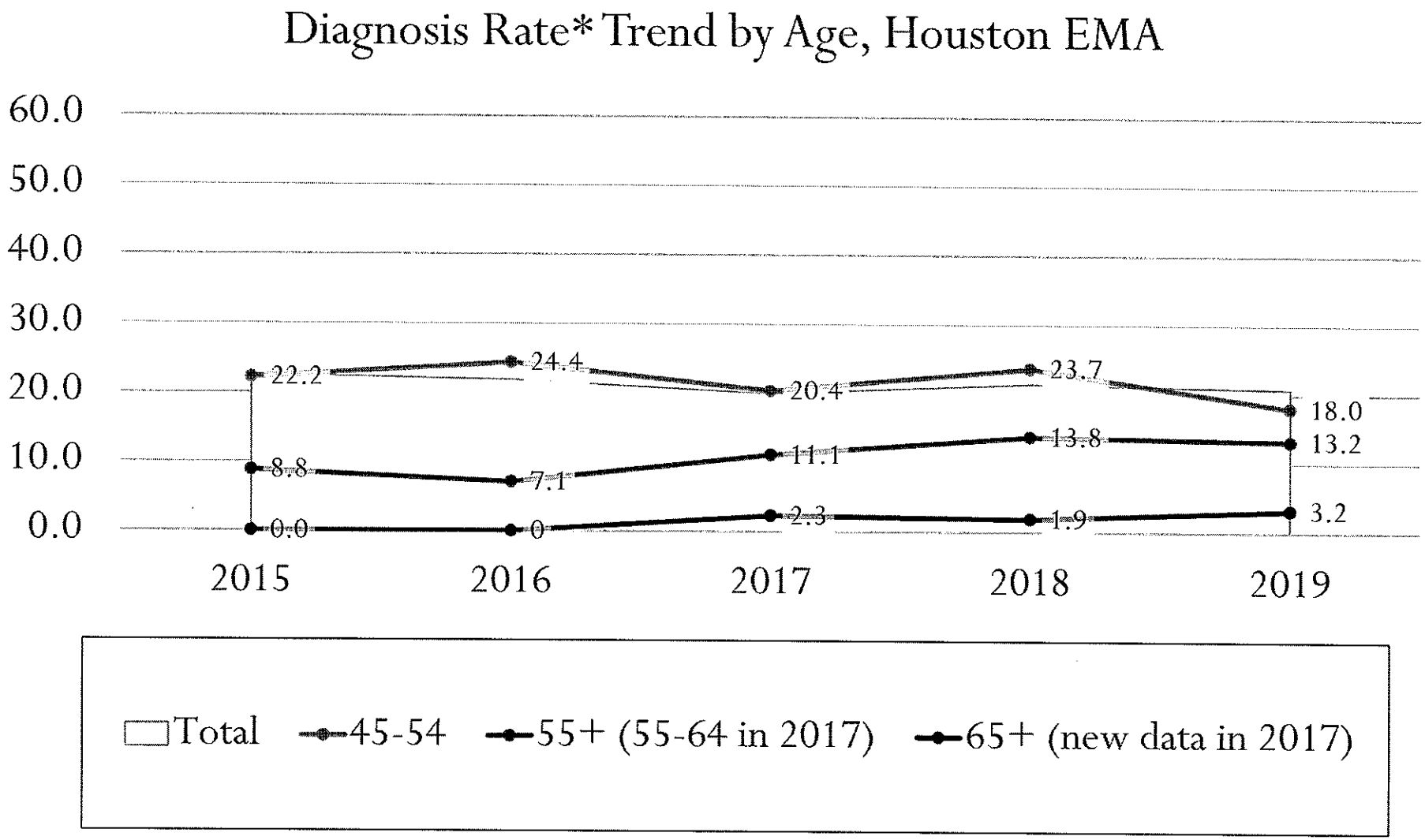
Diagnosis Rates



*Rates are per 100,000 people

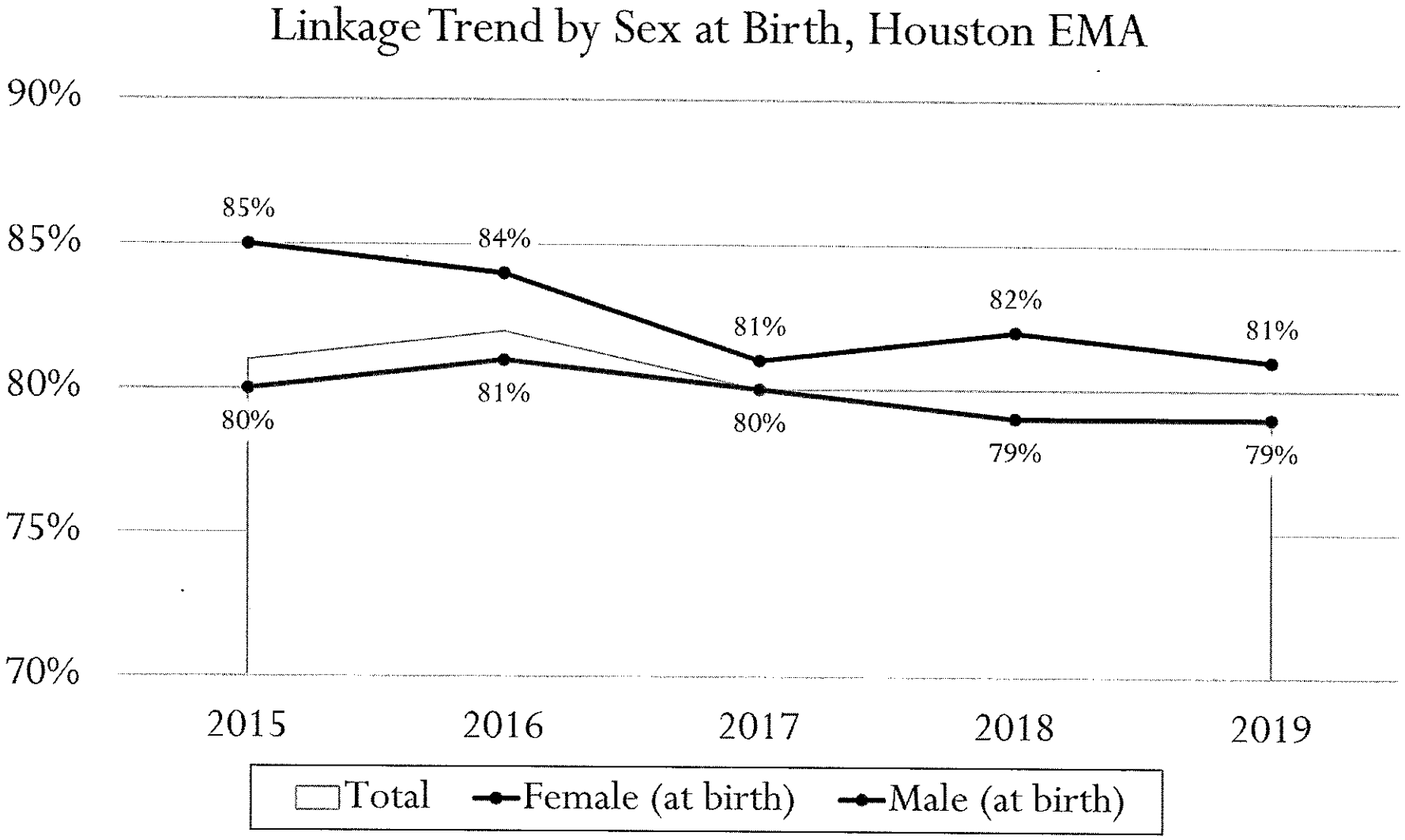
Diagnosis Rates Facts

- Decreases in Diagnosis Rates (2015 – 2019):
  - 8% decrease overall
  - 20% decrease among females (assigned at birth).
  - 19% decrease among Non-Hispanic, Black/African Americans.
  - 18% decrease among individuals ages 45 - 54

- Increases in Diagnosis Rates (2015 – 2019):
  - 2% increase among Hispanic/Latinx individuals
  - 1% increase among individuals ages 13 – 24

- Rates cannot be calculated by Transmission Risk Groups.

Linkage Proportion



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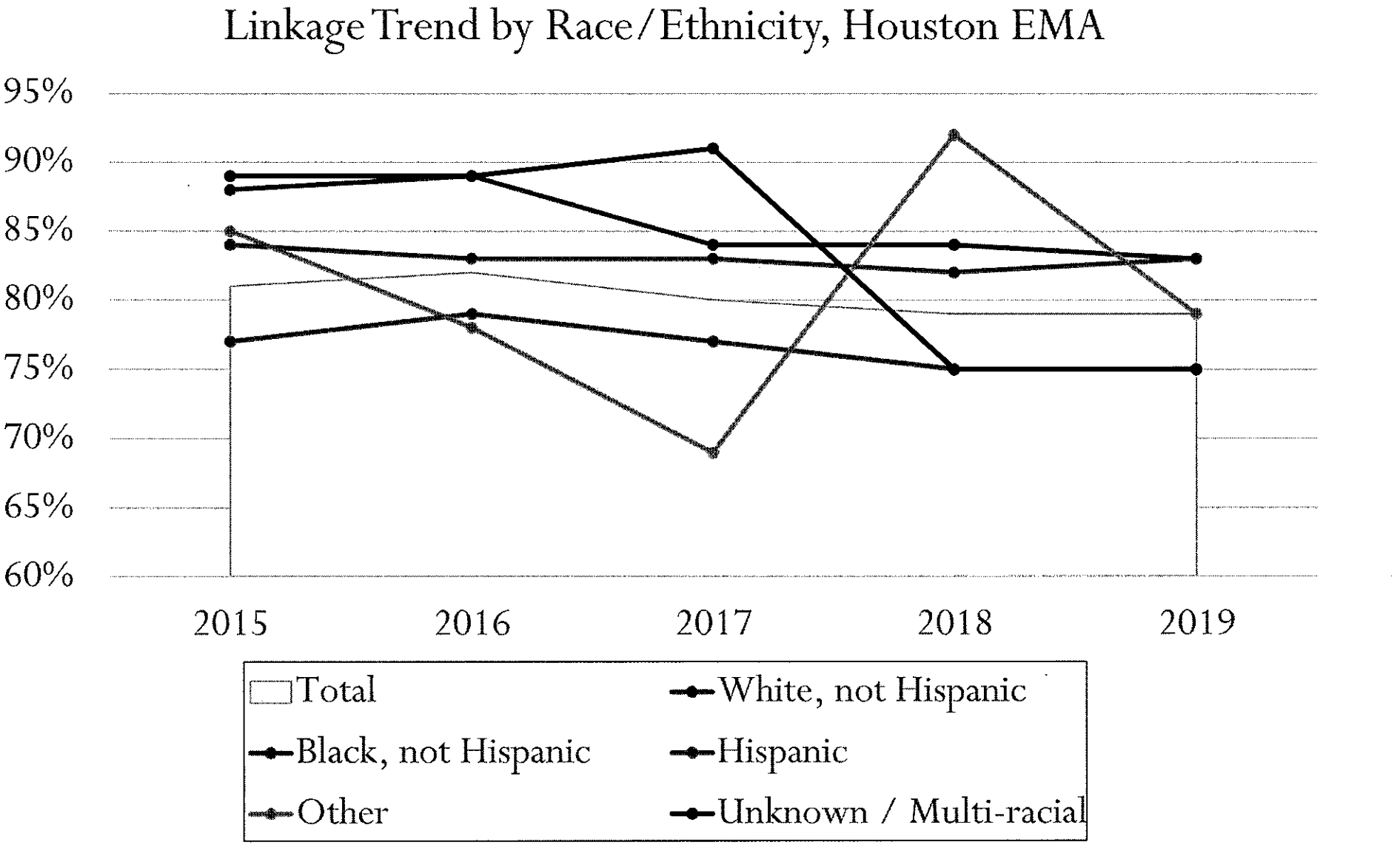

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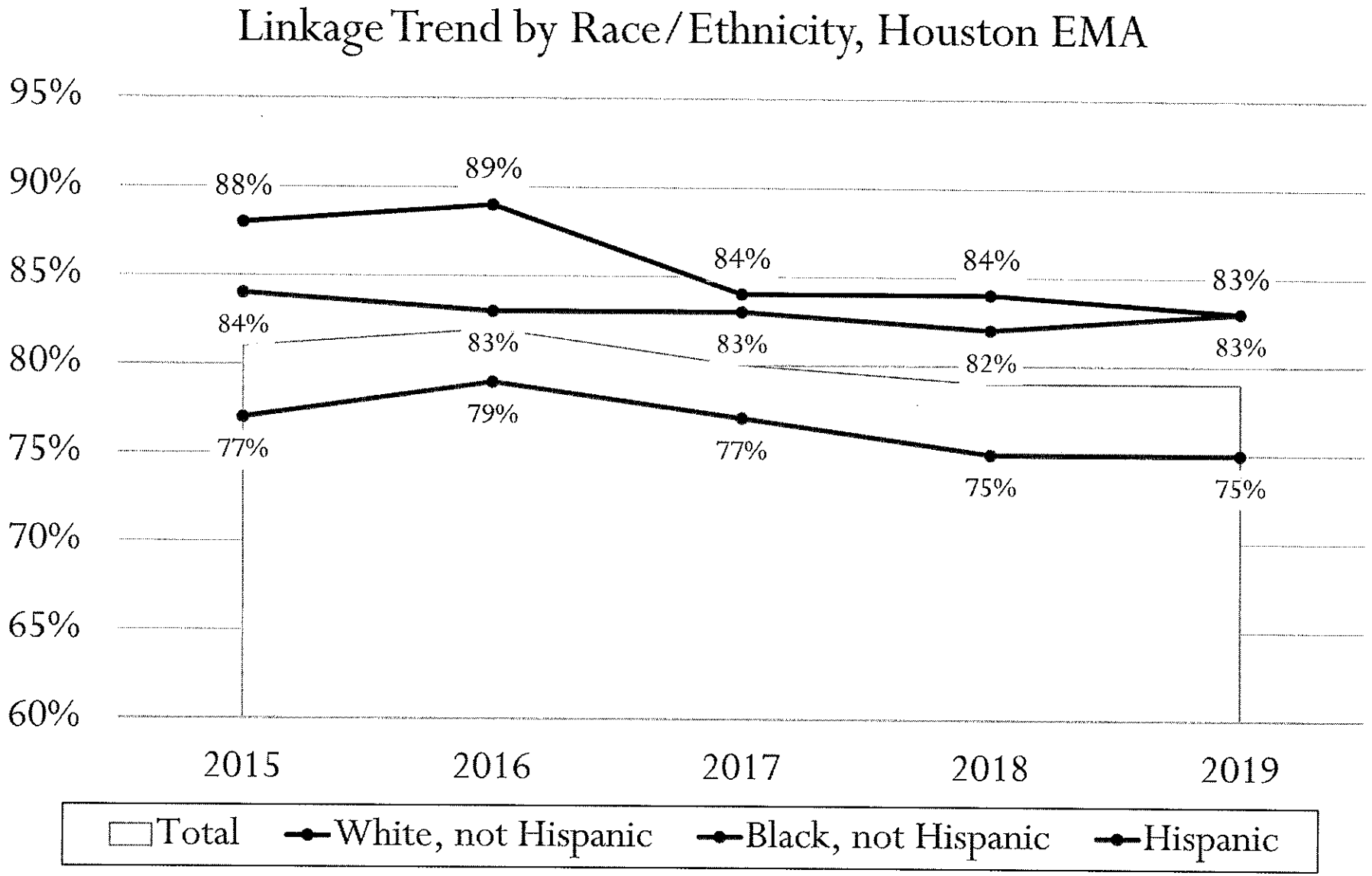

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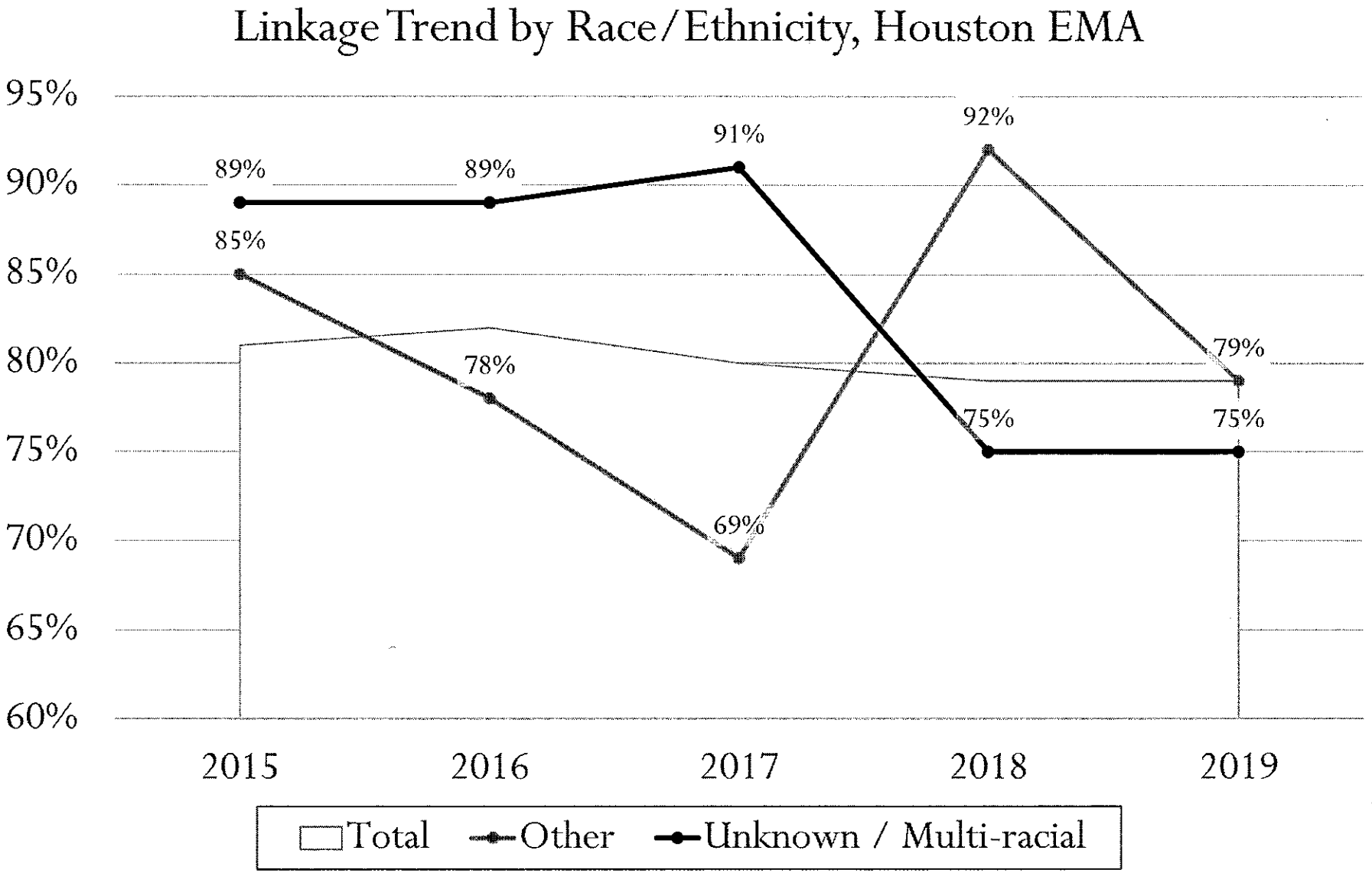

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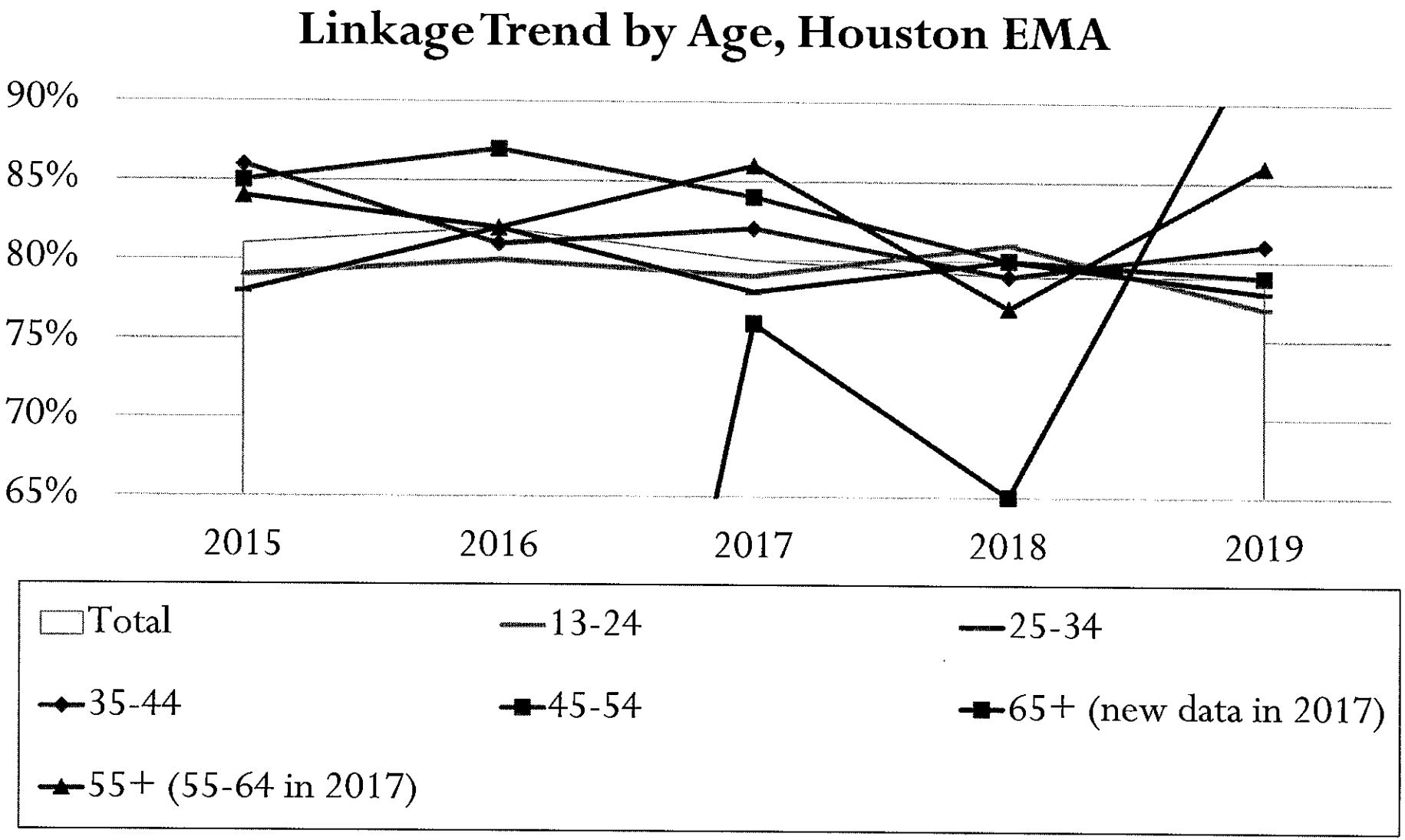

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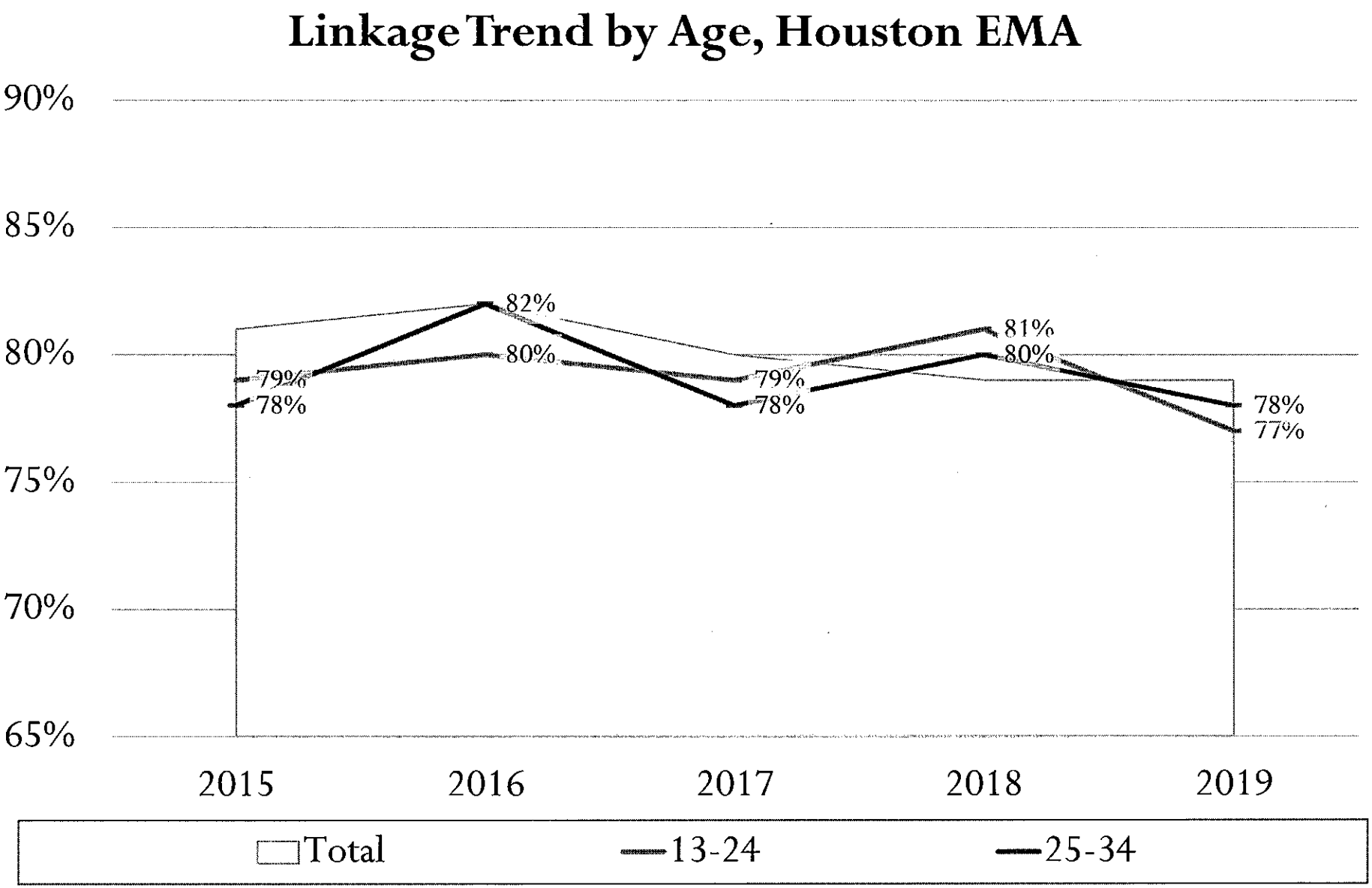

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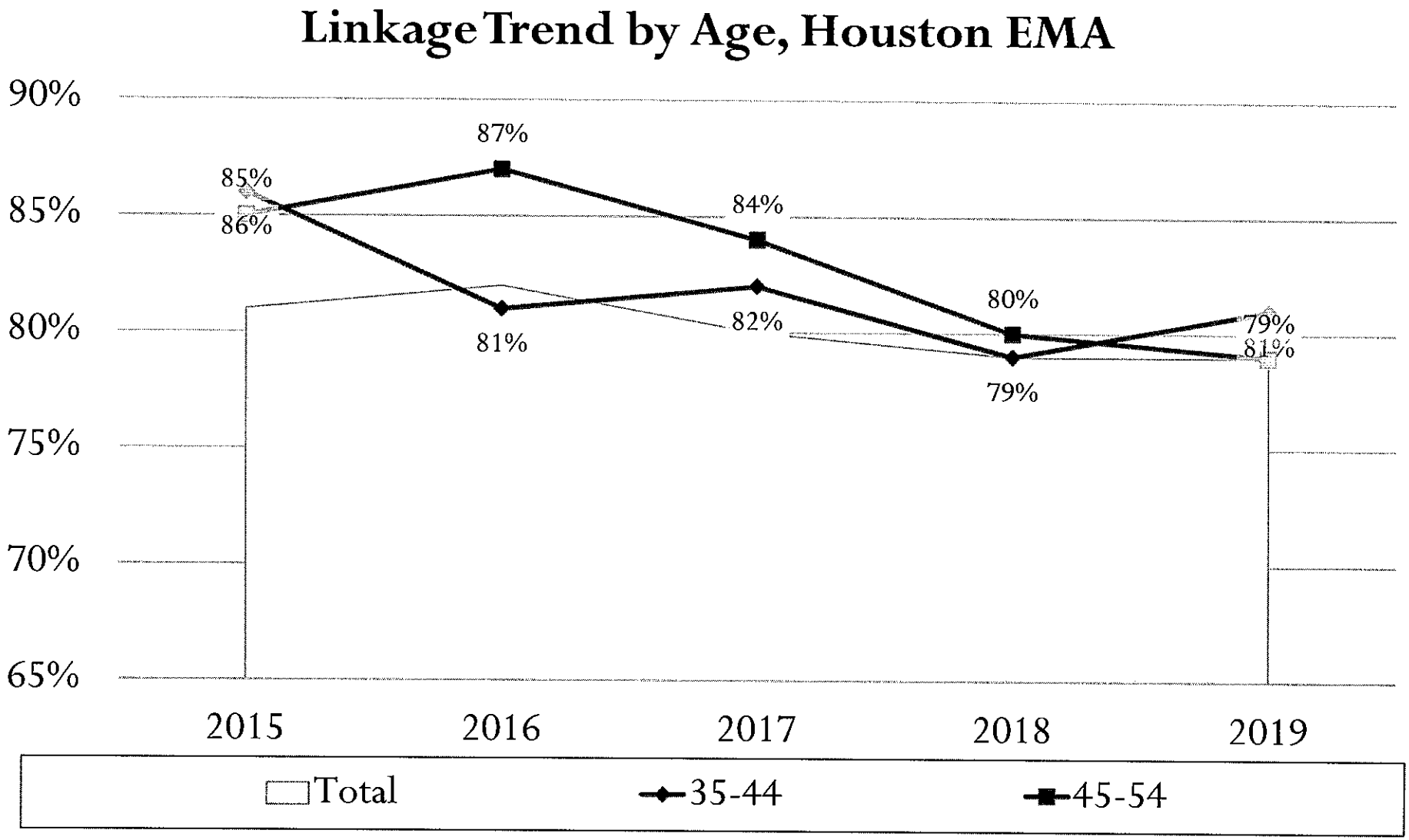

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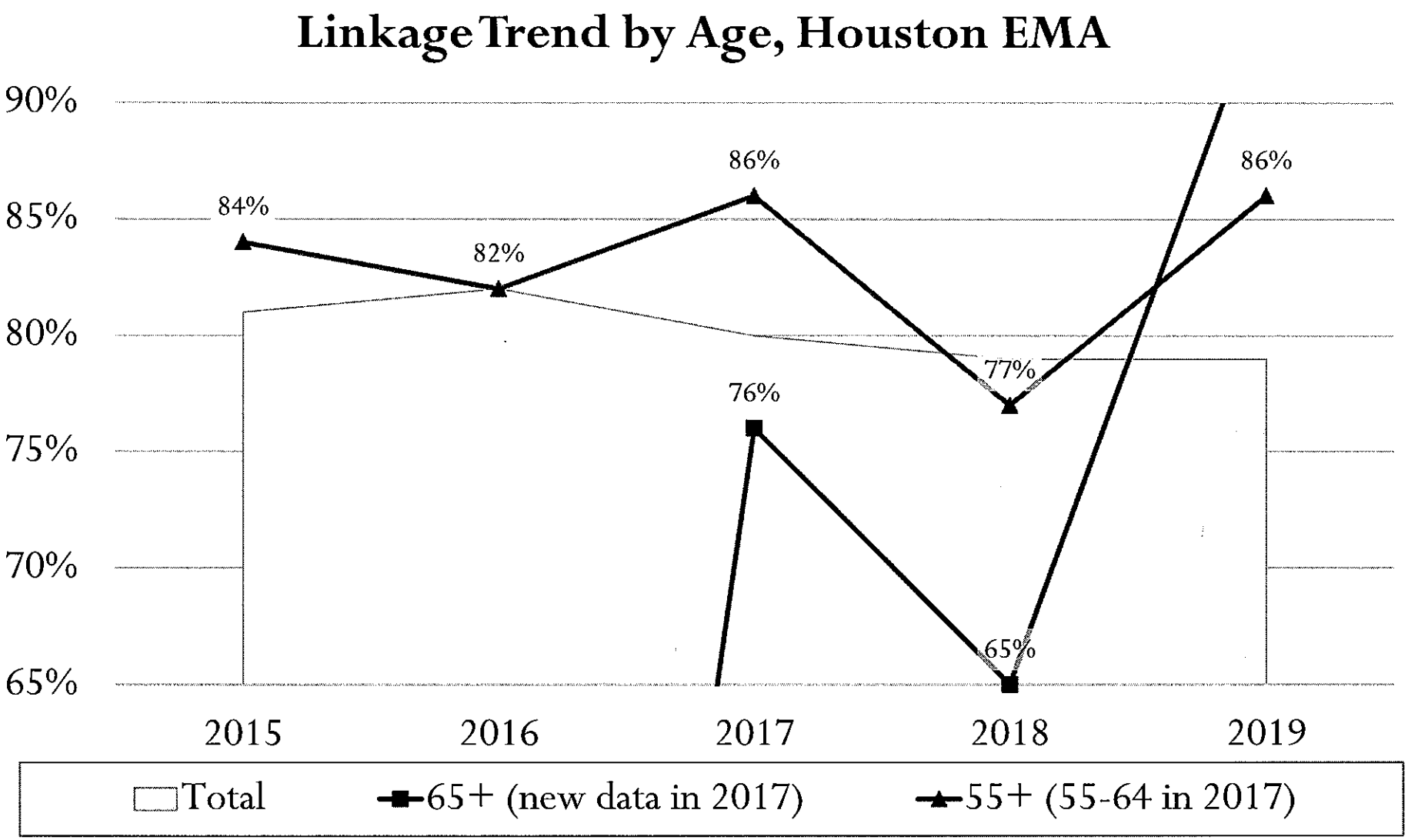

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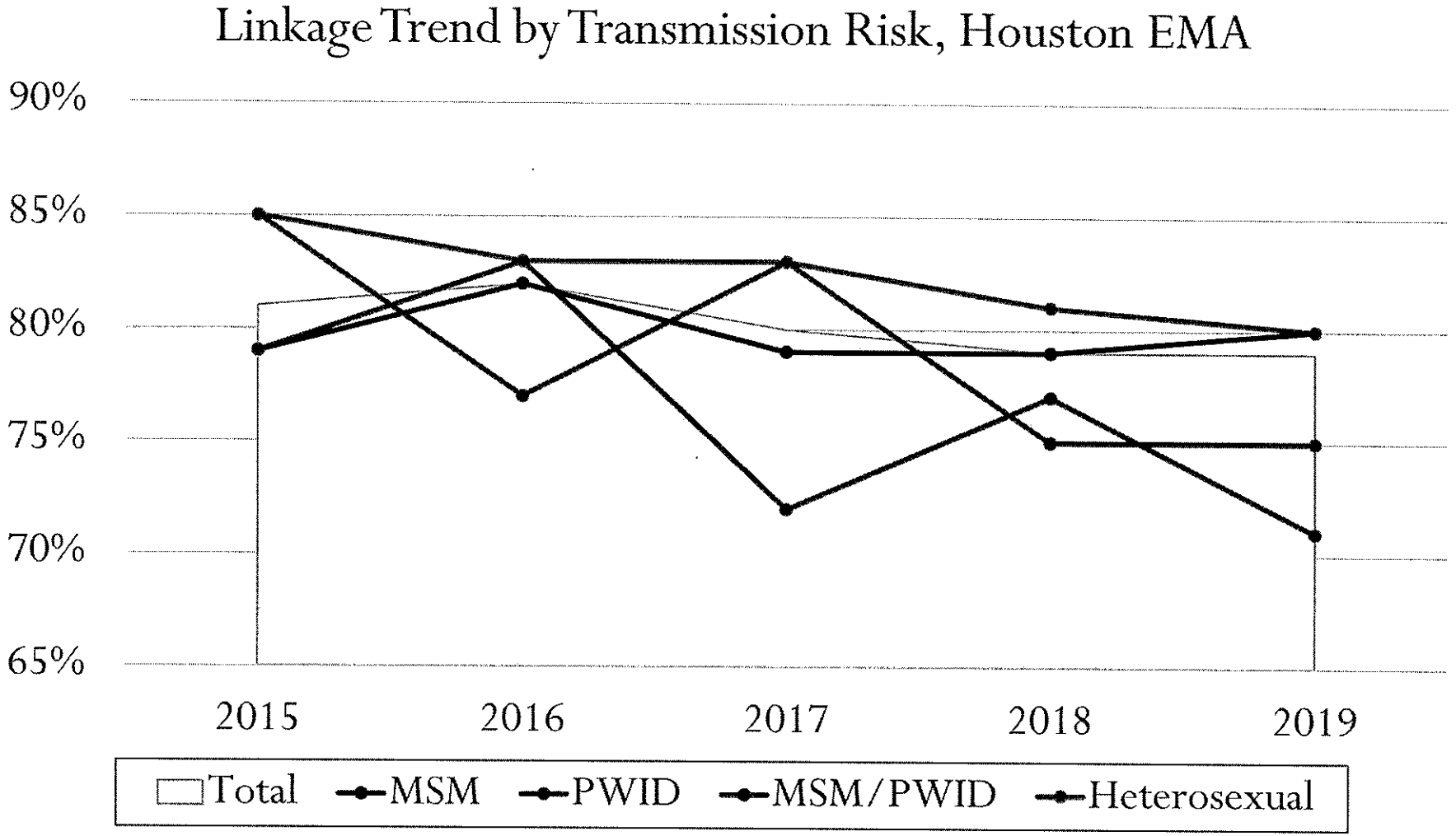

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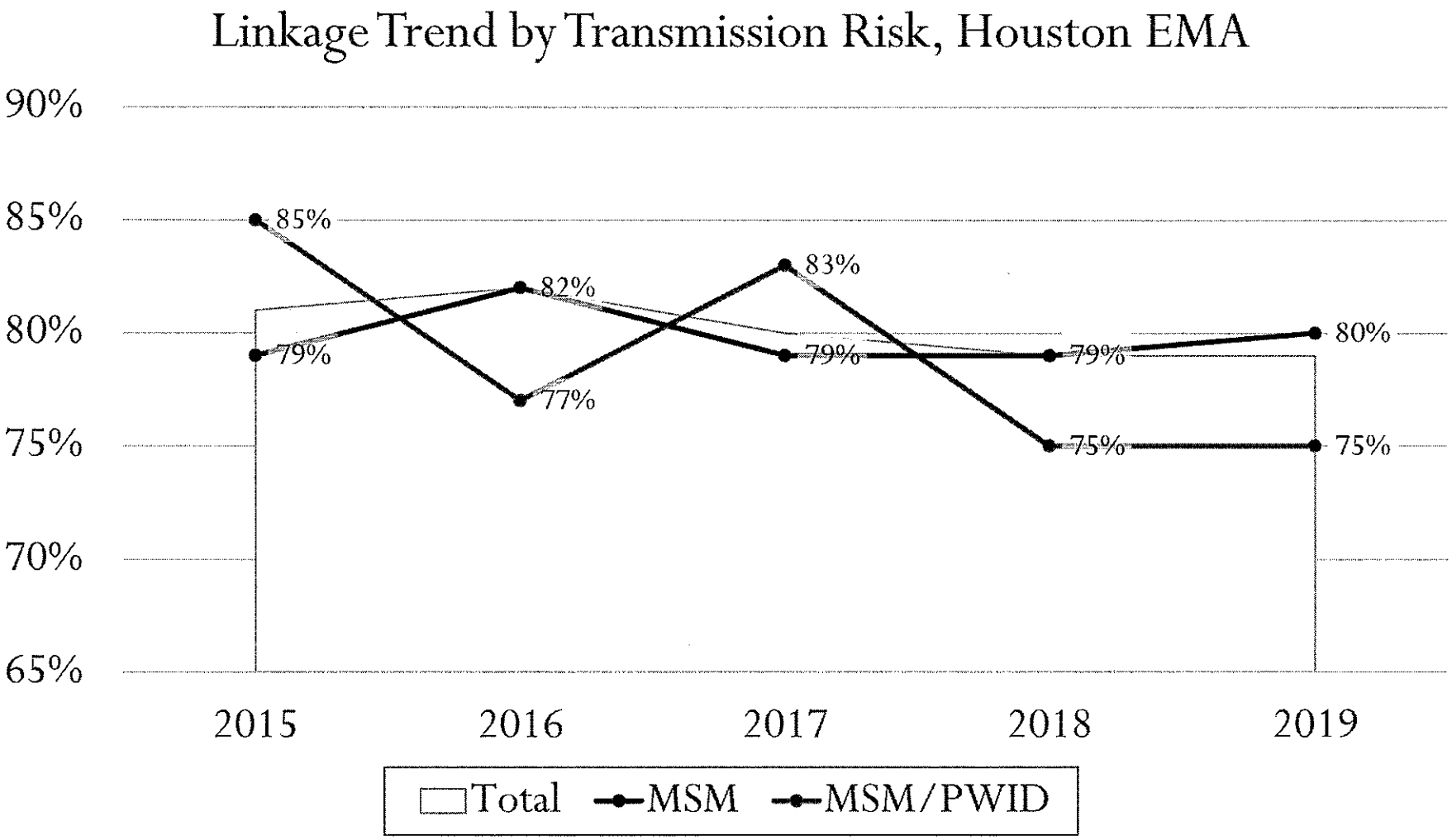

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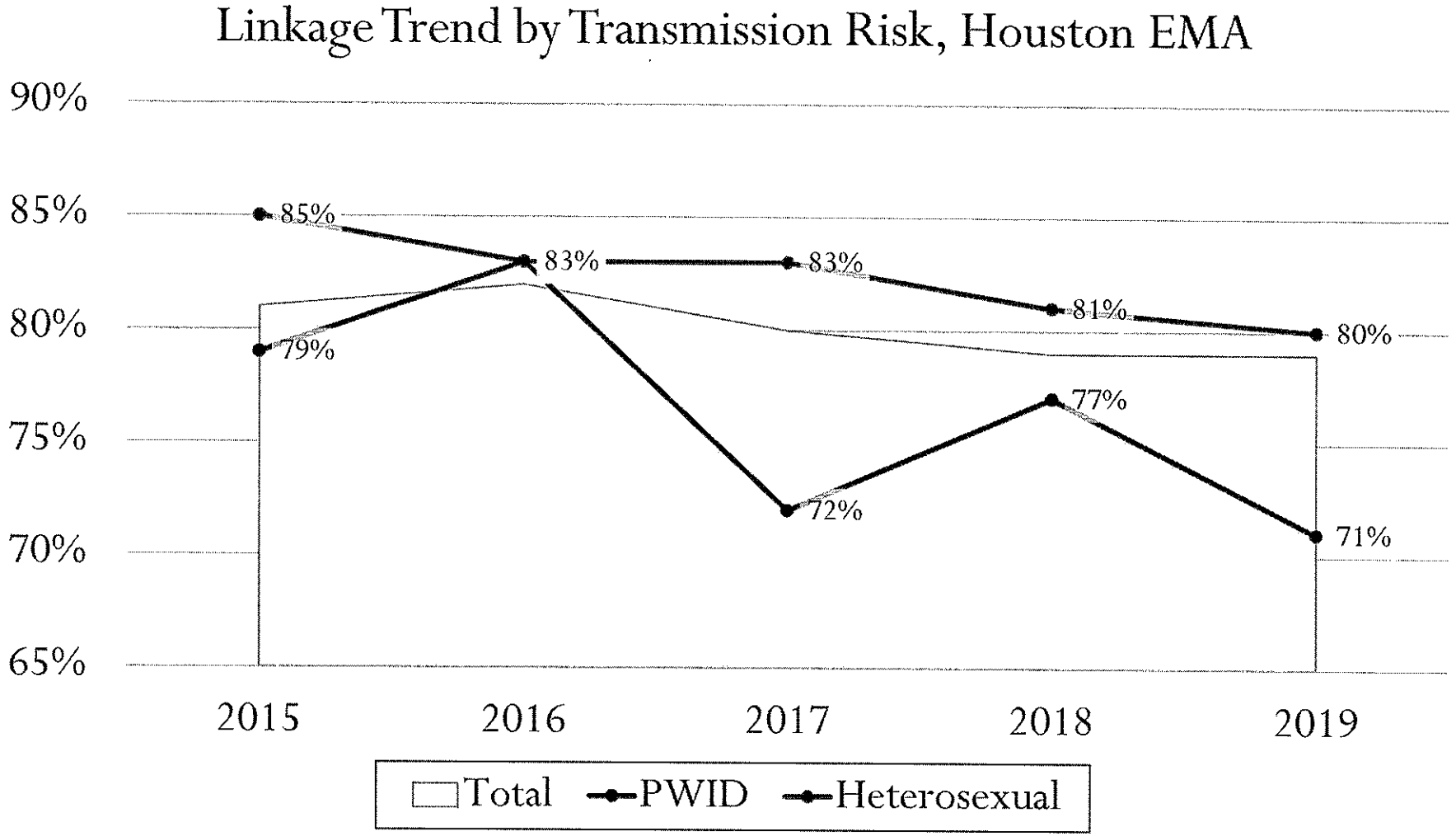


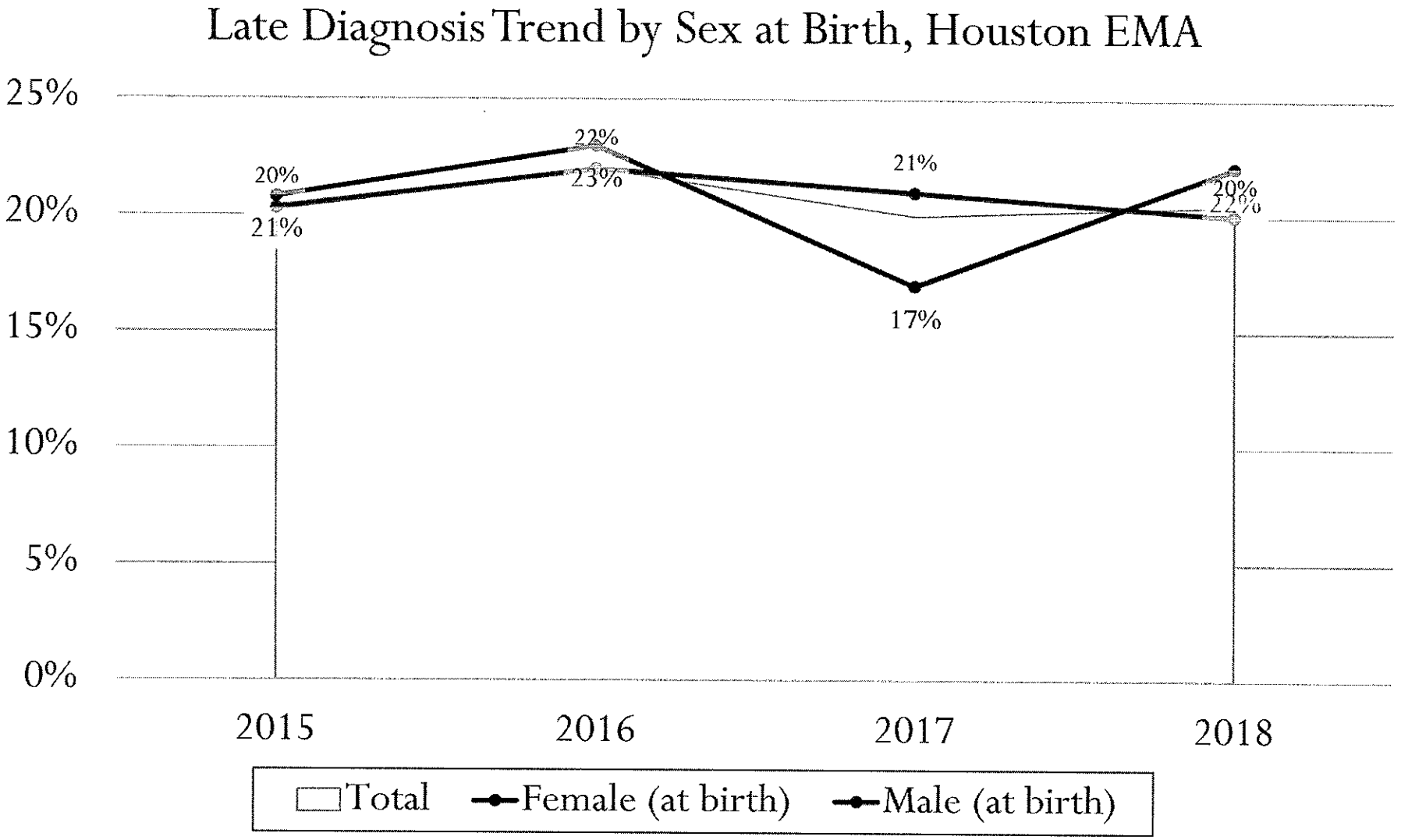
Linkage Proportion Facts

- Decreases in Linkage Proportions
  - 2% decrease in Linkage overall
  - 4% decrease among Females (at birth)
  - Greatest decreases seen among "Other" and "Multi-racial" race groups (6% decrease and 14% decrease respectively)
  - 6% decrease among individuals ages 45 – 54.
  - 10% decrease in same gender loving men who use injection drugs

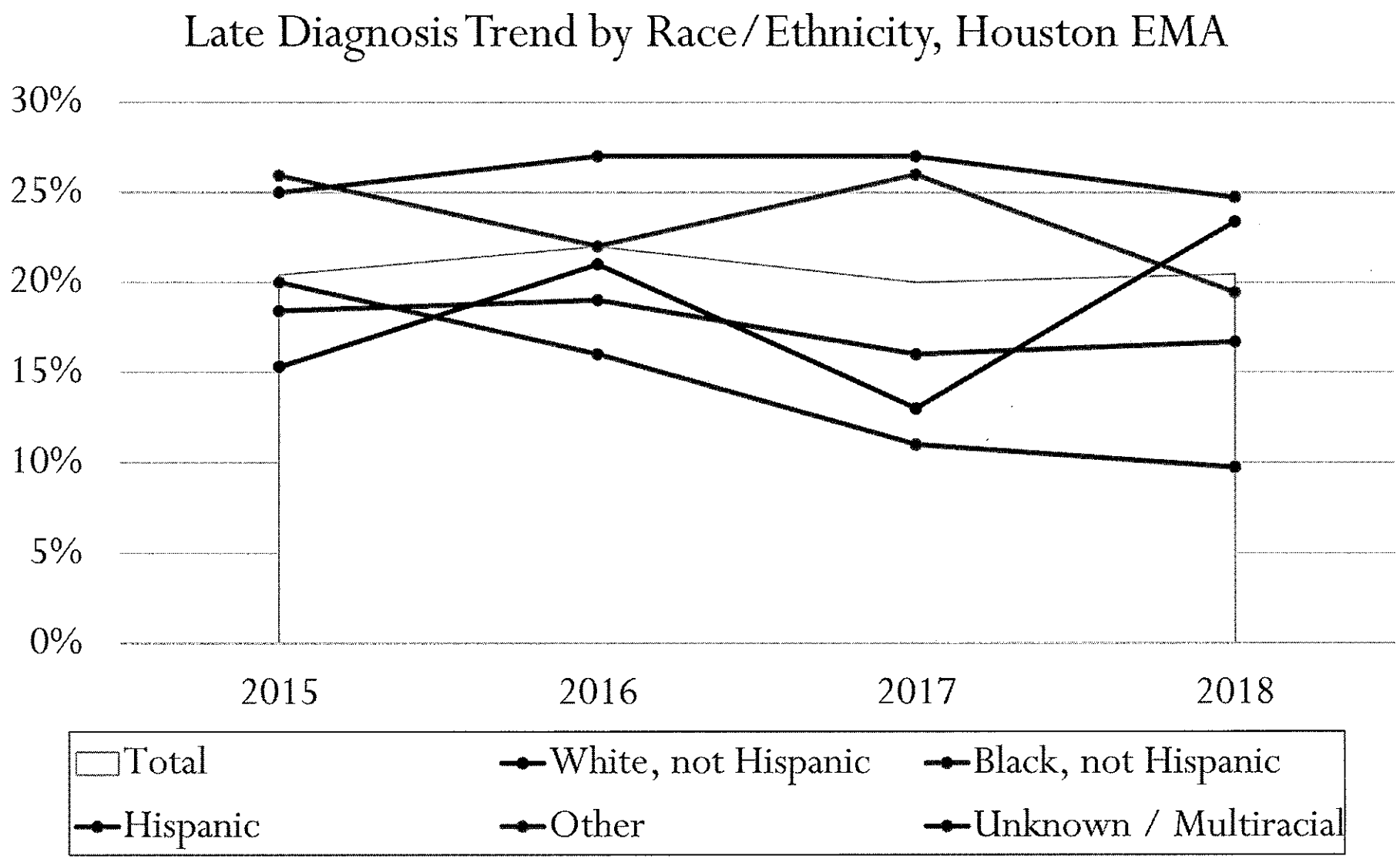
- Increases in Linkage Proportions
  - 1% increase among same gender loving men

- Individuals ages 25 – 34 saw no changes between 2015 to 2019

Late Diagnosis Proportion



Late Diagnosis Proportion



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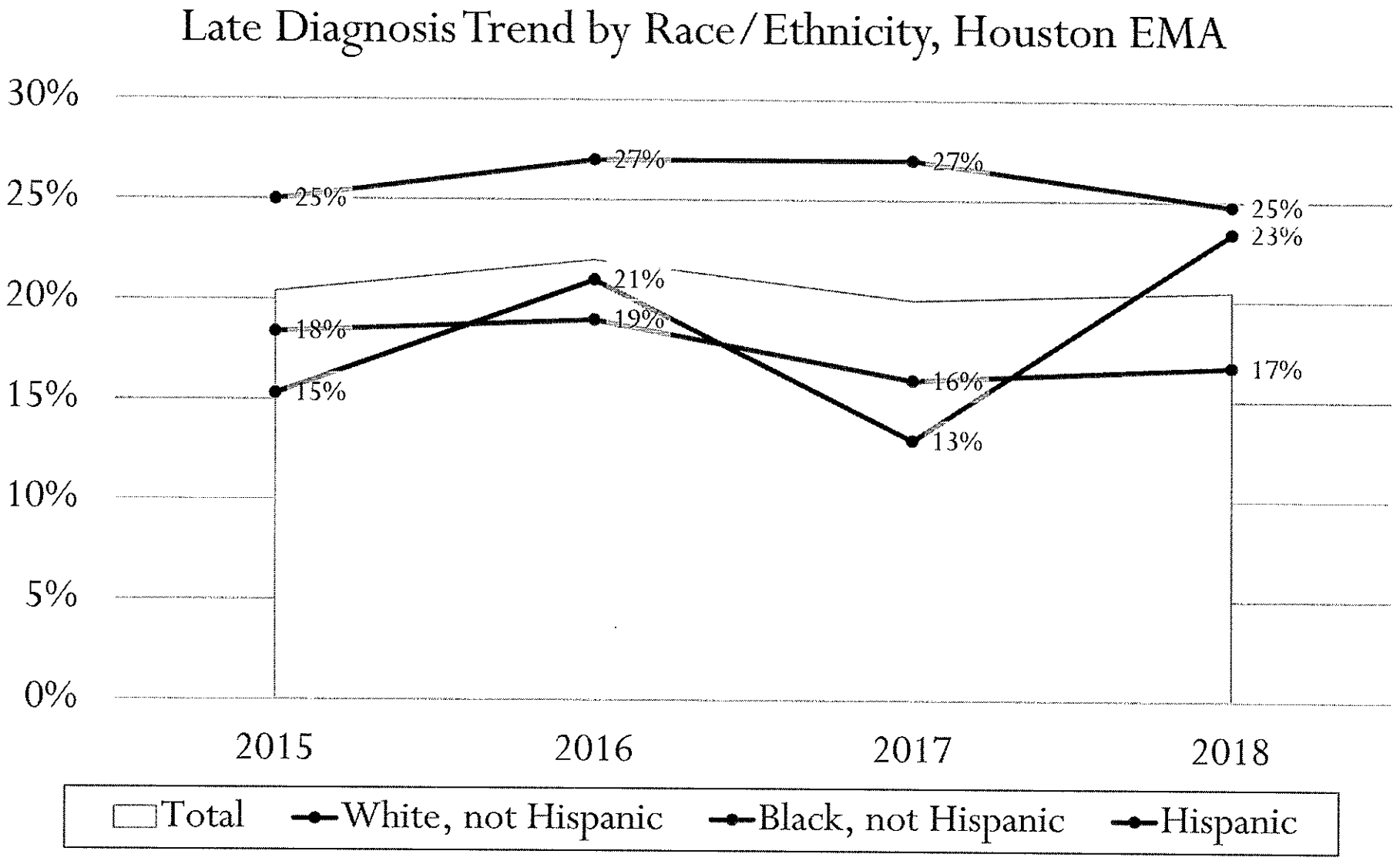
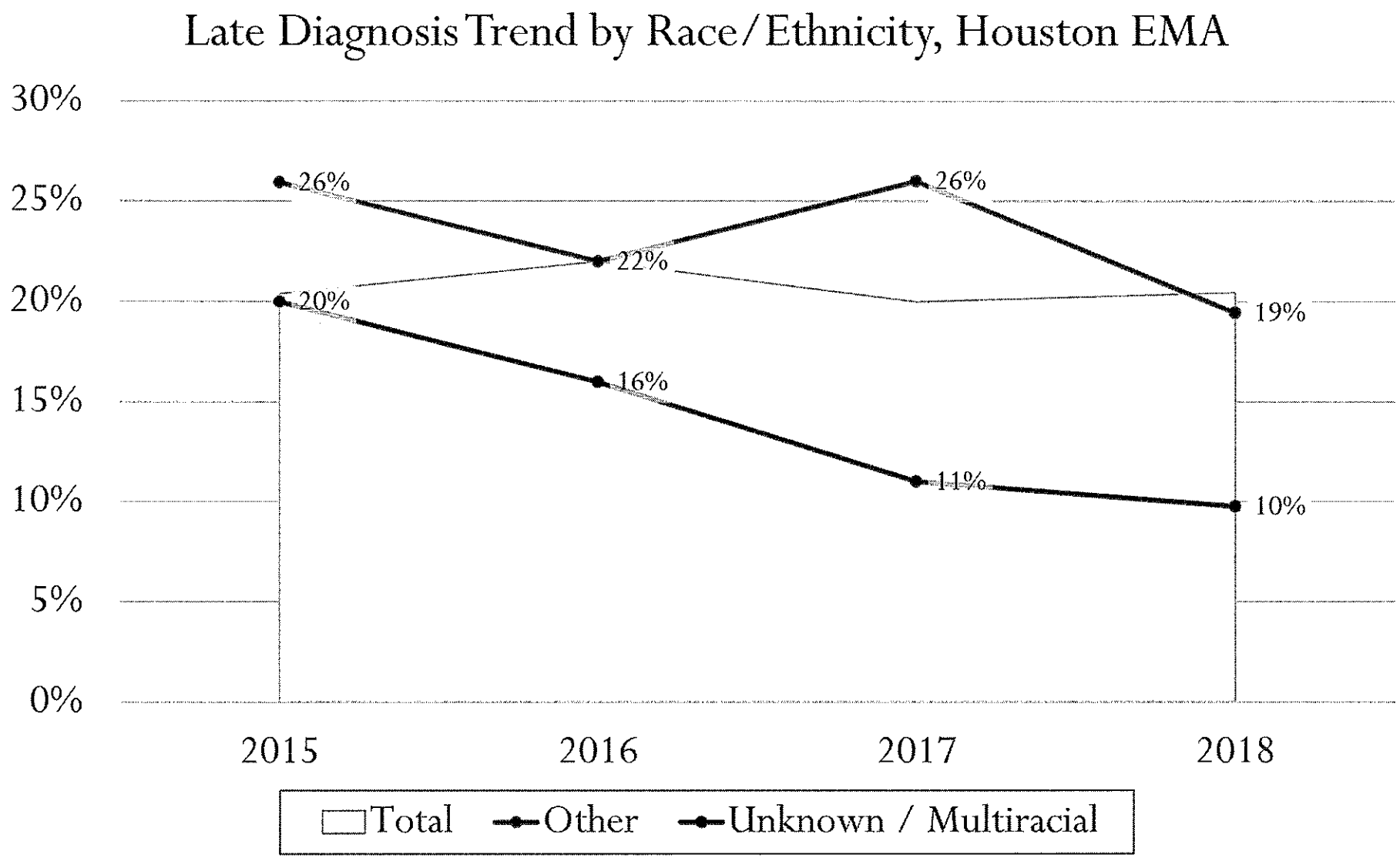
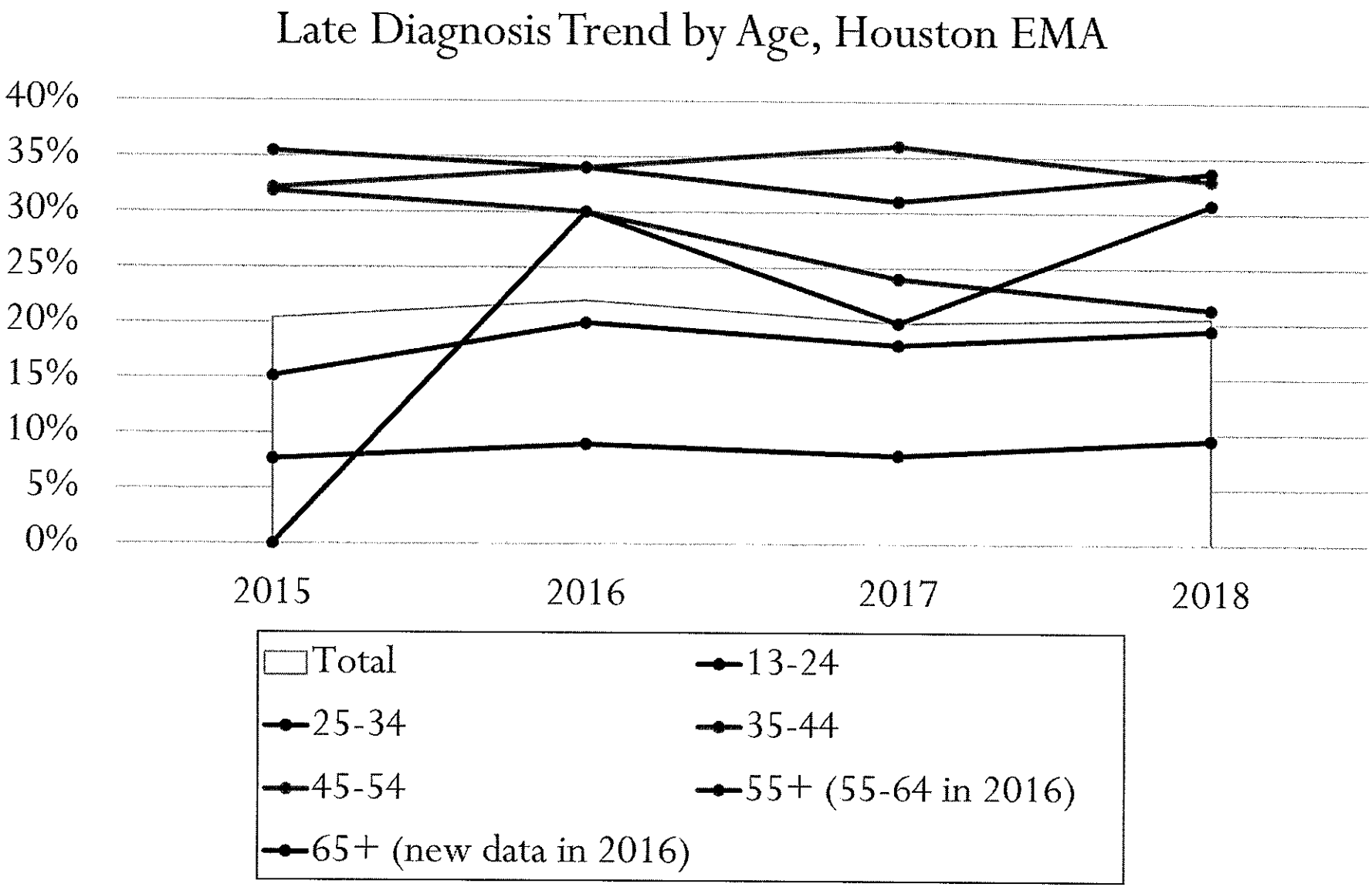


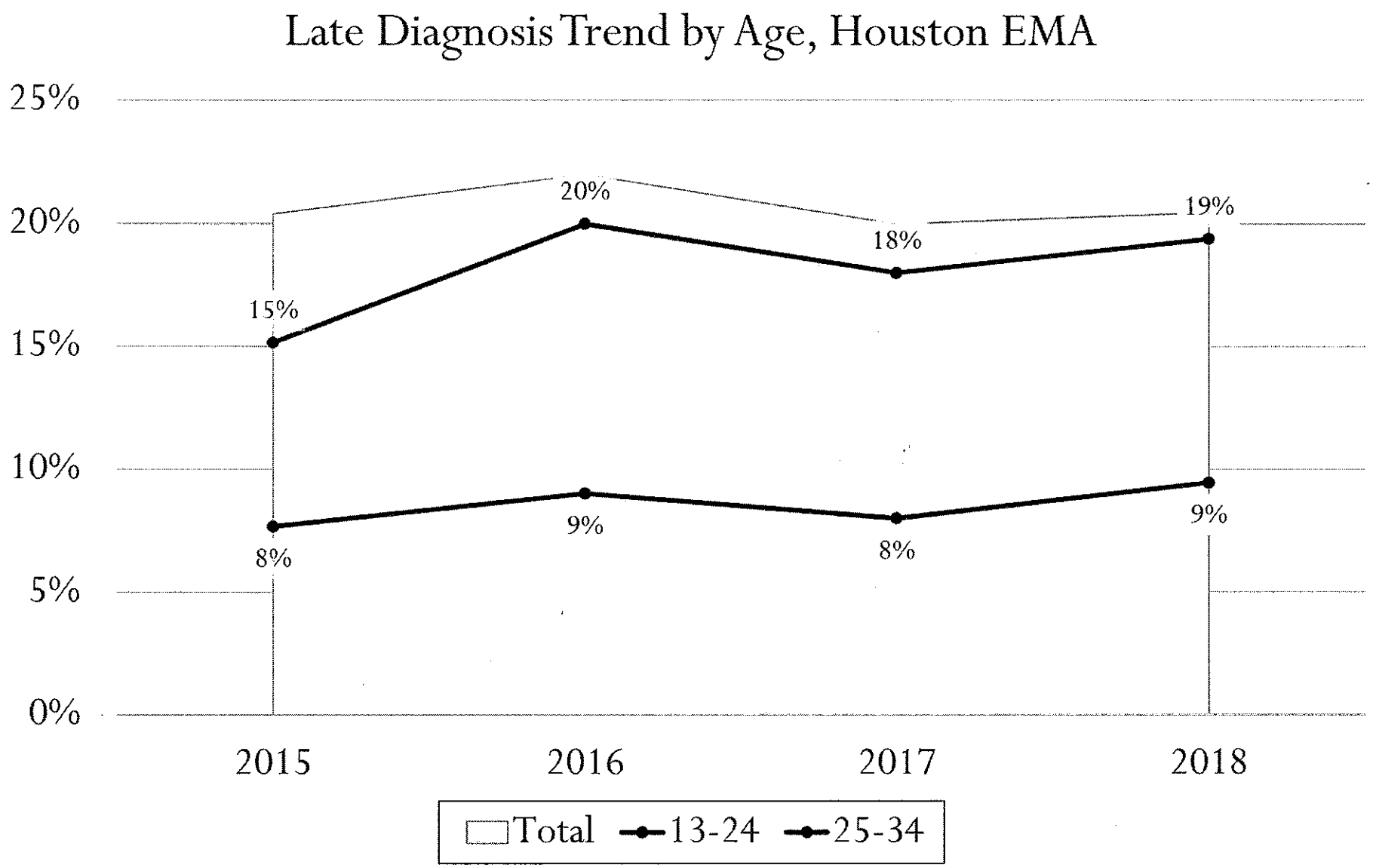
Late Diagnosis Proportion



Late Diagnosis Proportion



Late Diagnosis Proportion



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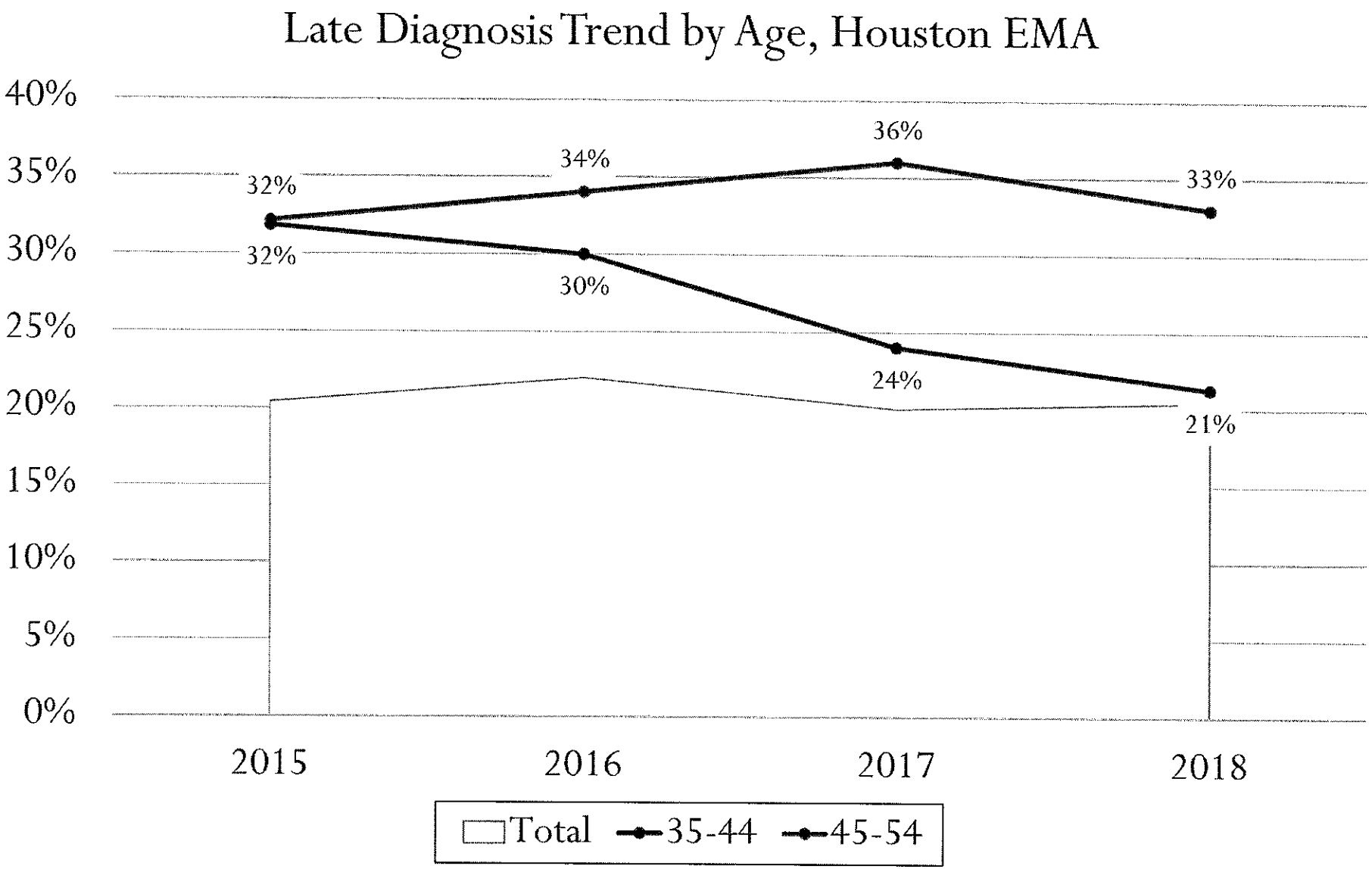
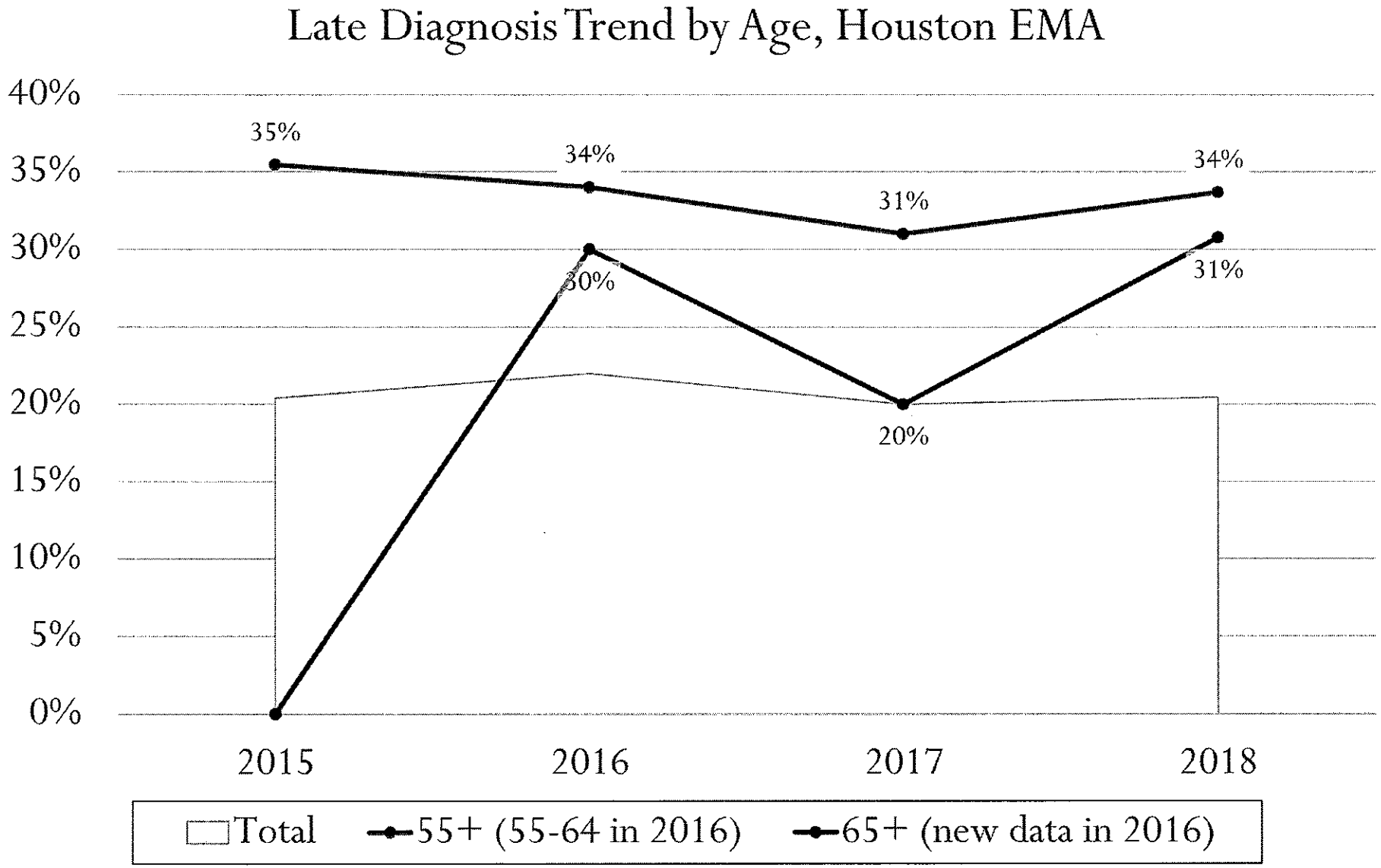
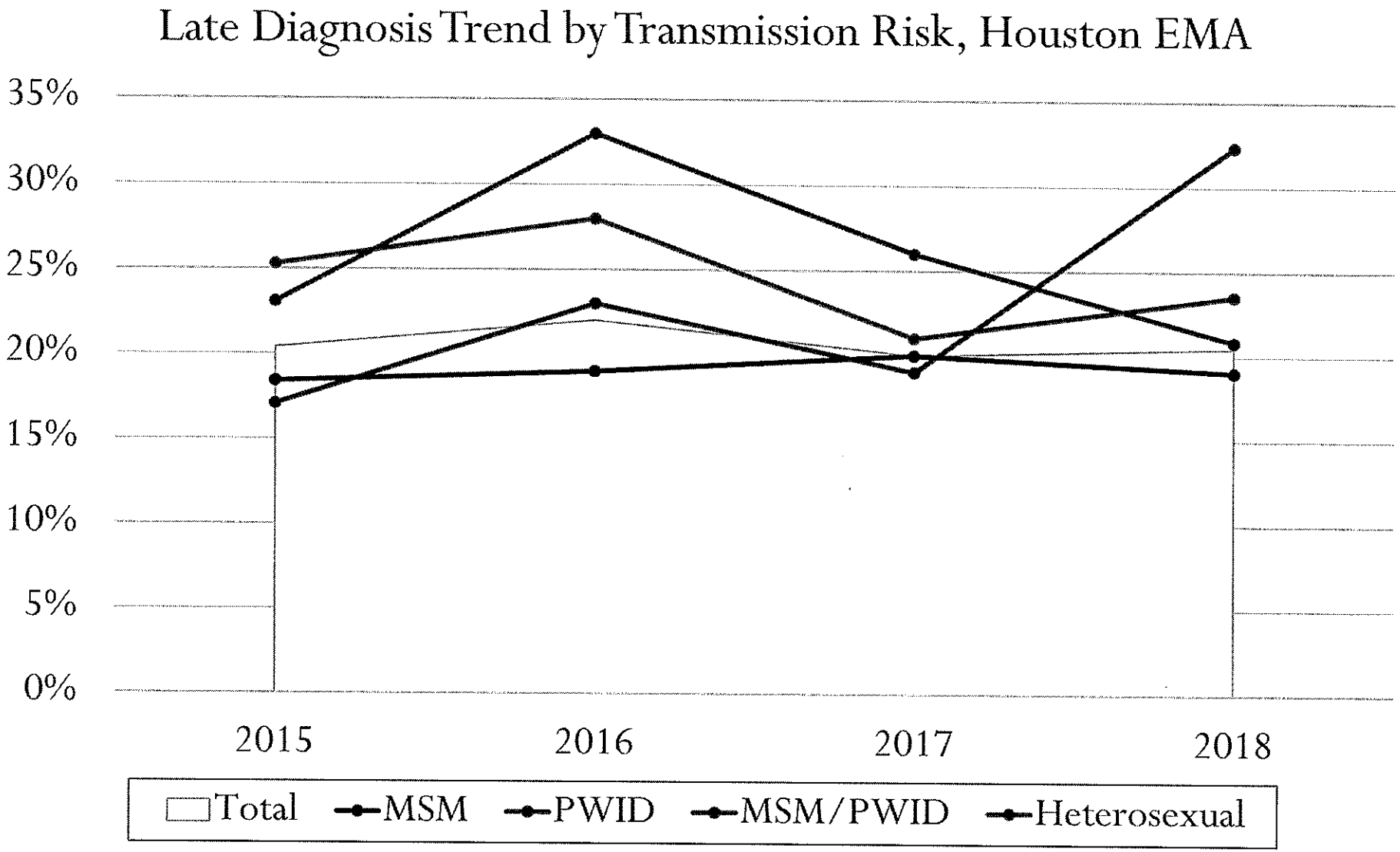


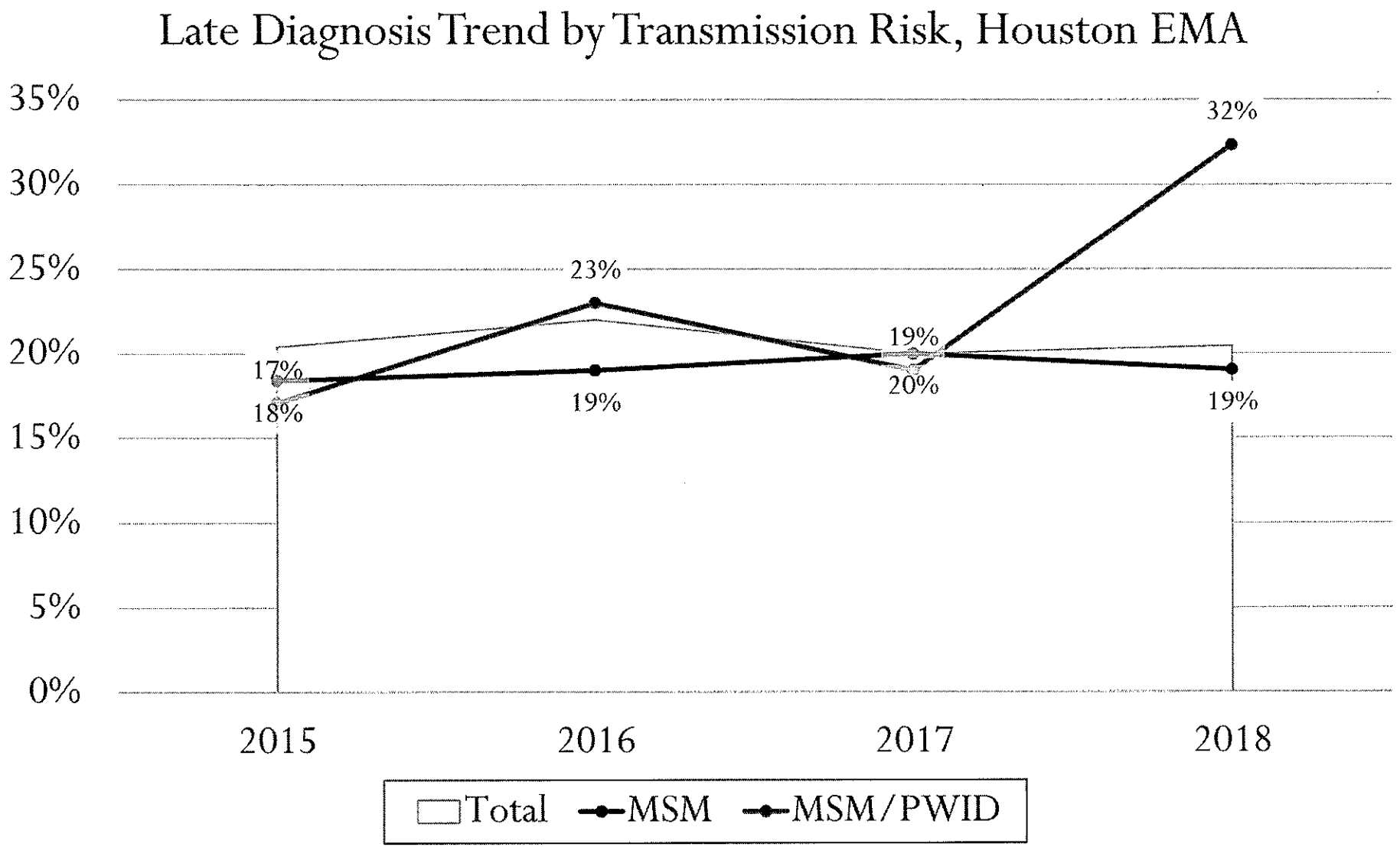
Late Diagnosis Proportion



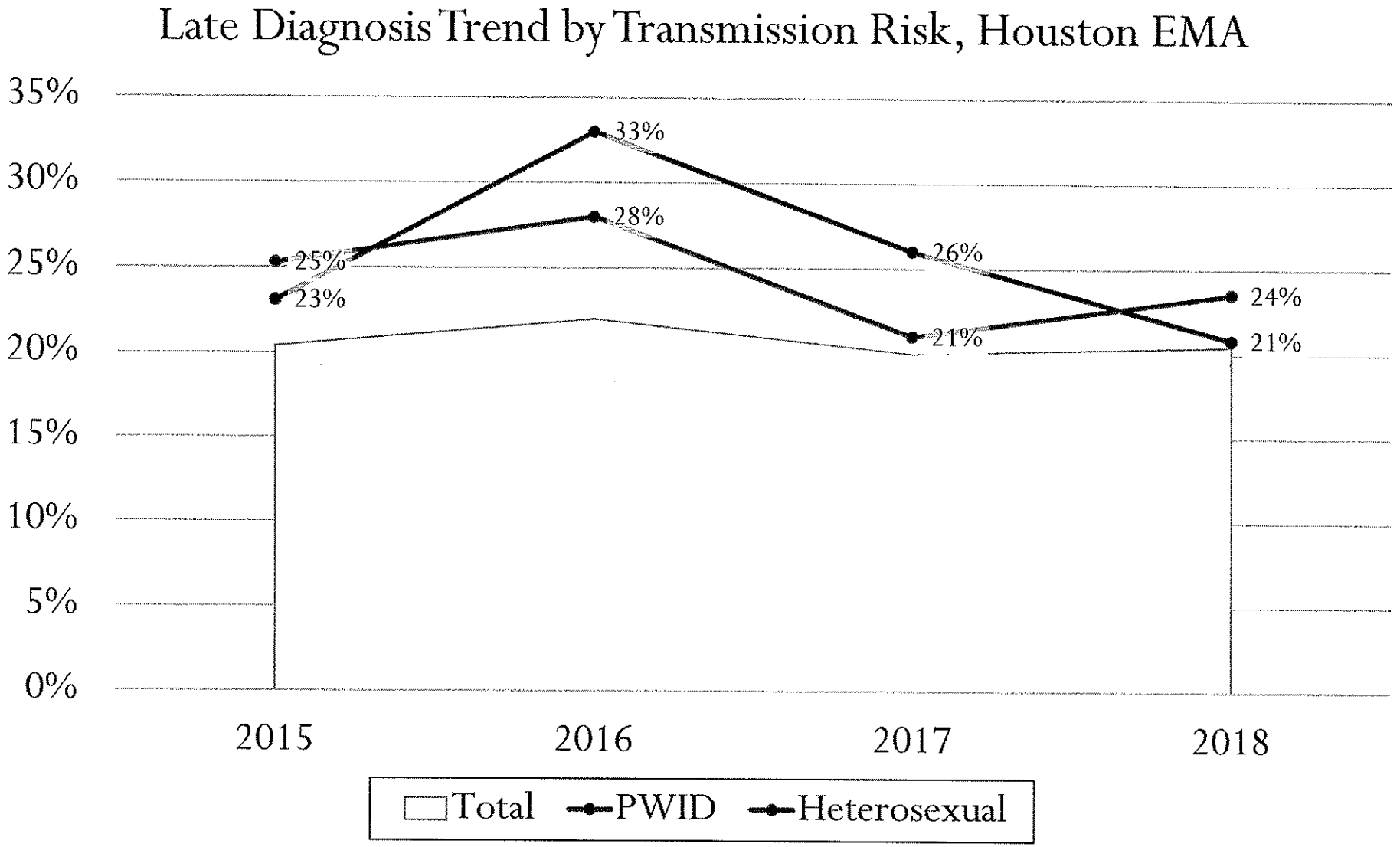
Late Diagnosis Proportion



Late Diagnosis Proportion



Late Diagnosis Proportion



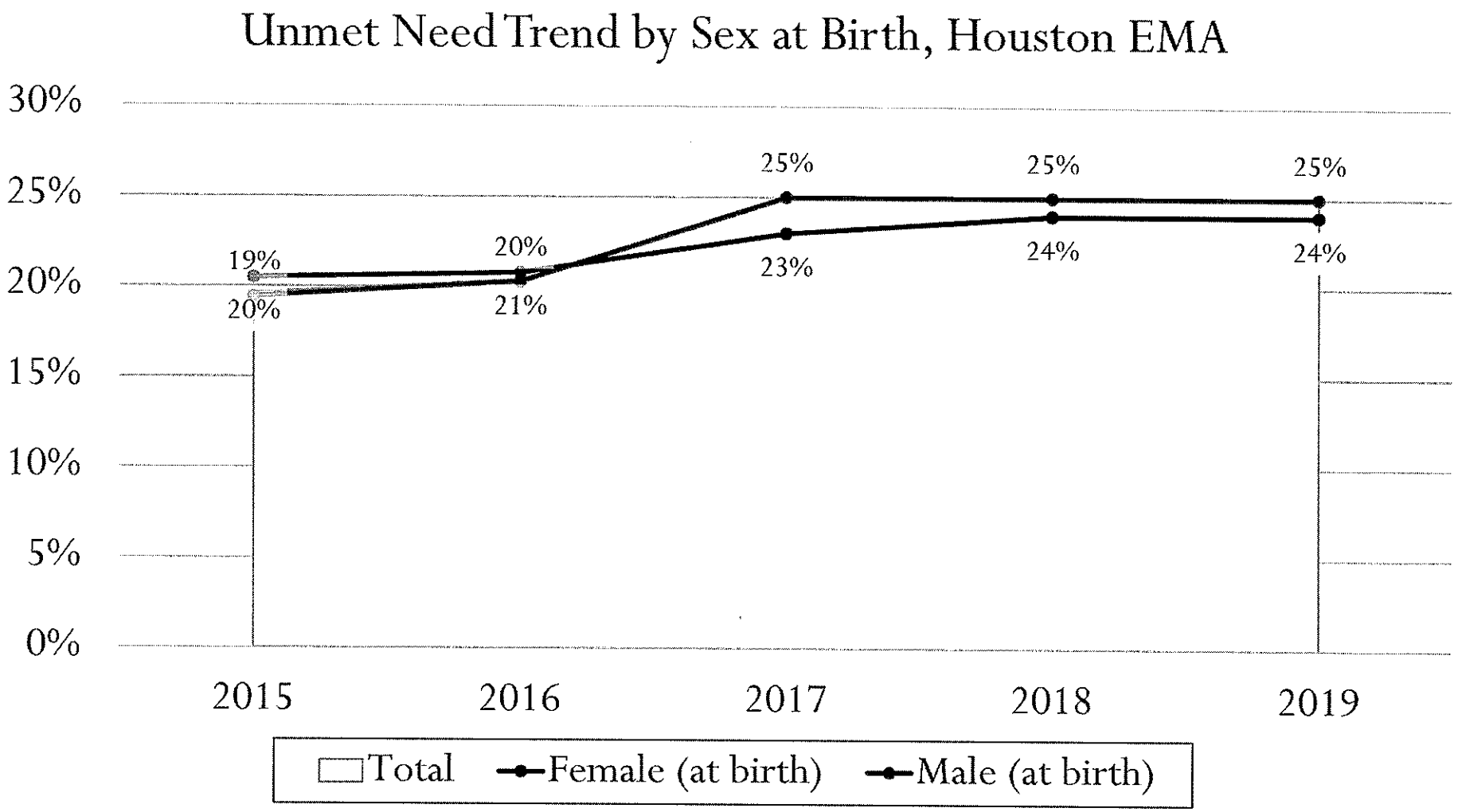
Late Diagnosis Proportion Facts

- Data only includes years 2015 – 2018.

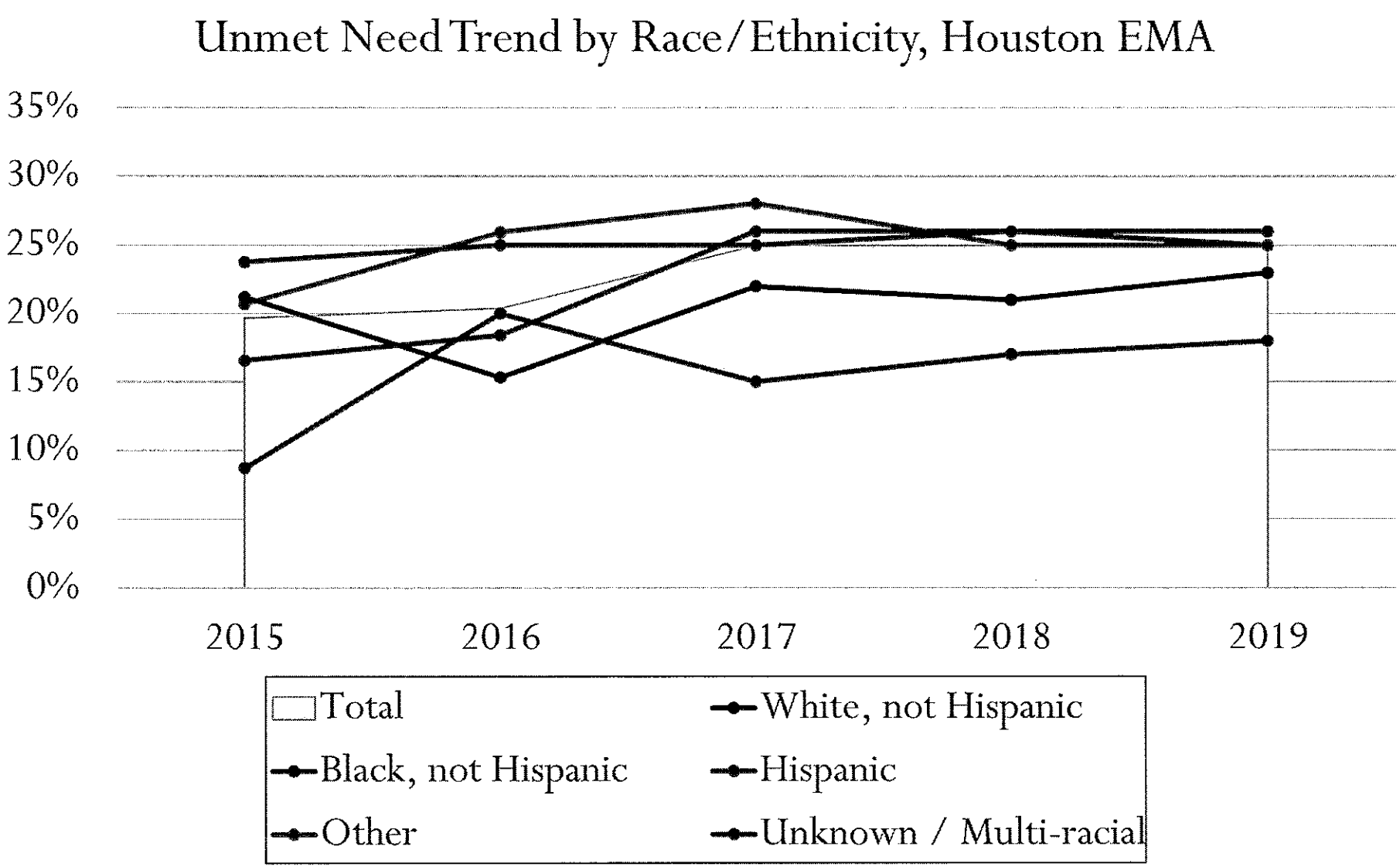
- Decreases in Late Diagnosis
  - 2% among Non-Hispanic, Black/African Americans
  - 11% among individuals ages 35 – 44
  - 2% among people who inject substances and heterosexual individuals

- Increases in Late Diagnosis
  - 1% increase among females (at birth)
  - 8% among Non-Hispanic, White
  - 4% among individuals ages 25 – 34
  - 15% among same gender loving men who inject substances

Unmet Need Proportion



Unmet Need Proportion



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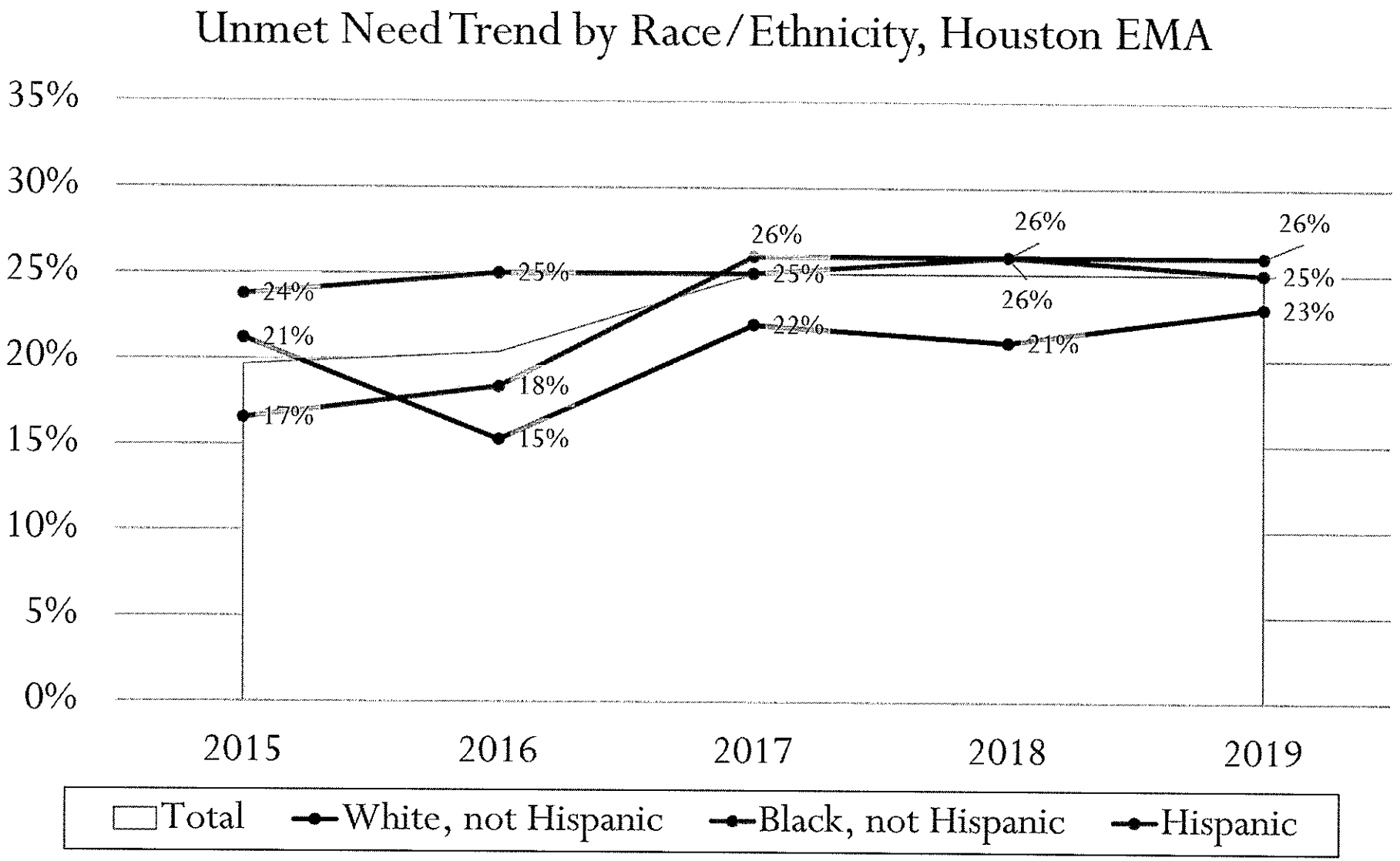

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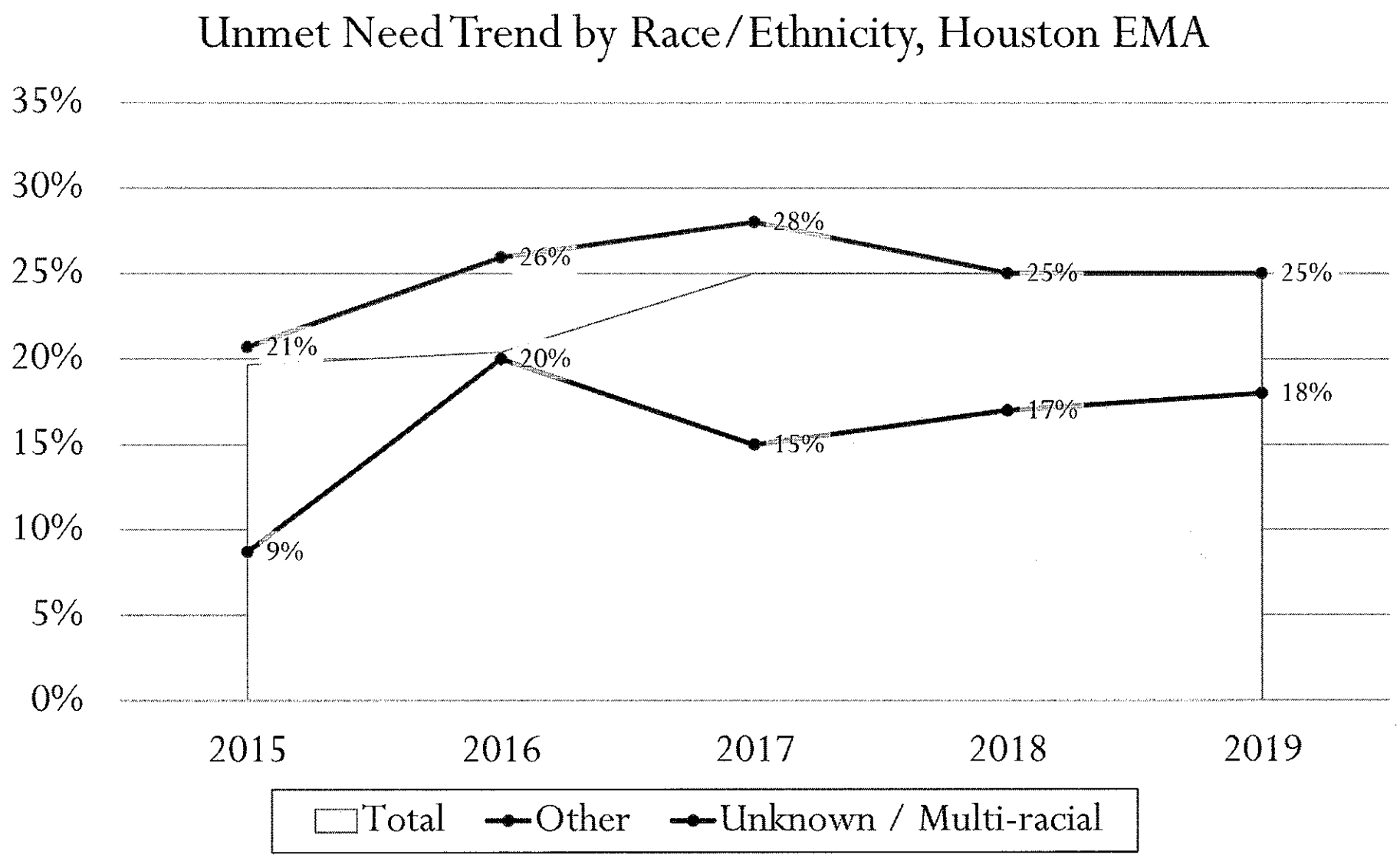

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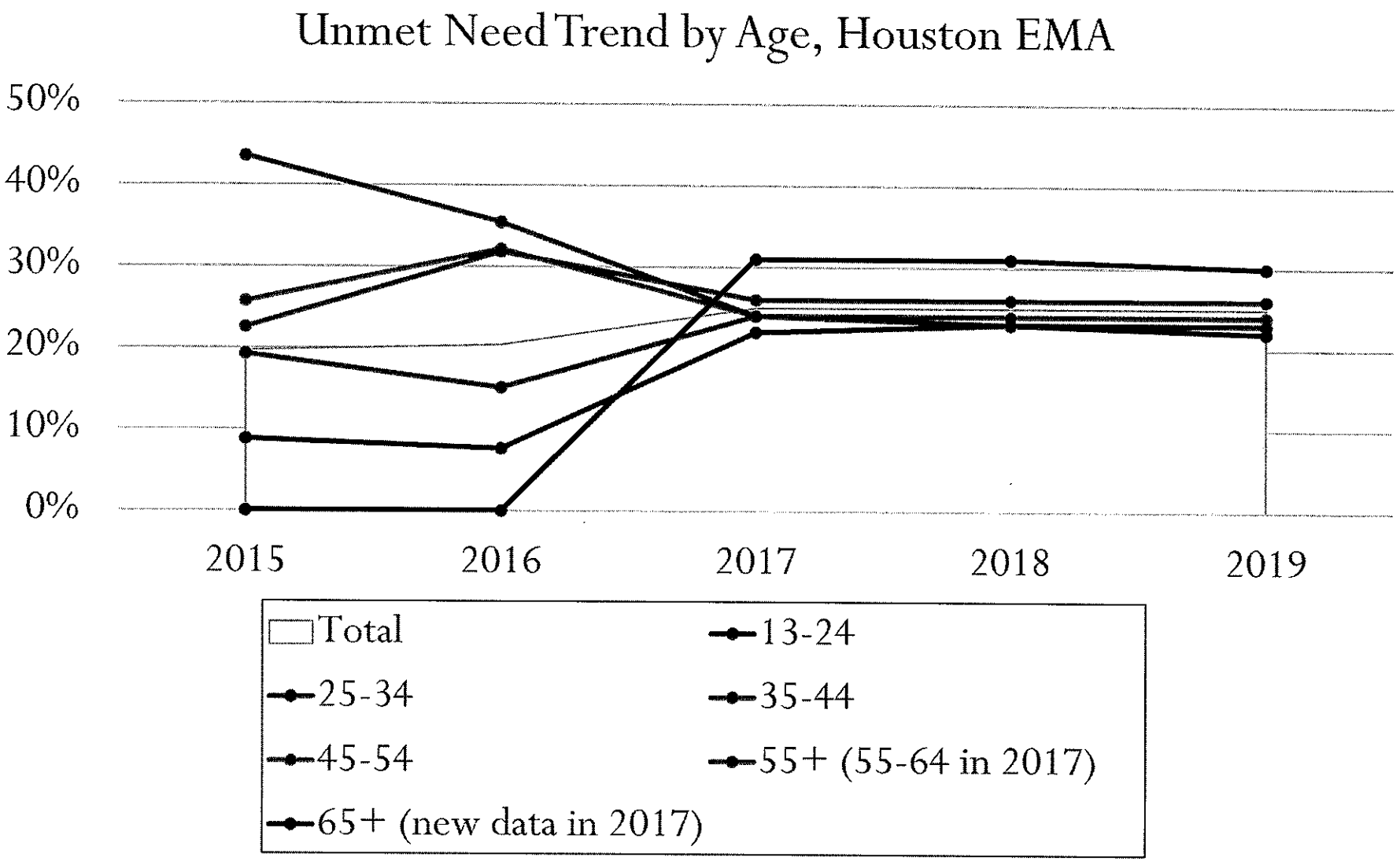

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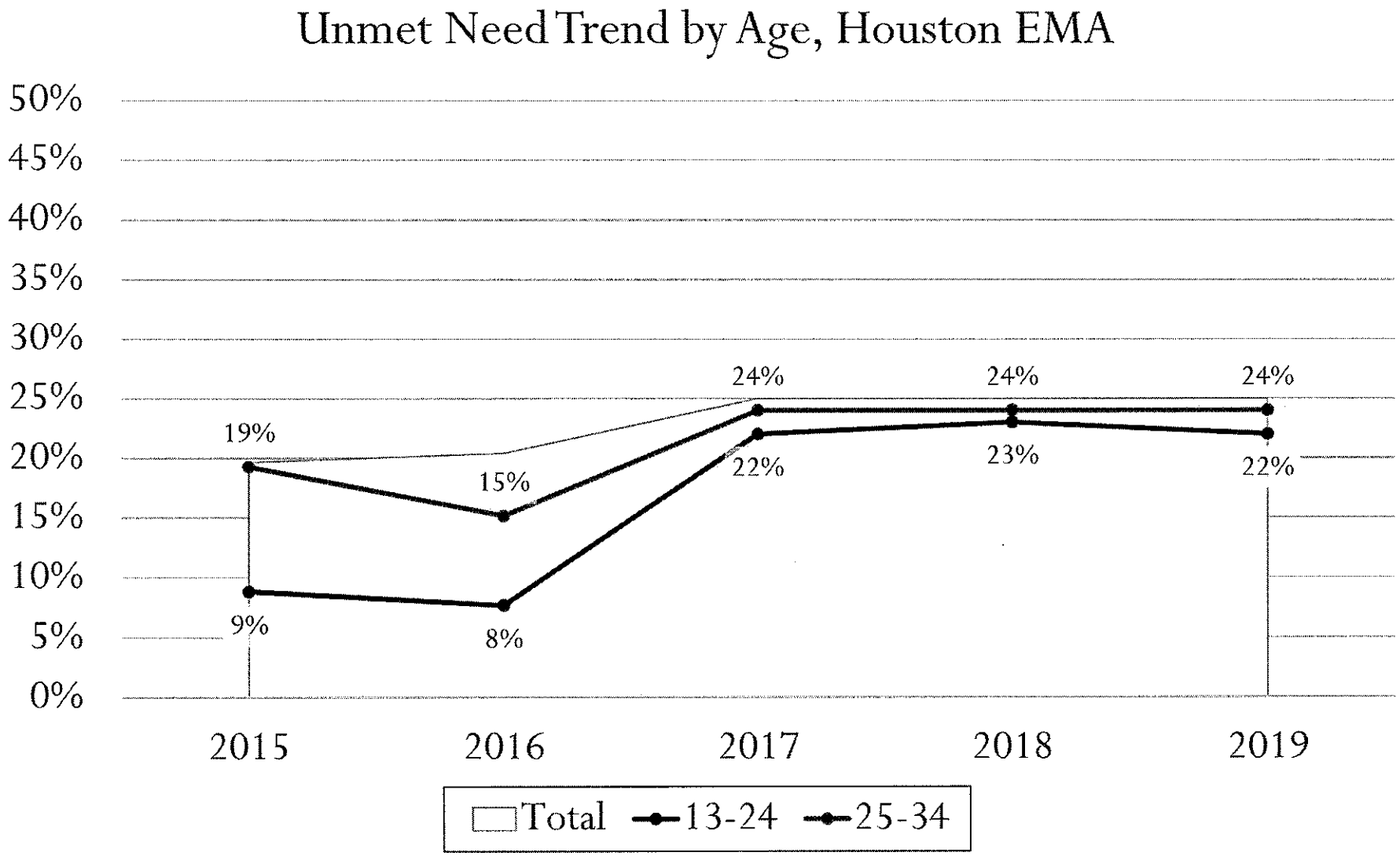

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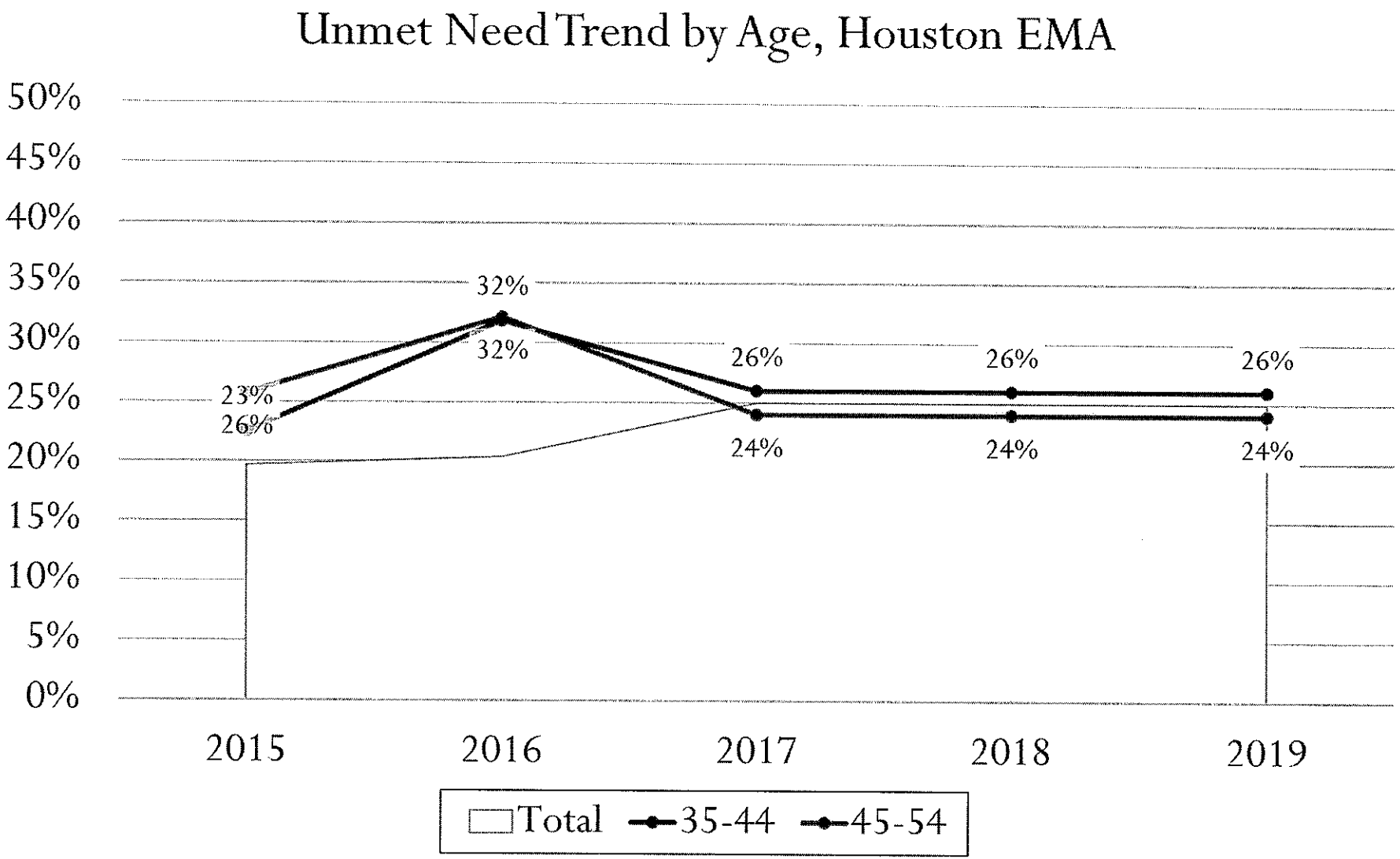

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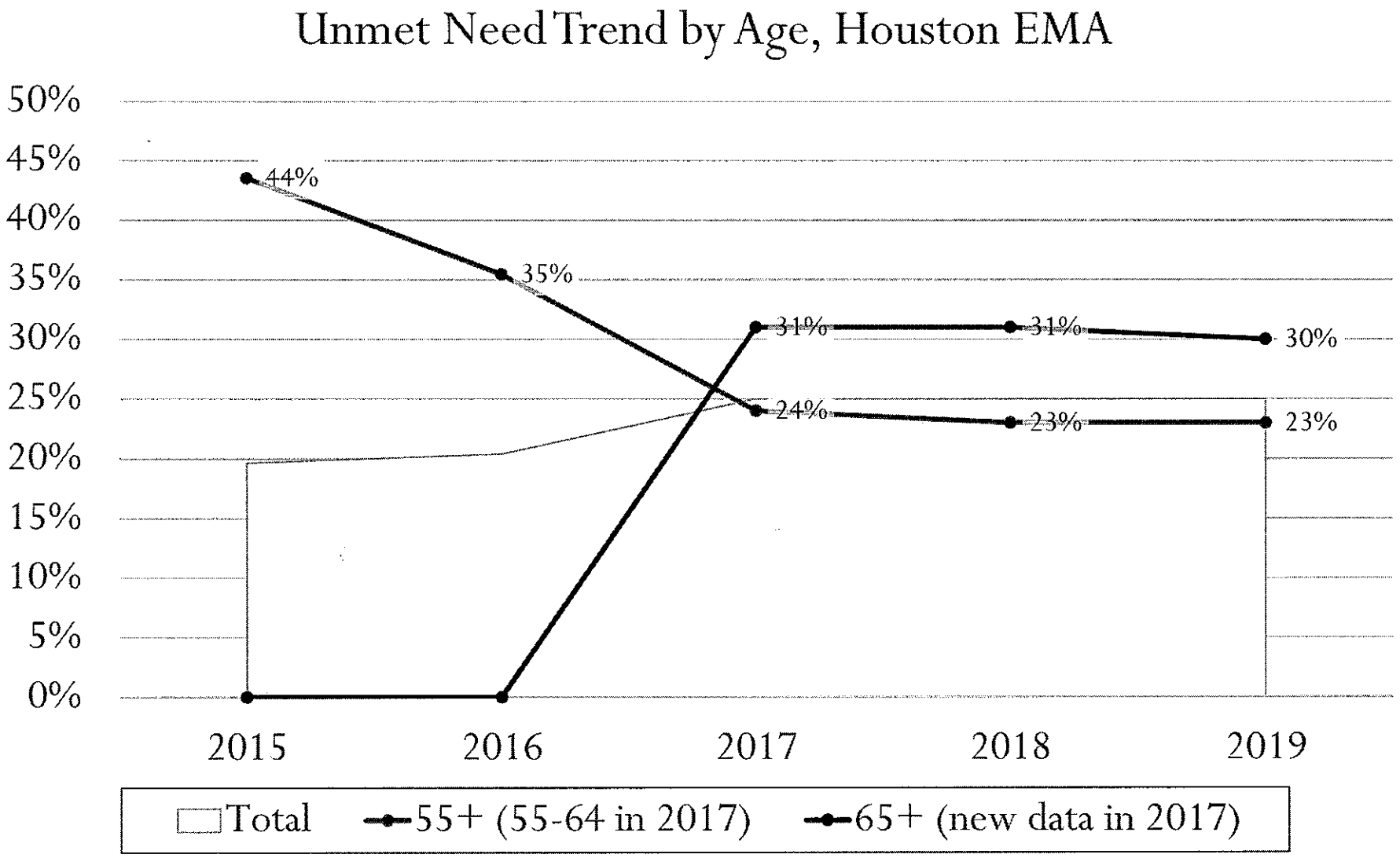

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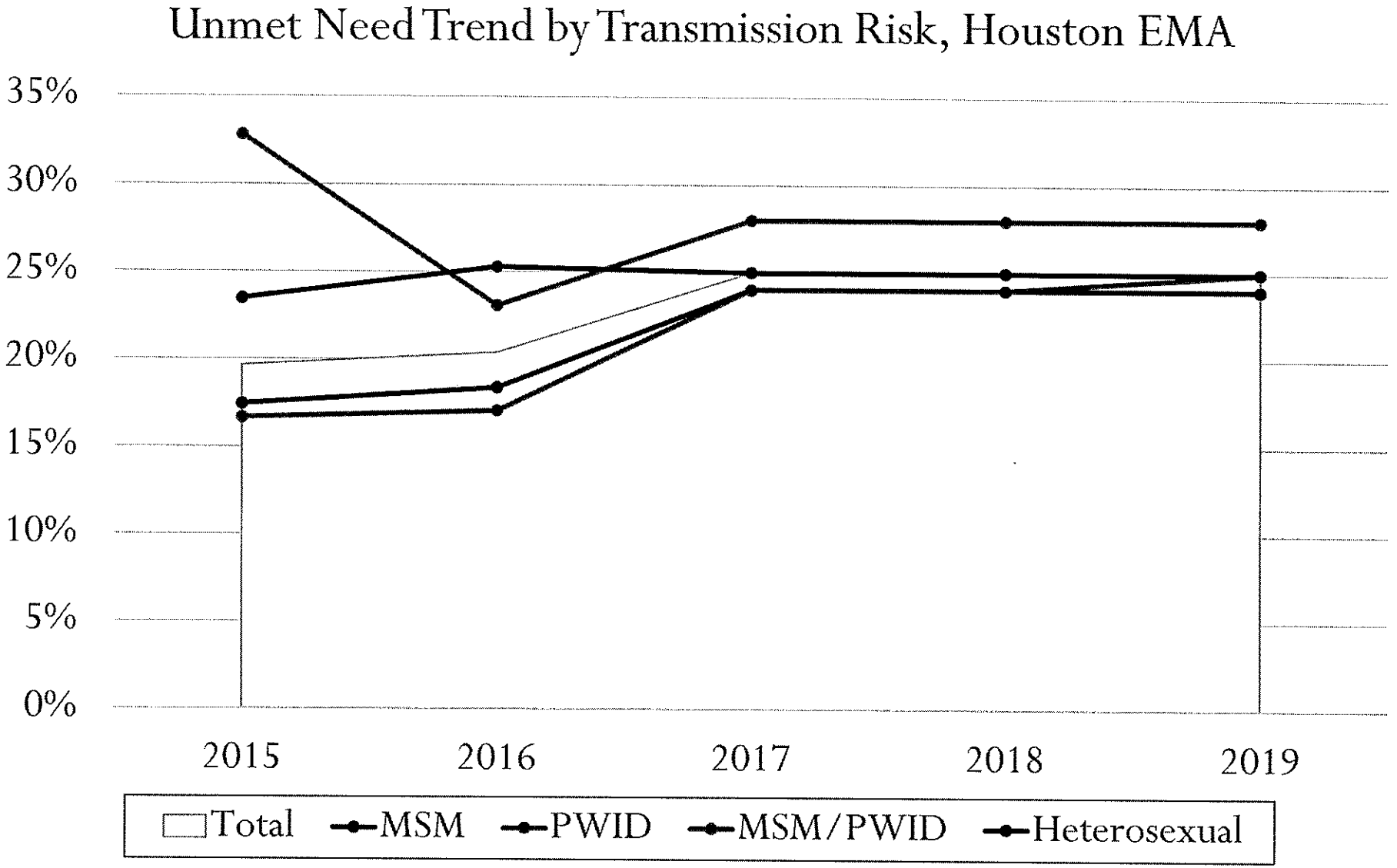

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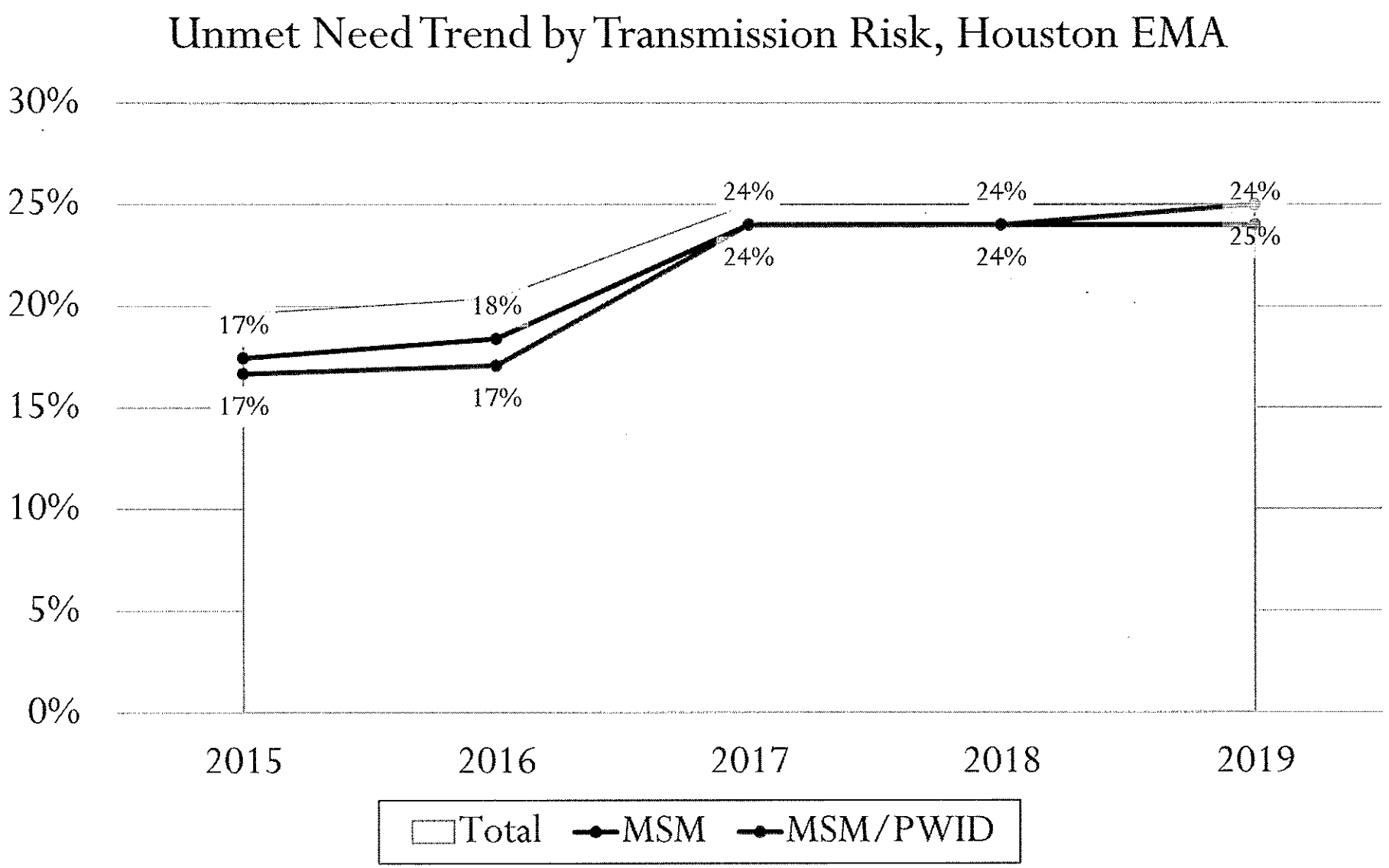

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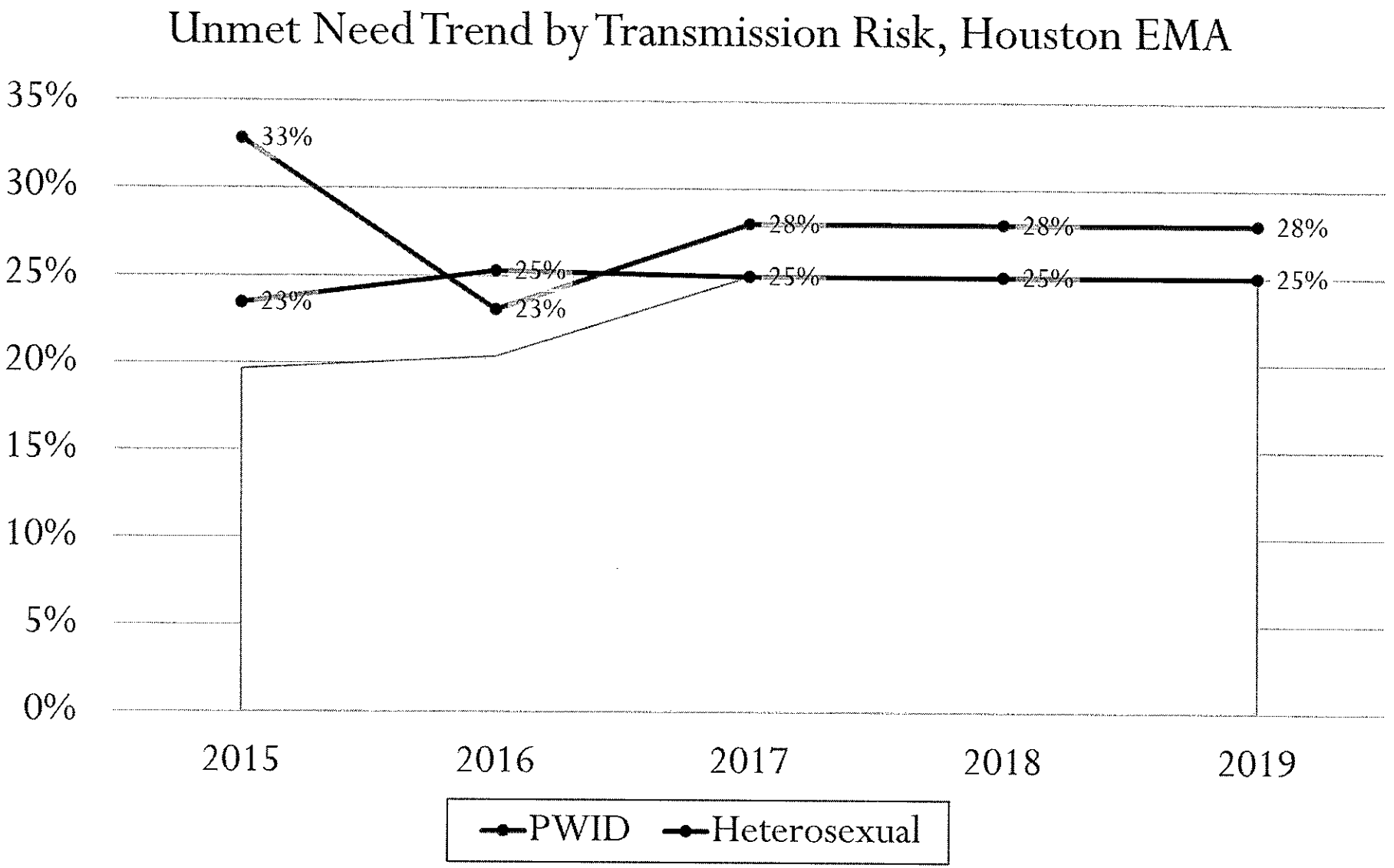

Unmet Need Facts

- Decreases in Diagnosis Rates (2015 – 2019):
  - 2% among individuals ages 2 – 12
  - 5% among people who inject substances

- Increases in Diagnosis Rates (2015 – 2019):
  - 5% increase overall
  - 6% among men (at birth)
  - 9% among Non-Hispanic, Black/African American
  - 13% among individuals ages 13 – 24
  - 8% among same gender loving men who inject substances and pediatric risk groups