**DRAFT**

# Houston Area HIV Services Ryan White Planning Council

## FY2022 EIIHA Workgroup

3:00 p.m., Wednesday, July 14, 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/85299528810?pwd=aGxZb3ZNYmxZTkpJVEZGT0FXMEY5dz09*
*Meeting ID: 852 9952 8810*
*Password: 775255*
*To join via telephone call: (346) 248-7799*

## AGENDA

I. Call to Order — Nancy Miertschin and Nettie Johnson, Co-chairs
   A. Welcome and Introductions
   B. Moment of Reflection
   C. Adoption of the Agenda
   D. Approval of the Minutes (March 23, 2021)
   E. Purpose of the Meeting

II. Public Comment

III. Review HRSA FY22 Guidance for EIIHA* — Ricardo Mora, Office of Support

IV. Select FY22 EIIHA Plan Target Populations
   A. Review Adopted Criteria for Selecting FY22 EIIHA Populations
   B. Review Target Populations Selection Matrix Data**
   C. EIIHA Data Trends Report
   D. Select Target Populations for FY22 EIIHA Plan**

V. Next Steps — Nancy Miertschin and Nettie Johnson, Co-chairs
   A. EIIHA Workgroup motion(s) are sent out to Council and other community stakeholders for review and feedback directly after today's meeting.
   B. Comprehensive HIV Planning Committee will meet via Zoom on Thursday, August 12th at 2:00 p.m. to review the motion, discuss any feedback received from Council and the community stakeholders, and vote to approve the motion.

VI. Announcements

VII. 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). If the Texas Department of State Health Services (**TDSHS**) releases 2020 data by noon Tuesday, July 13th, an updated selection matrix will be provided at the EIIHA Workgroup meeting.

**Houston Area HIV Services Ryan White Planning Council**

**FY 2022 EIIHA* Workgroup**
12:00 p.m., Tuesday, March 23, 2021
Meeting Location: Zoom Teleconference

# MINUTES

| MEMBERS PRESENT | MEMBERS ABSENT | OTHERS PRESENT |
|---|---|---|
| Nancy Miertschin, Co-Chair | Eddie Givens, excused | Rebecca Edwards, RWGA |
| Nettie Johnson, Co-Chair | Steven Vargas, excused | Tori Williams, Office of Support |
| Ardry Boyle | | Ricardo Mora, Office of Support |
| Lisa Felix | | Diane Beck, Office of Support |
| Ronnie Galley | | |
| Sha'Terra Johnson | | |
| Denis Kelly | | |
| Miyase Koksal-Ayhan | | |
| Rodney Mills | | |

**Call to Order:** Nancy Miertschin, Co-Chair, called the meeting to order at 12:10 p.m. and asked for a moment of reflection. She welcomed everyone and asked them to introduce themselves.

**Adoption of the Agenda:** ***Motion #1:*** *it was moved and seconded (Kelly, Boyle) to approve the agenda.* **Motion approved unanimously.**

**Purpose of the Meeting:** Williams said that EIIHA is an unusual process. The EIIHA populations are used to write a piece for our HRSA grant application which counts for 33% of the score. The challenge is that we do not get the instructions until a few weeks before the grant application is due so we meet early in the year to look at what we did last year and the data that was used. Then the committee tells the Health Planner what criteria you want to use and what data is needed. The data request goes to the state and it takes some time to get it, especially during COVID when many staff are deployed elsewhere. So, today you just need to decide on the criteria to be used and the data that is needed in order to select the populations that will be written about in the EIIHA section of the grant application.

**Public Comment:** None.

**Overview of EIIHA:** Mora presented the attached PowerPoint about EIIHA and the planning process.

**Criteria for Selecting FY22 EIIHA Target Populations:** The committee reviewed the list of available criteria as well as the criteria used to select FY21 populations. Mora said that the state is backlogged with data requests right now. Johnson said that they should have 2019 data available soon and 2020 data sometime this summer. ***Motion #2:*** *it was moved and seconded (Mills, Boyle) to keep the same criteria for selected the FY22 target populations that was used in 2020.* **Motion approved unanimously.**

**Data Requests for FY22:** The committee would like Mora to request the same data set that has been requested in previous years.

**Next Steps:** The next meeting will be determined once the grant guidance is received. Agenda items include Review the FY22 HRSA Guidance for EIIHA, Review the Target Populations Selection Matrix Data and Select Target Populations for FY22 EIIHA Plan.

**Announcements:** None.

**Adjournment:**

Submitted by: Approved by:

_____ _____

Ricardo Mora, Office of Support Date Committee Co-Chair Date

*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 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.

## 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)<br><br>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:<br>• African Americans<br>• Hispanics/Latinos age 25 and over<br>• Men who have Sex with Men (MSM) | Late diagnosis proportion not available for age range 0-1; risk category Adult Other<br><br>There were no late diagnoses observed among age range 2 – 12. |

# EIIHA Trends Data

**EIIHA Workgroup**

July 14, 2021

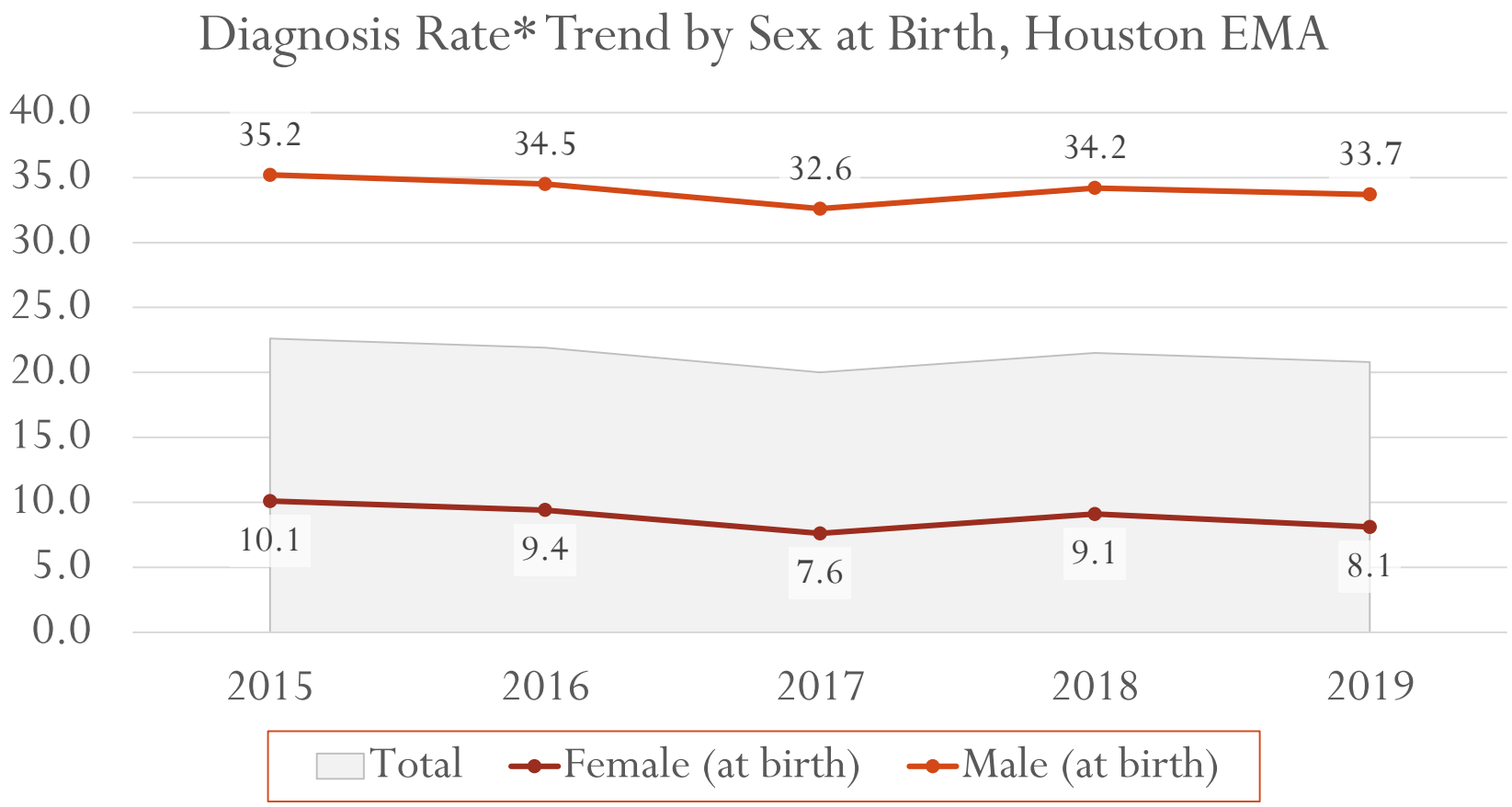
# Background

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

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

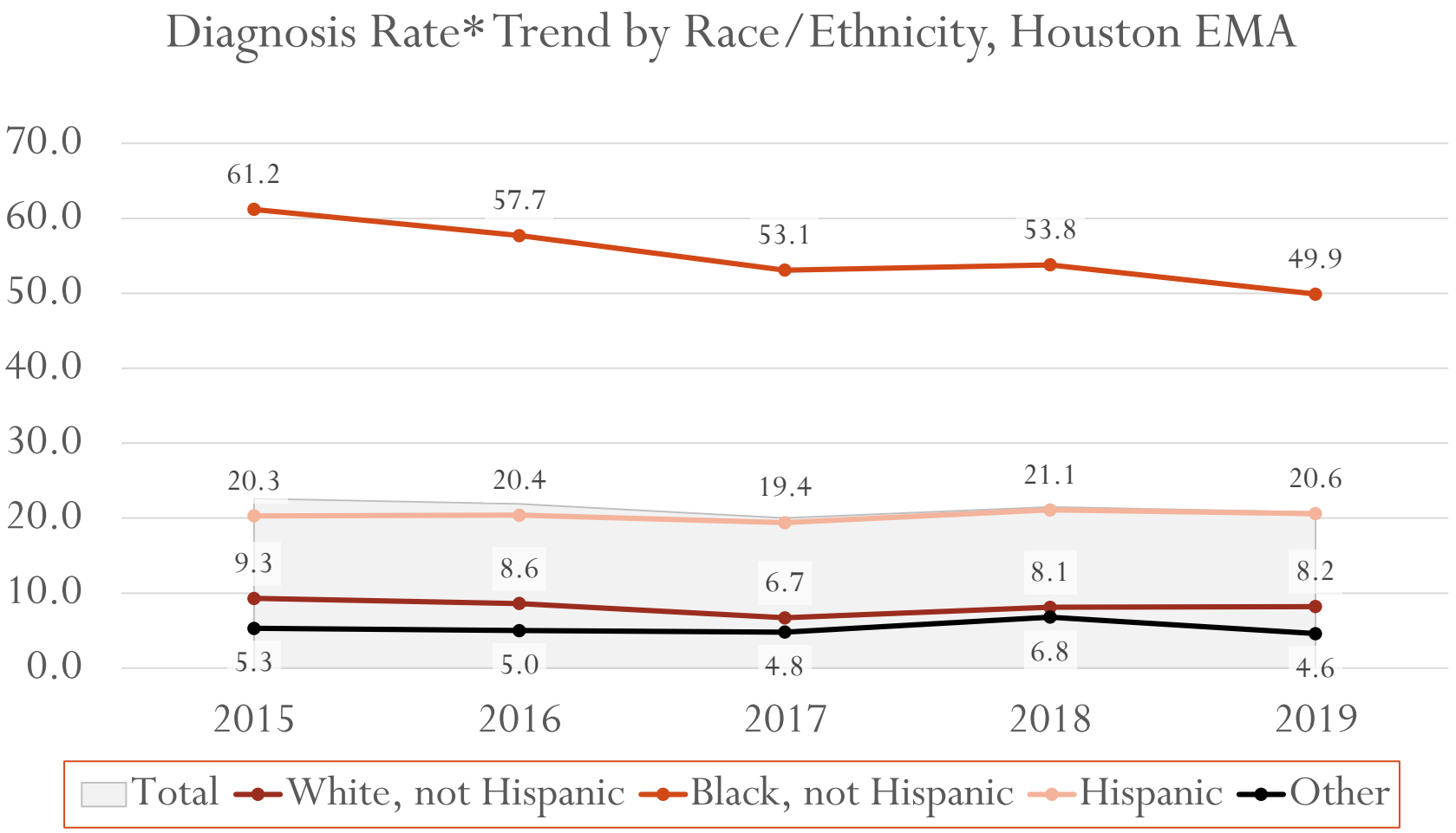
- Data was provided by Texas Department of State Health Services (DSHS) – Unmet Need Framework data.

# Diagnosis Rates




*Rates are per 100,000 people

# Diagnosis Rates

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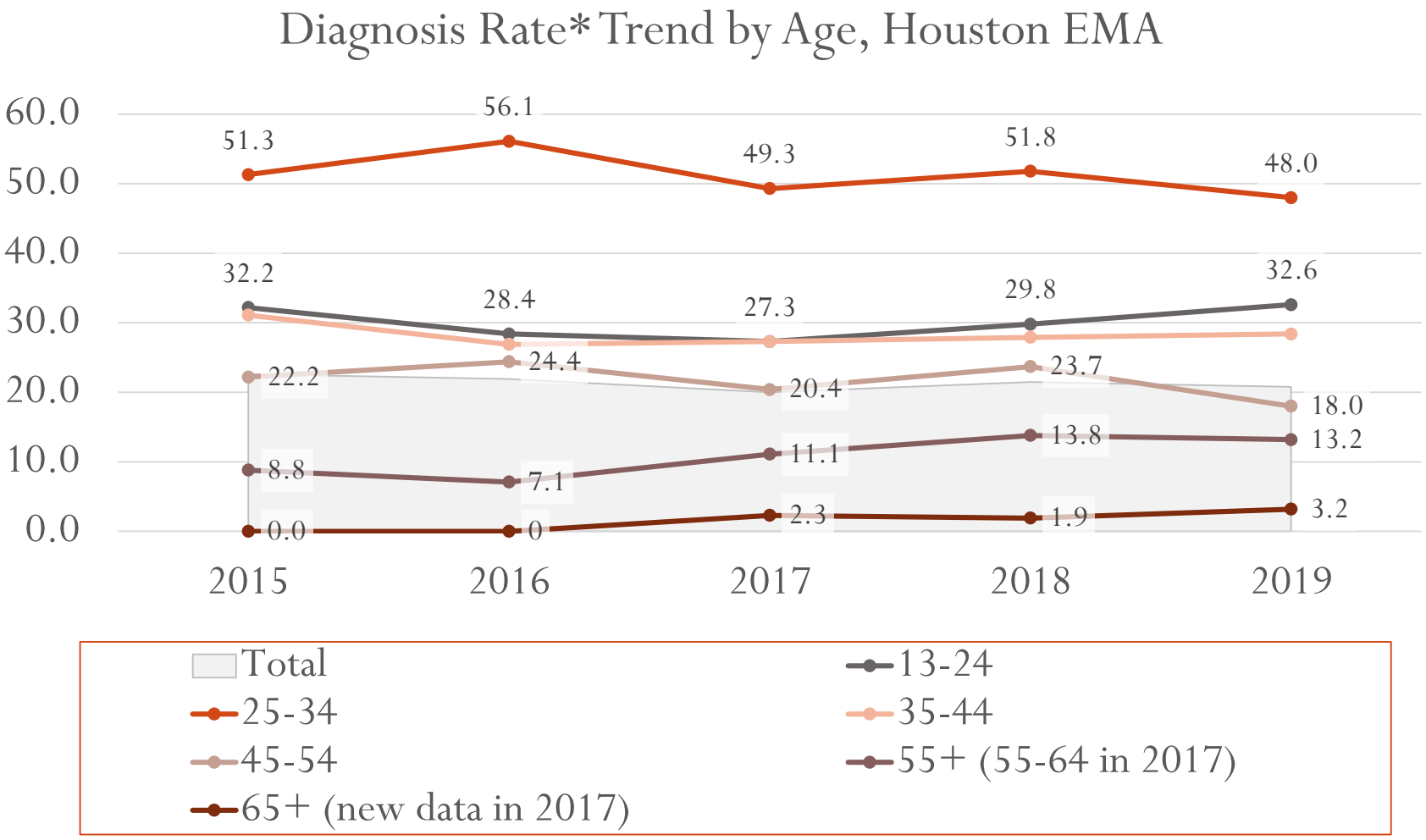
# Diagnosis Rates

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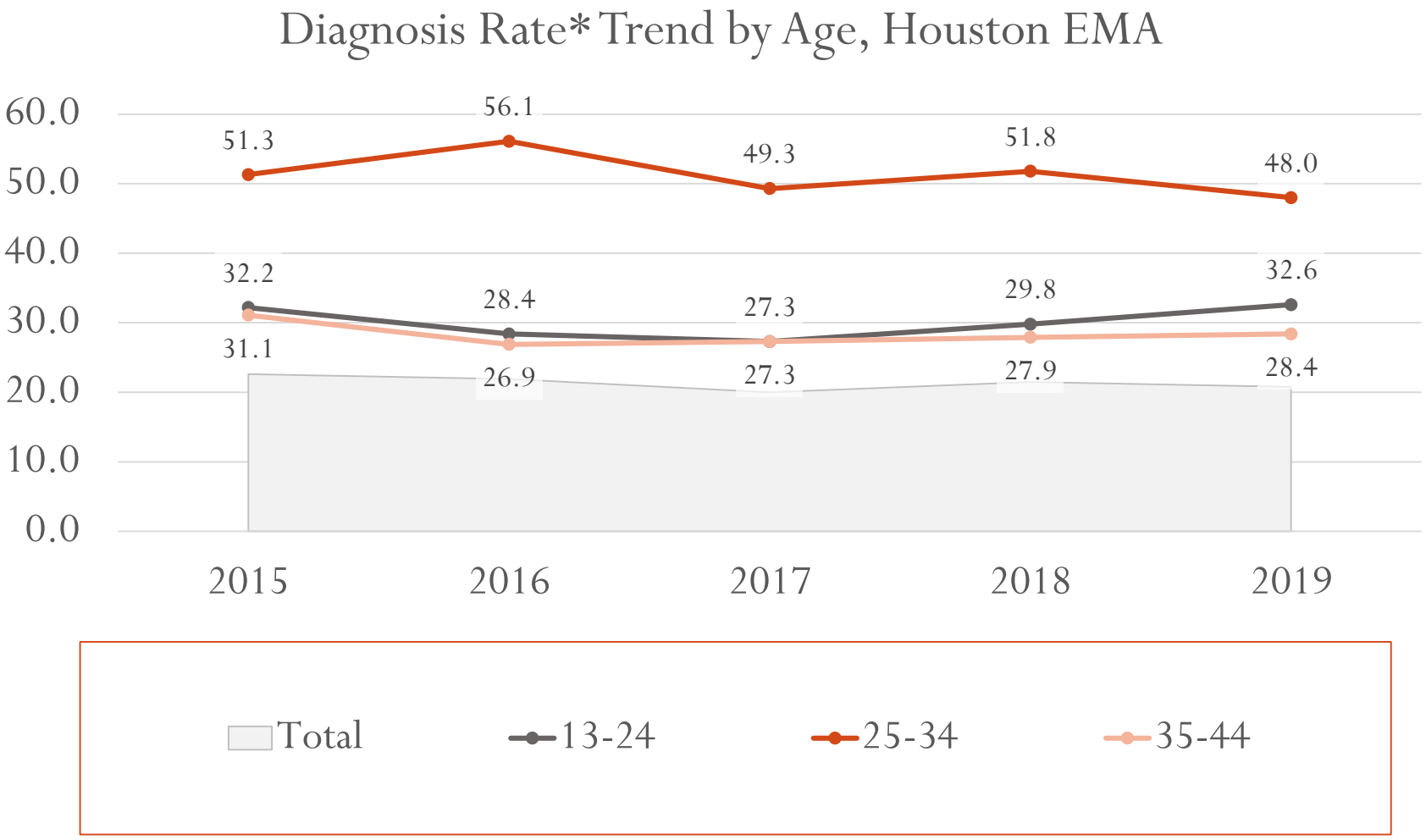
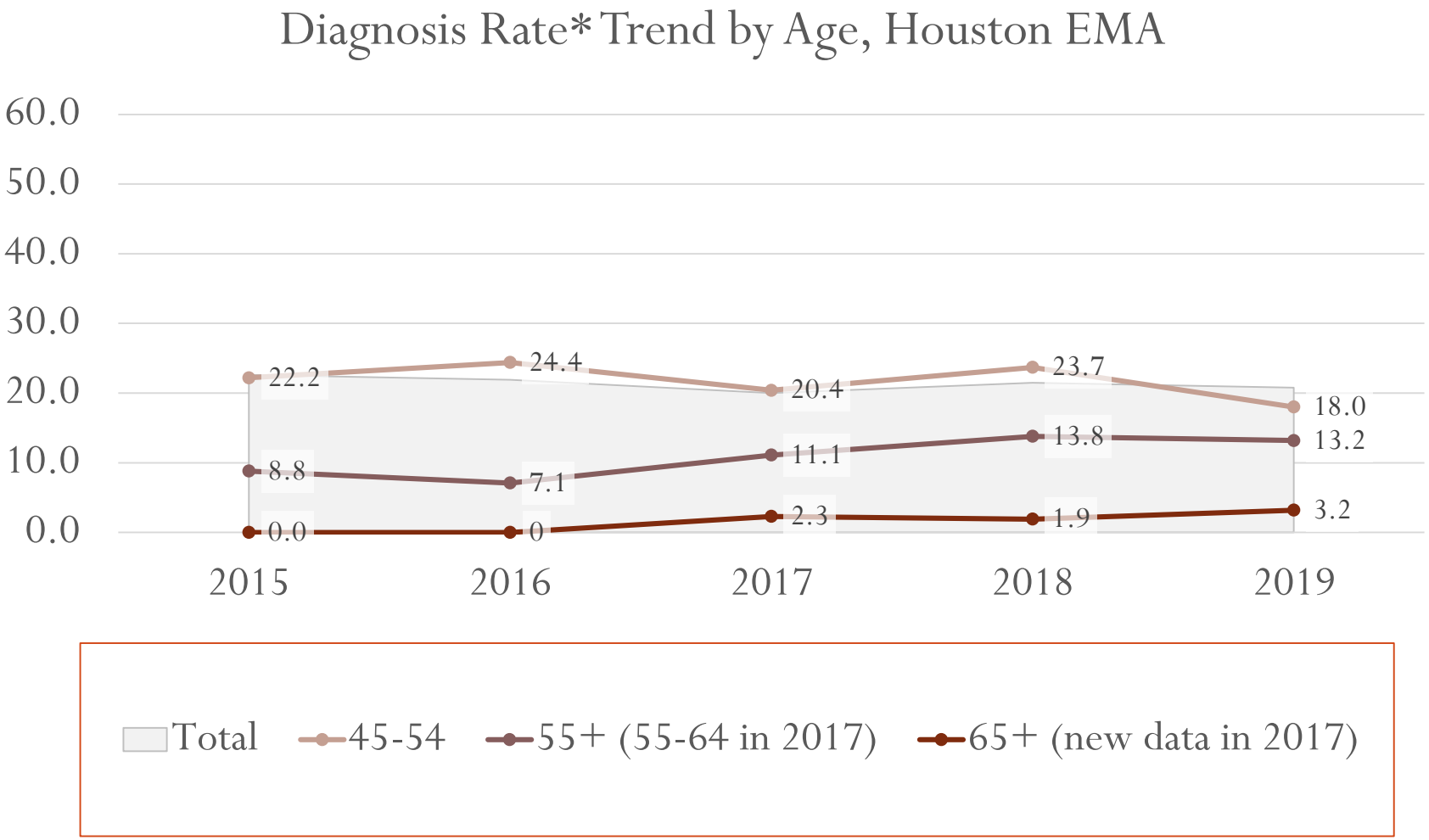
# Diagnosis Rates




*Rates are per 100,000 people

# Diagnosis Rates




*Rates are per 100,000 people

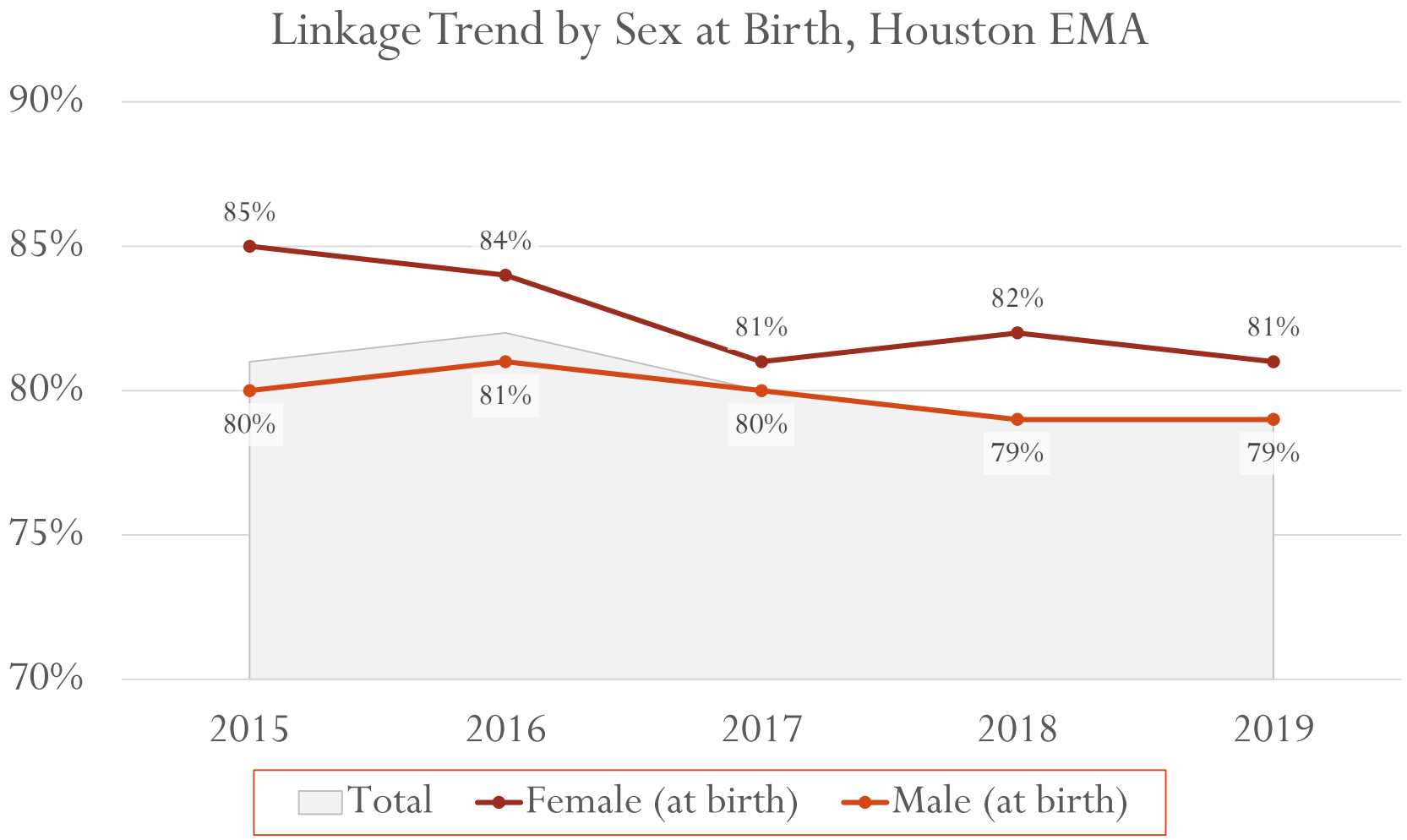
# Diagnosis Rates Facts

- 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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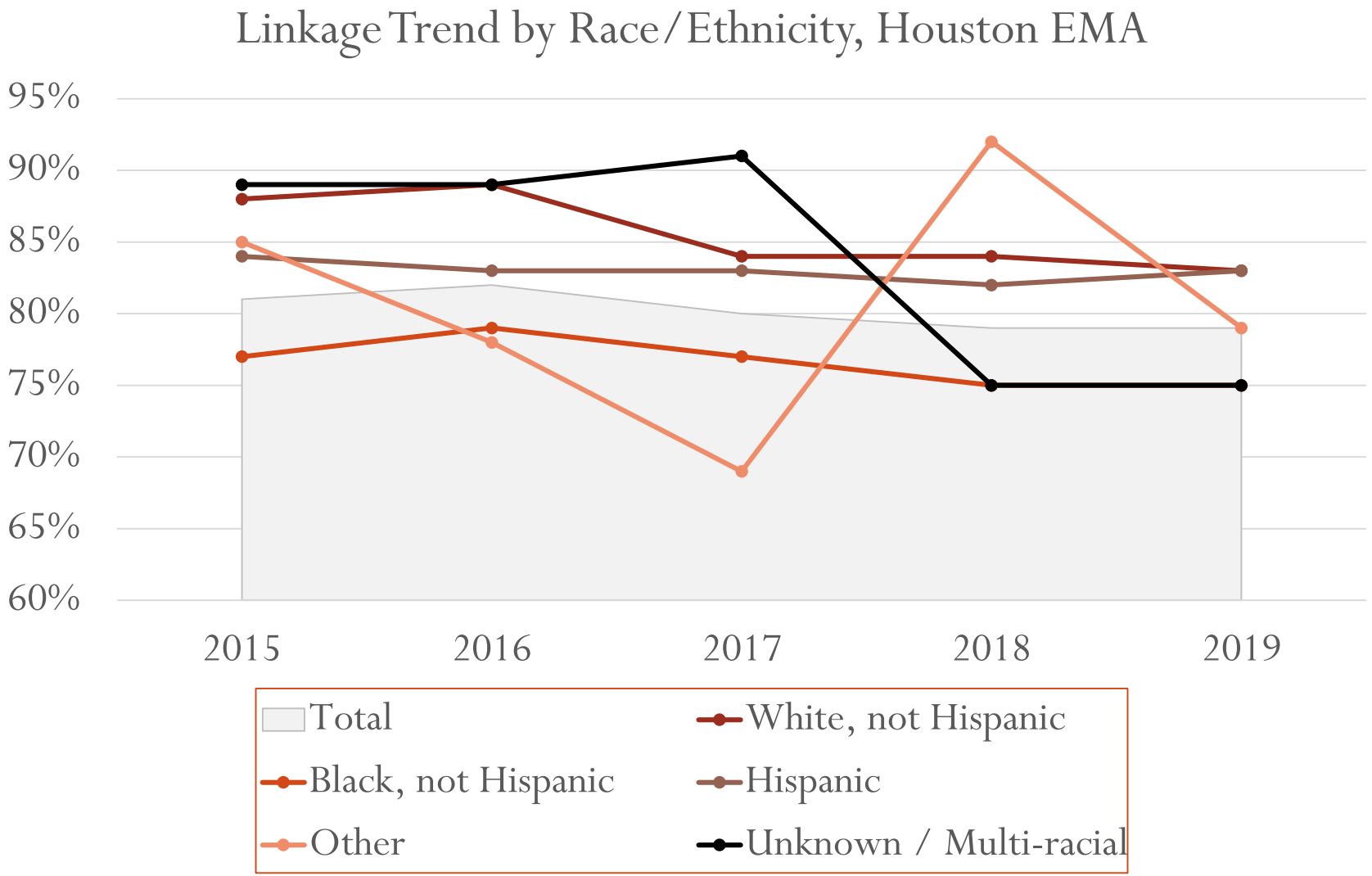

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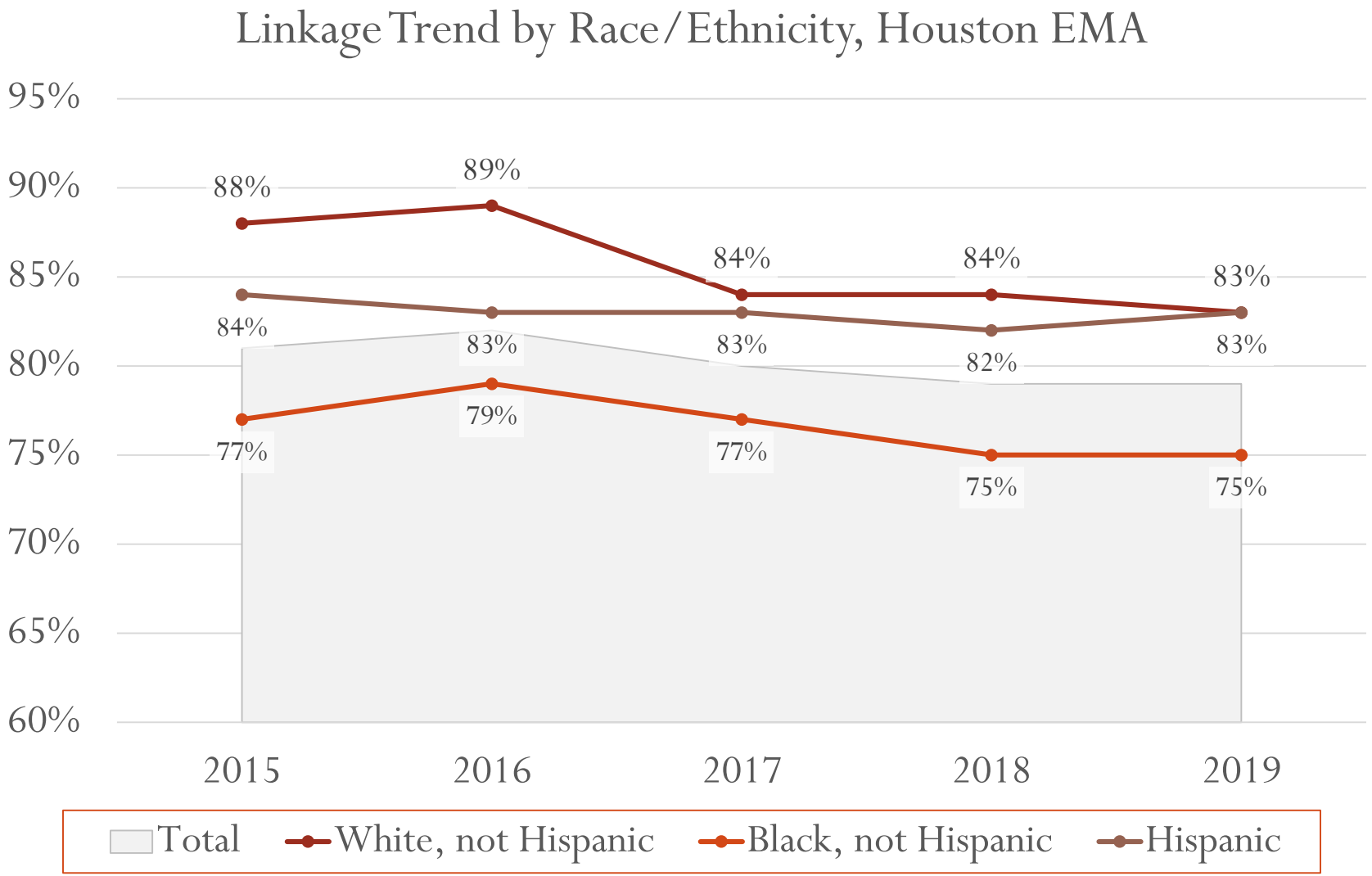

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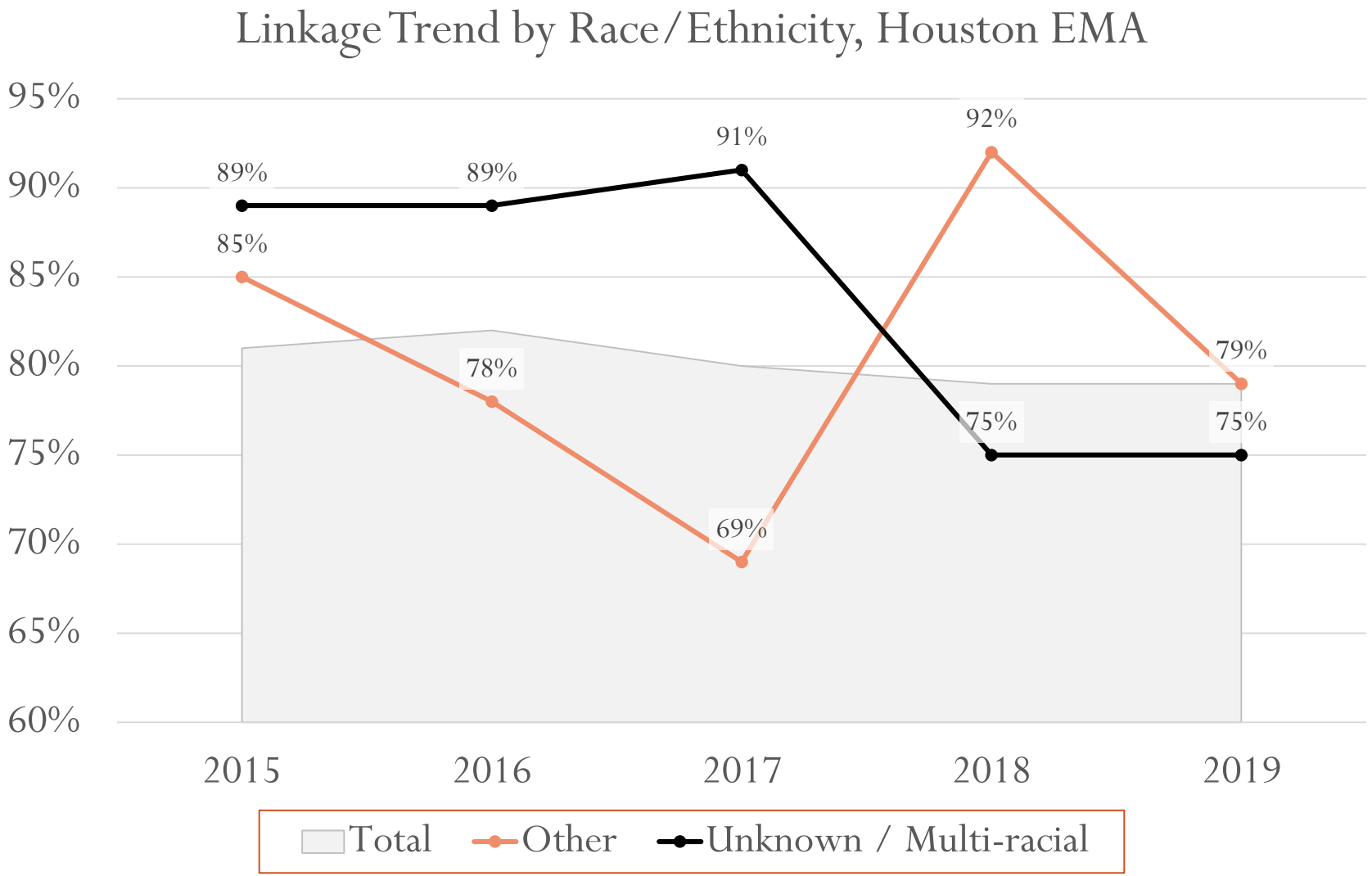

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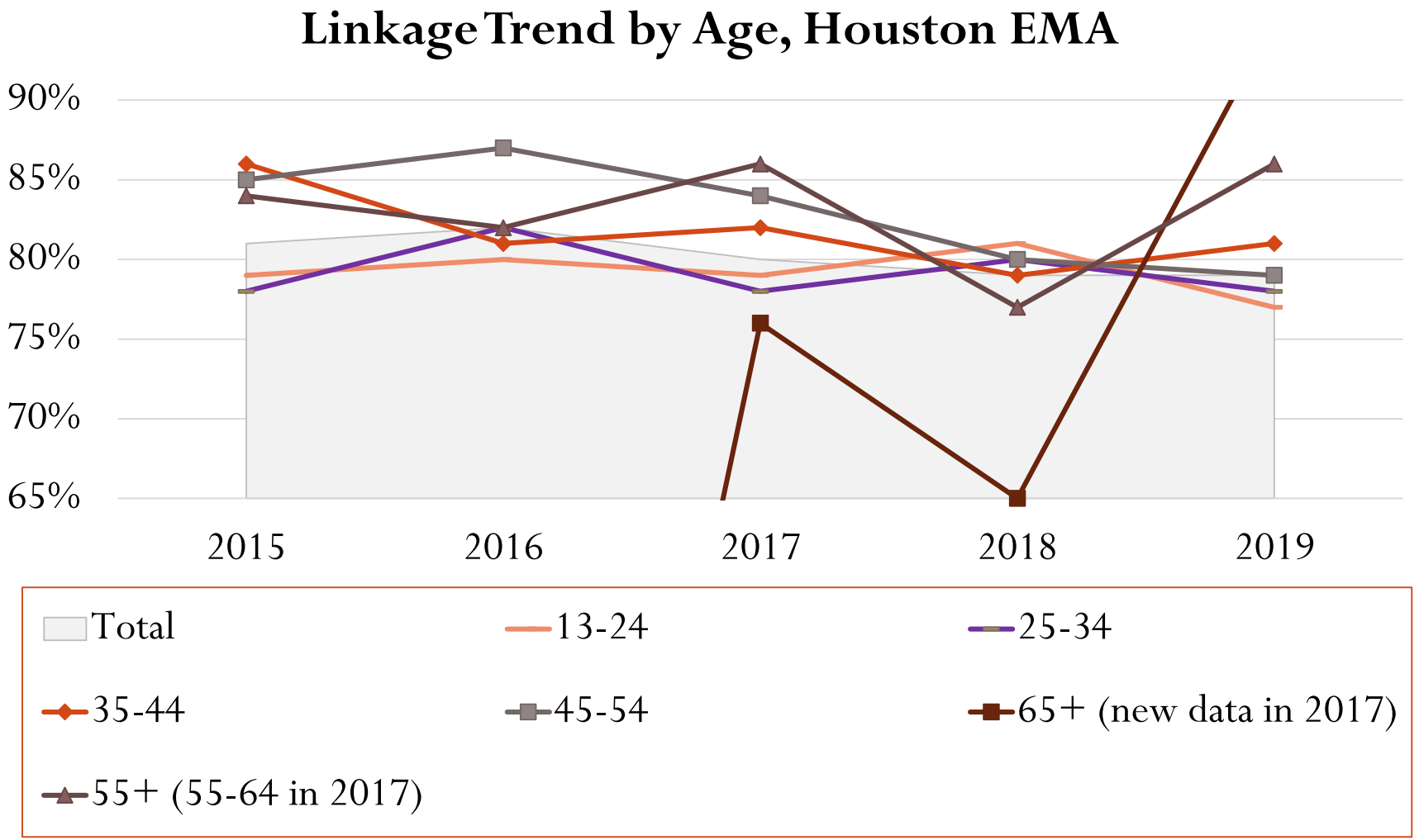

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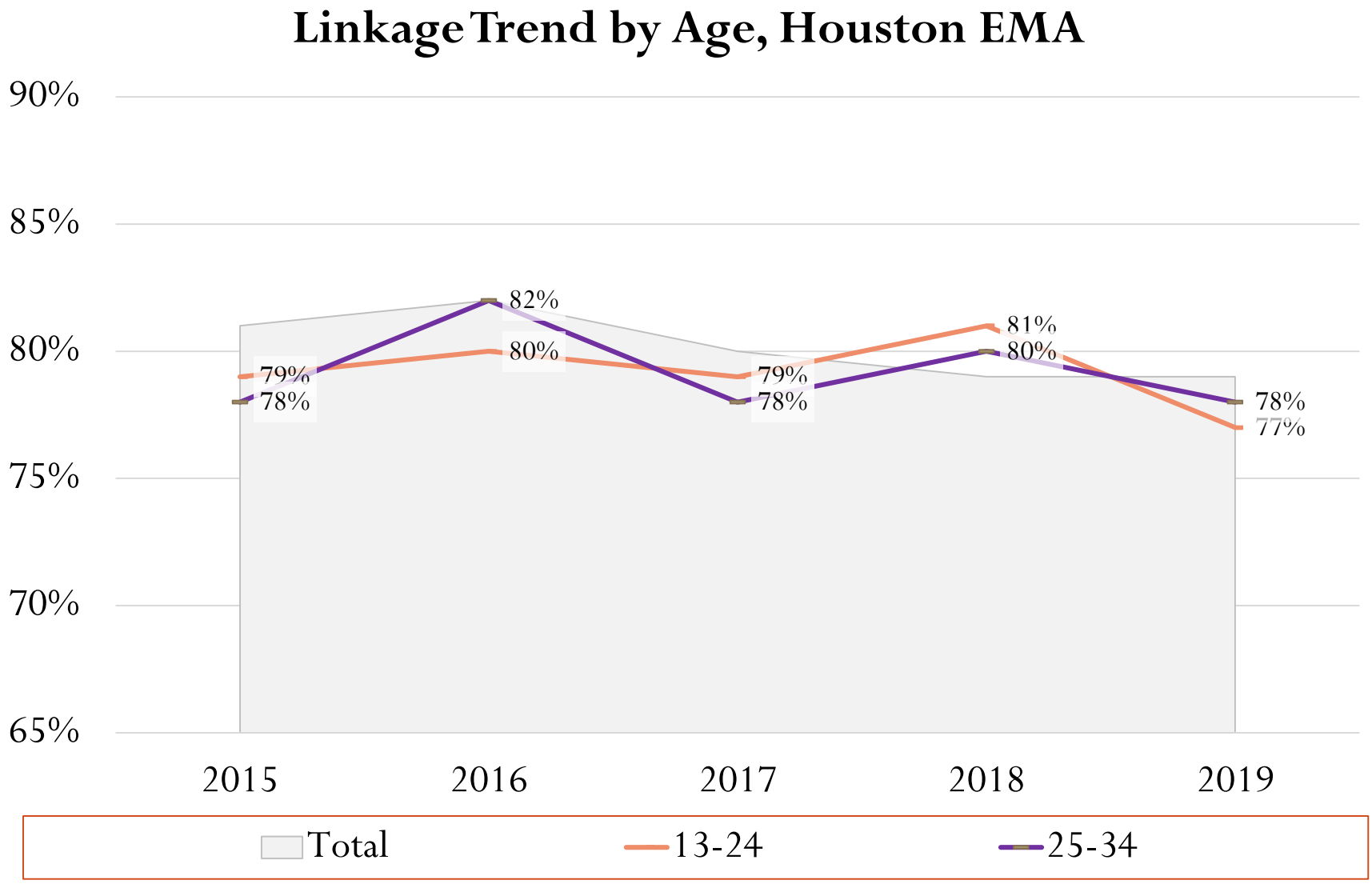

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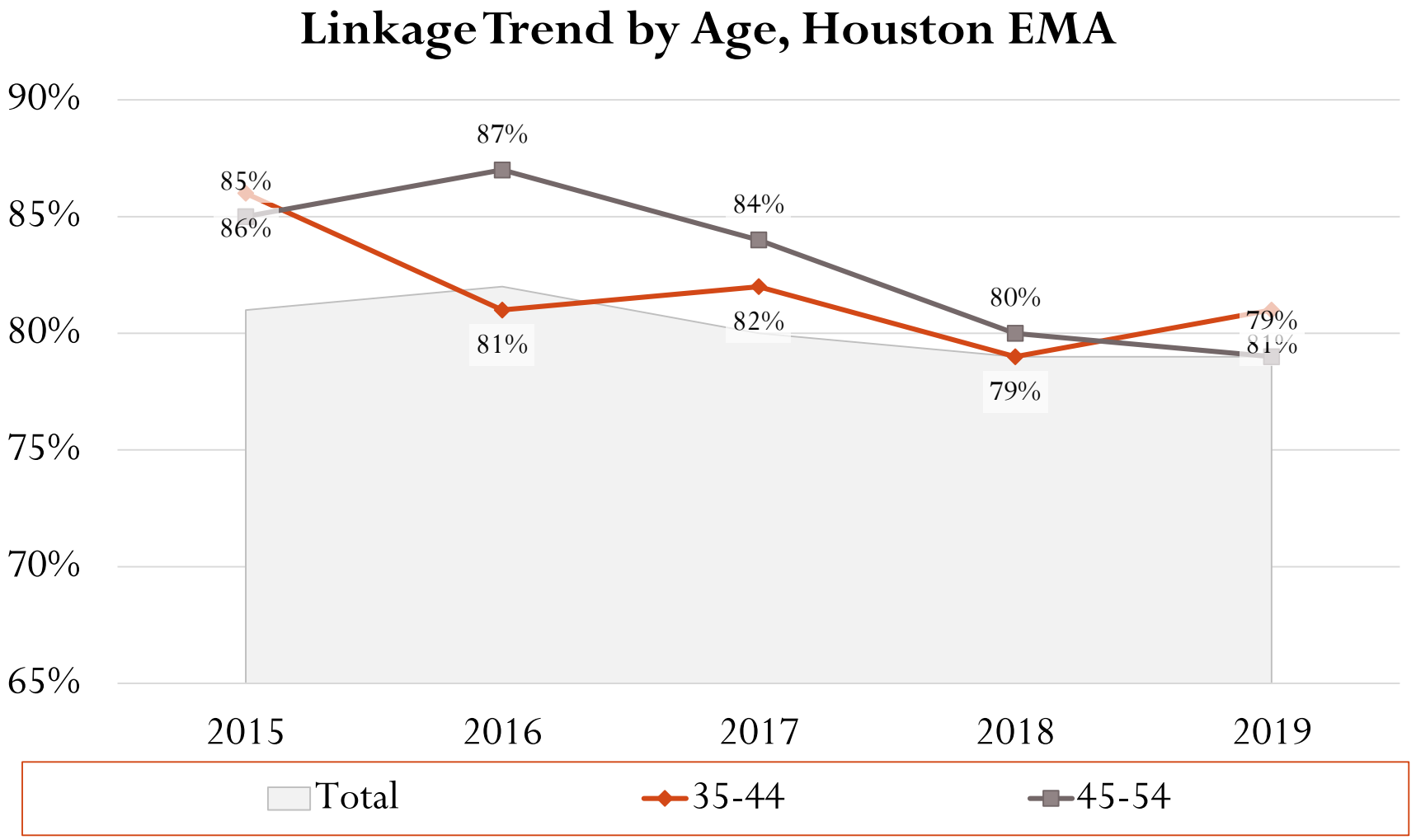

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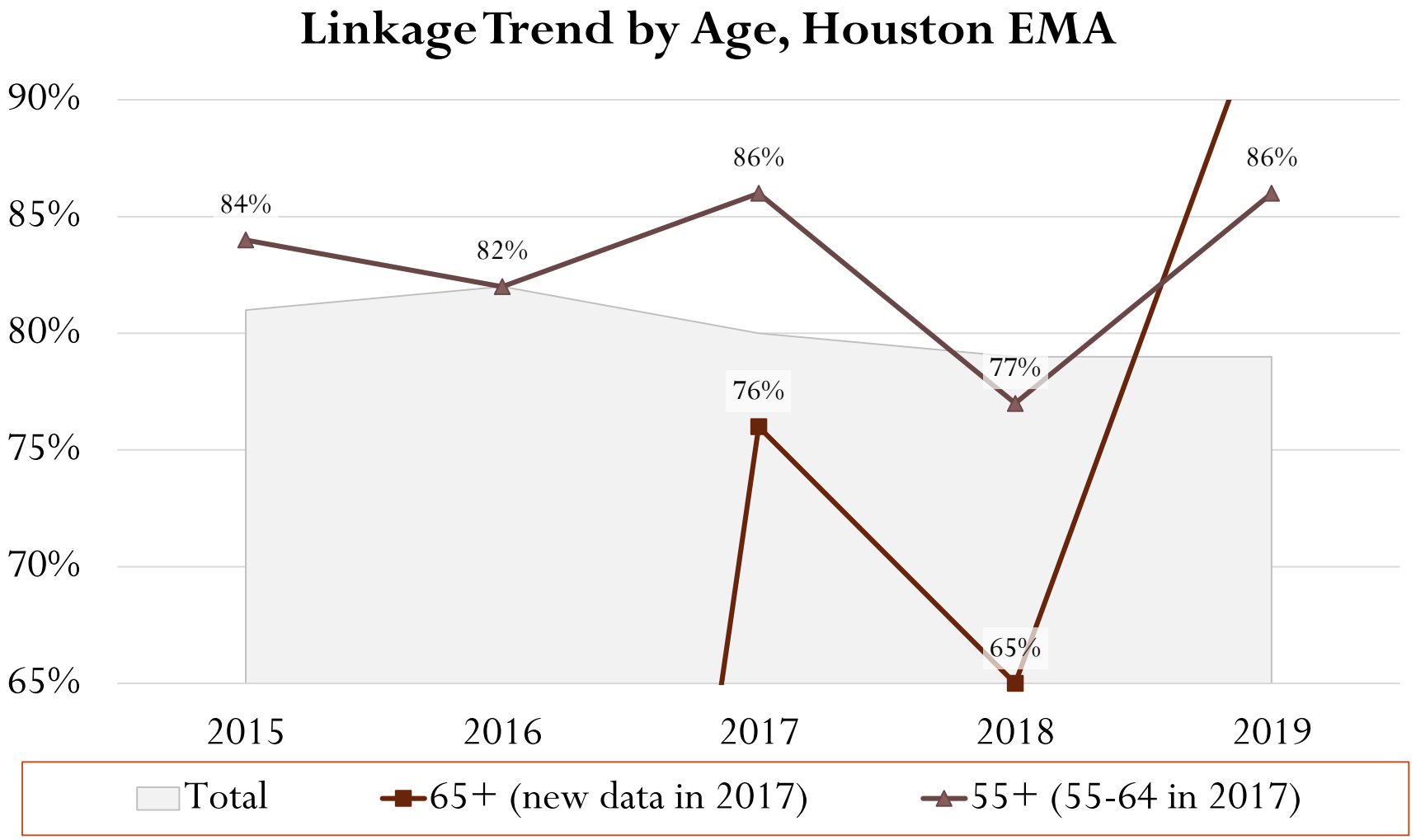

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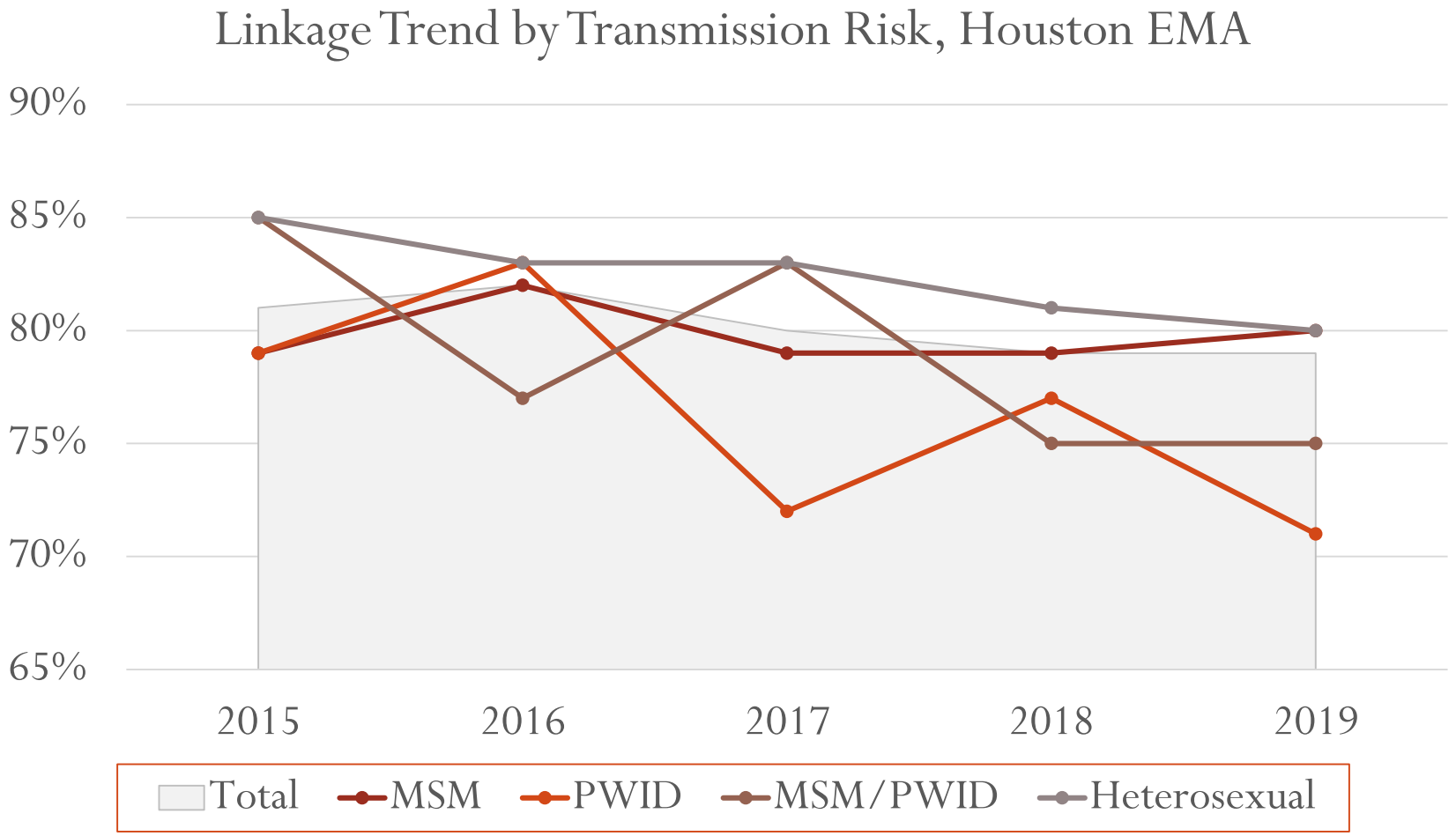

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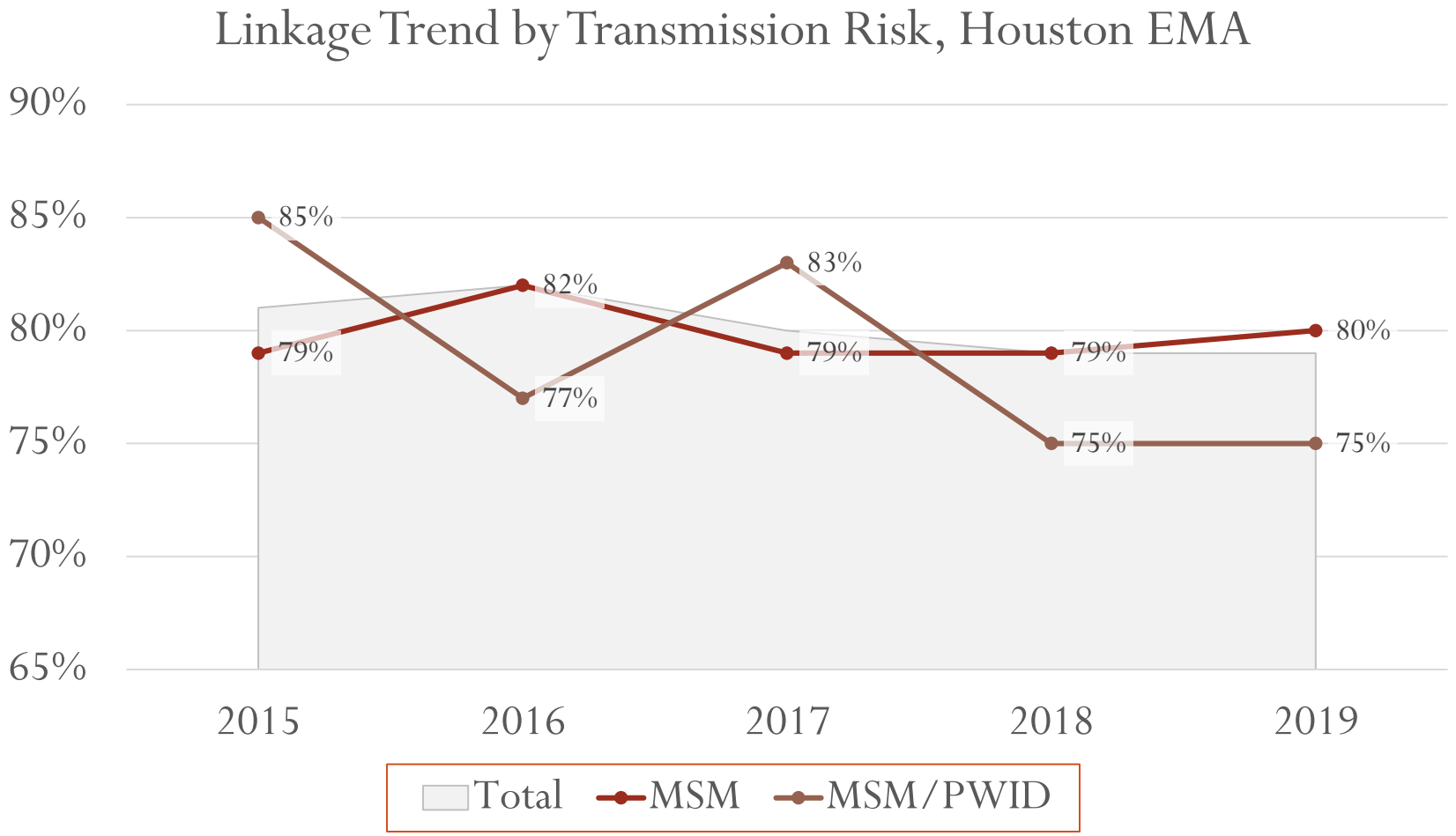

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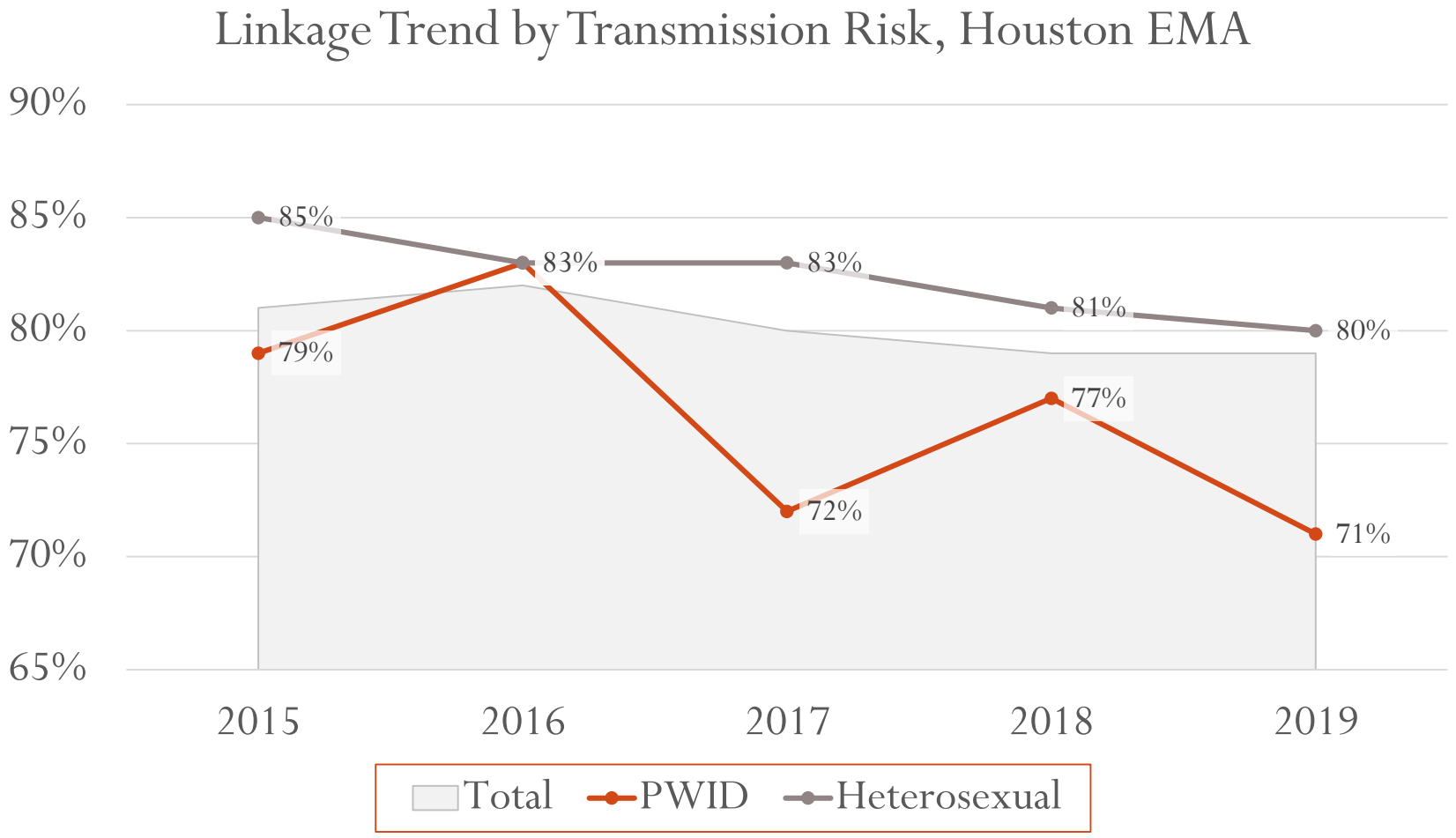


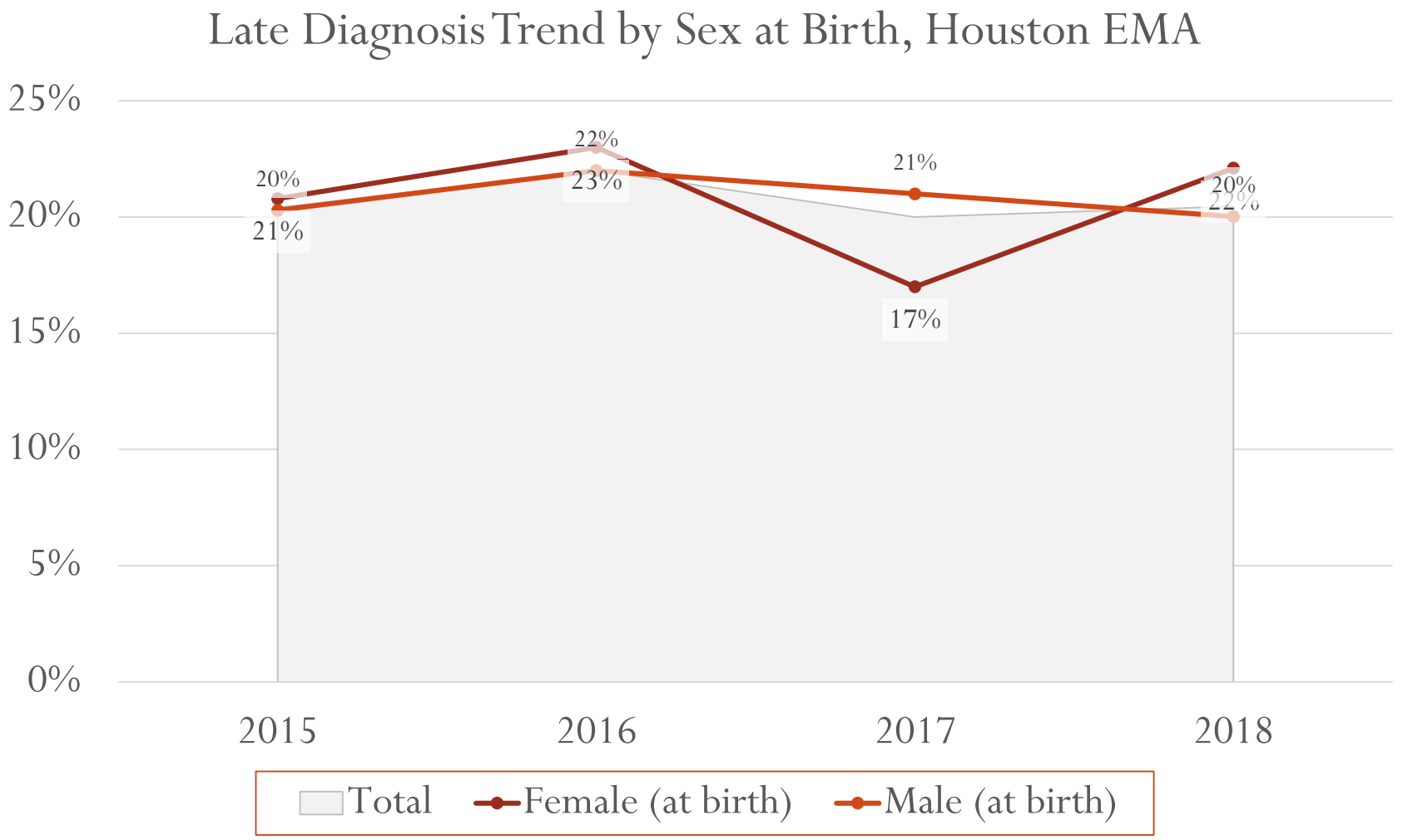
# Linkage Proportion Facts

- 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



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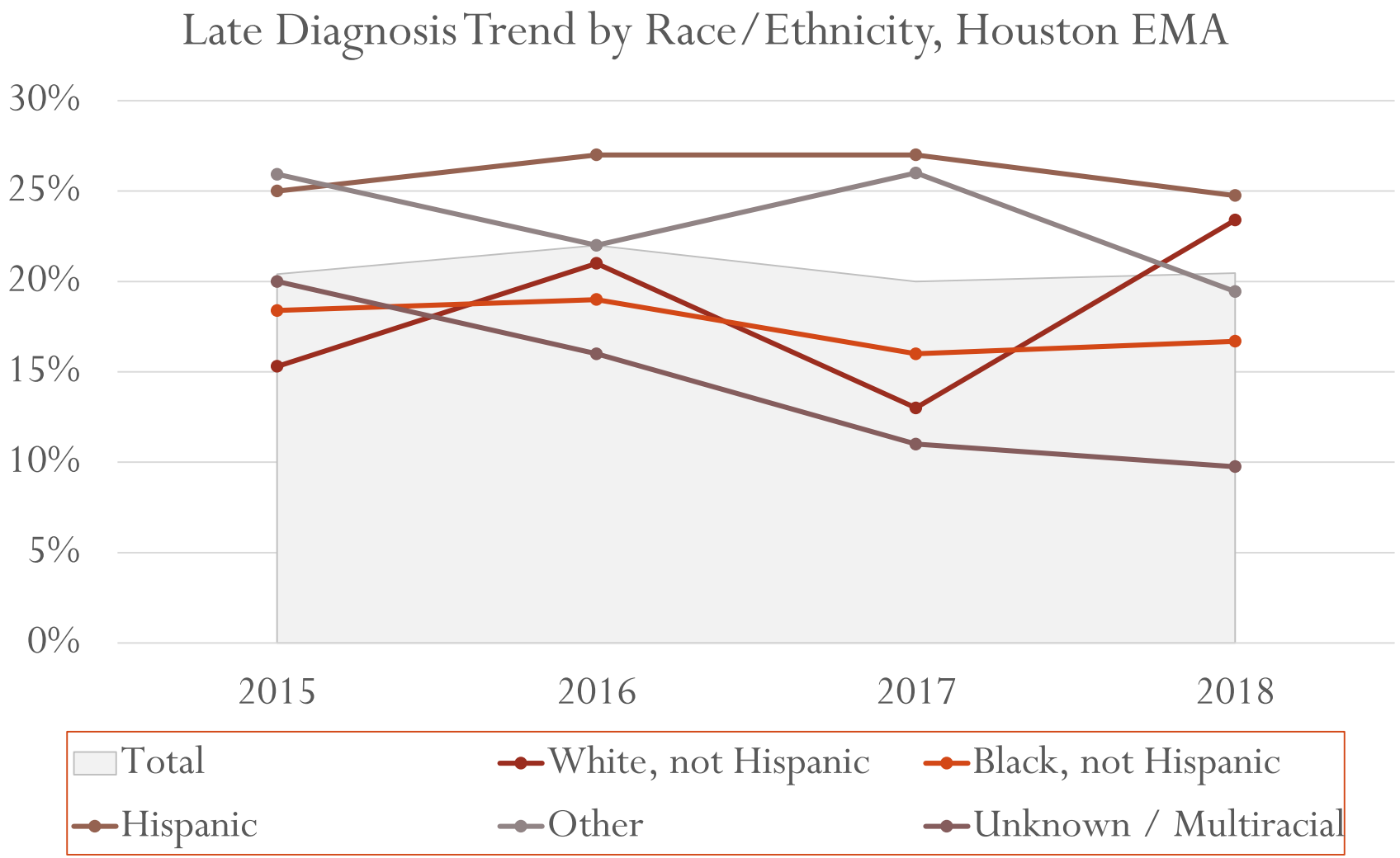

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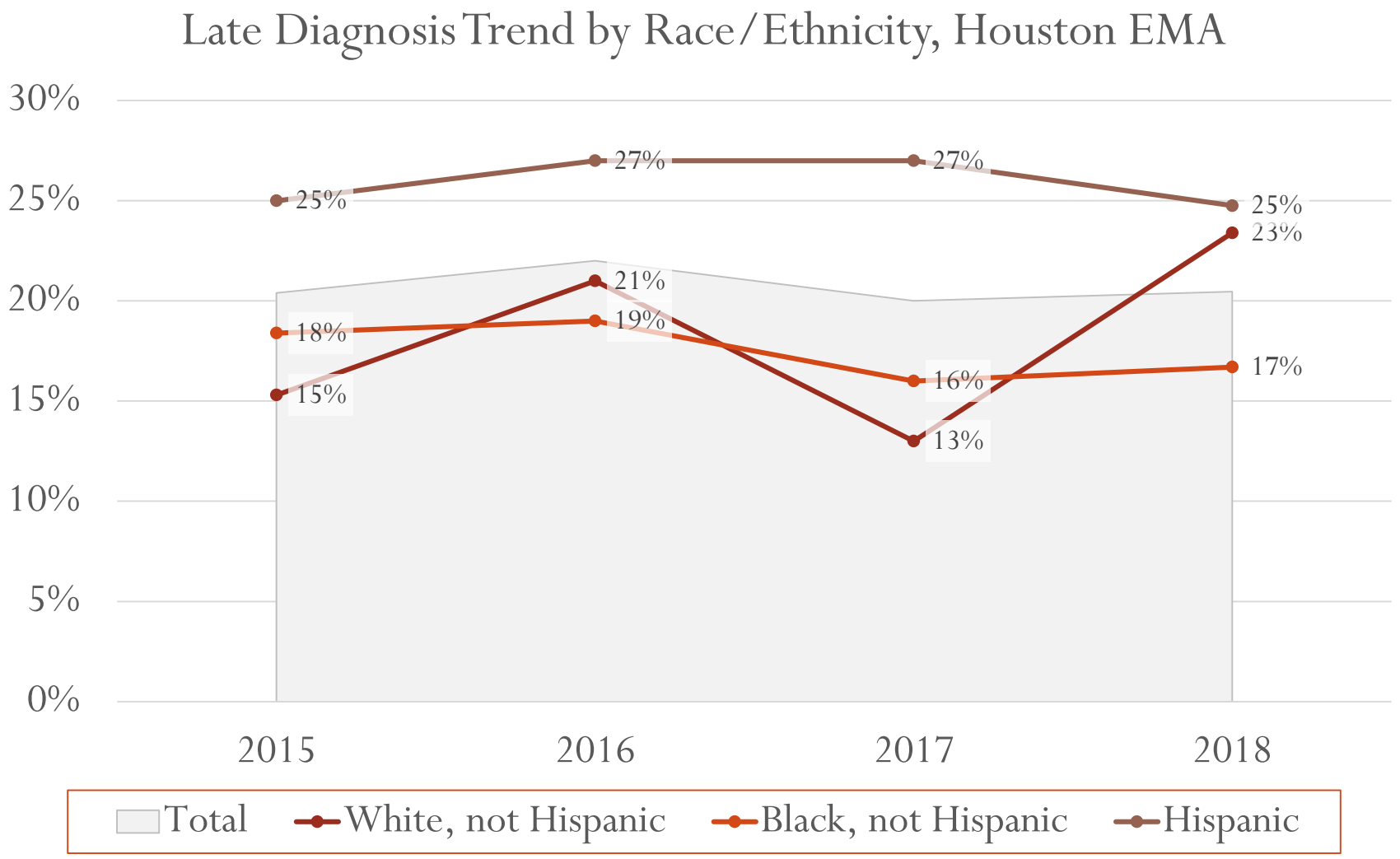

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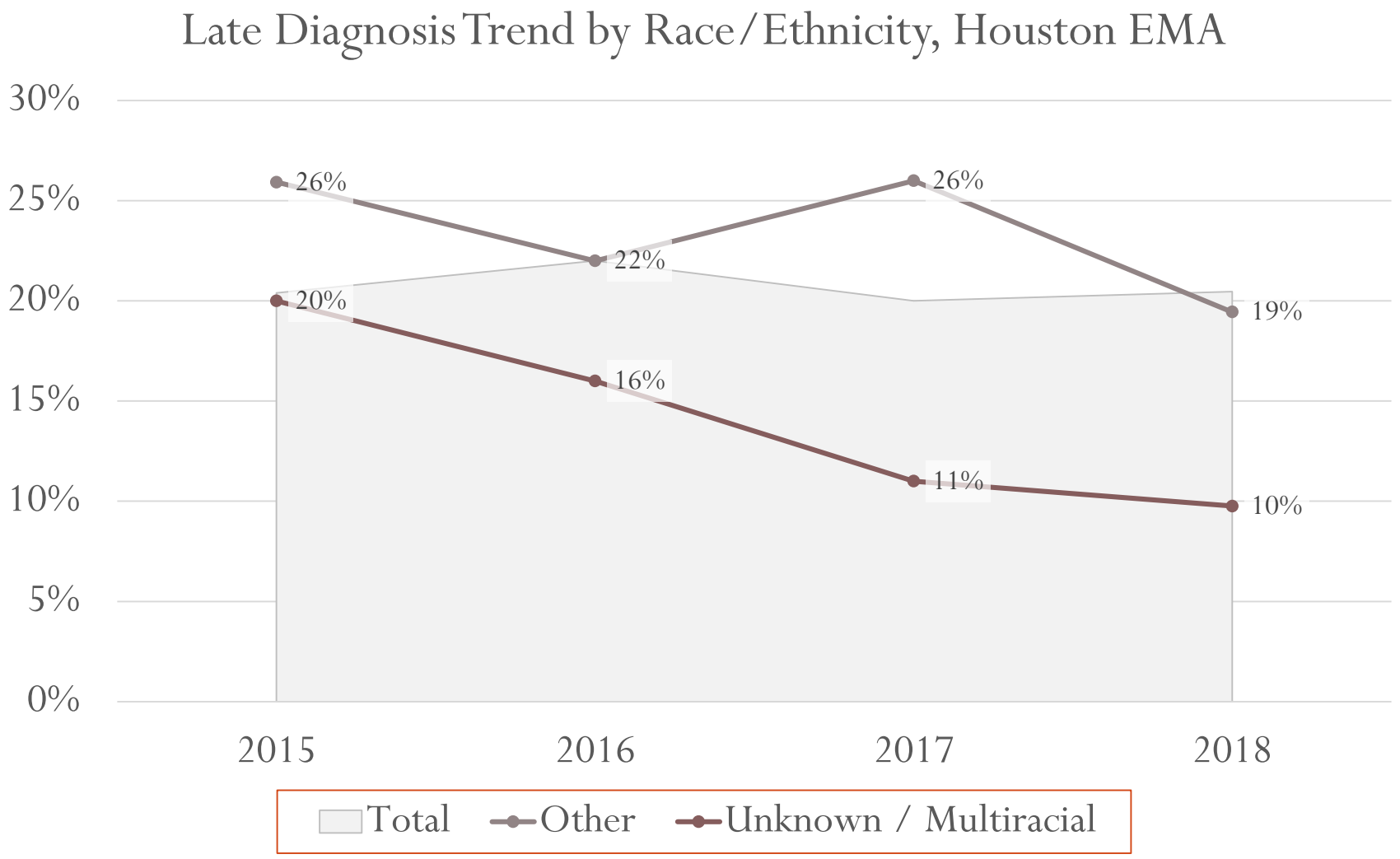

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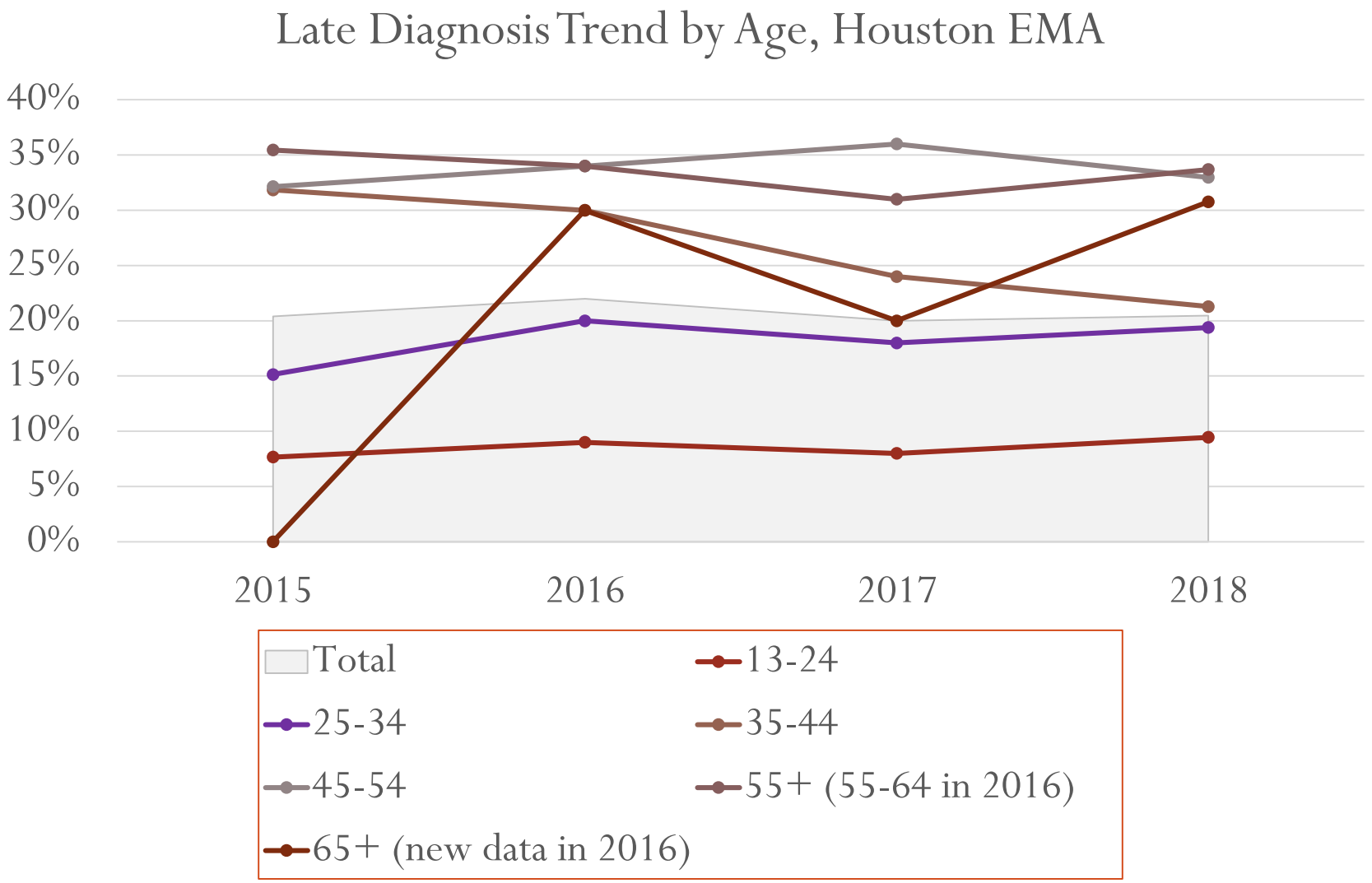

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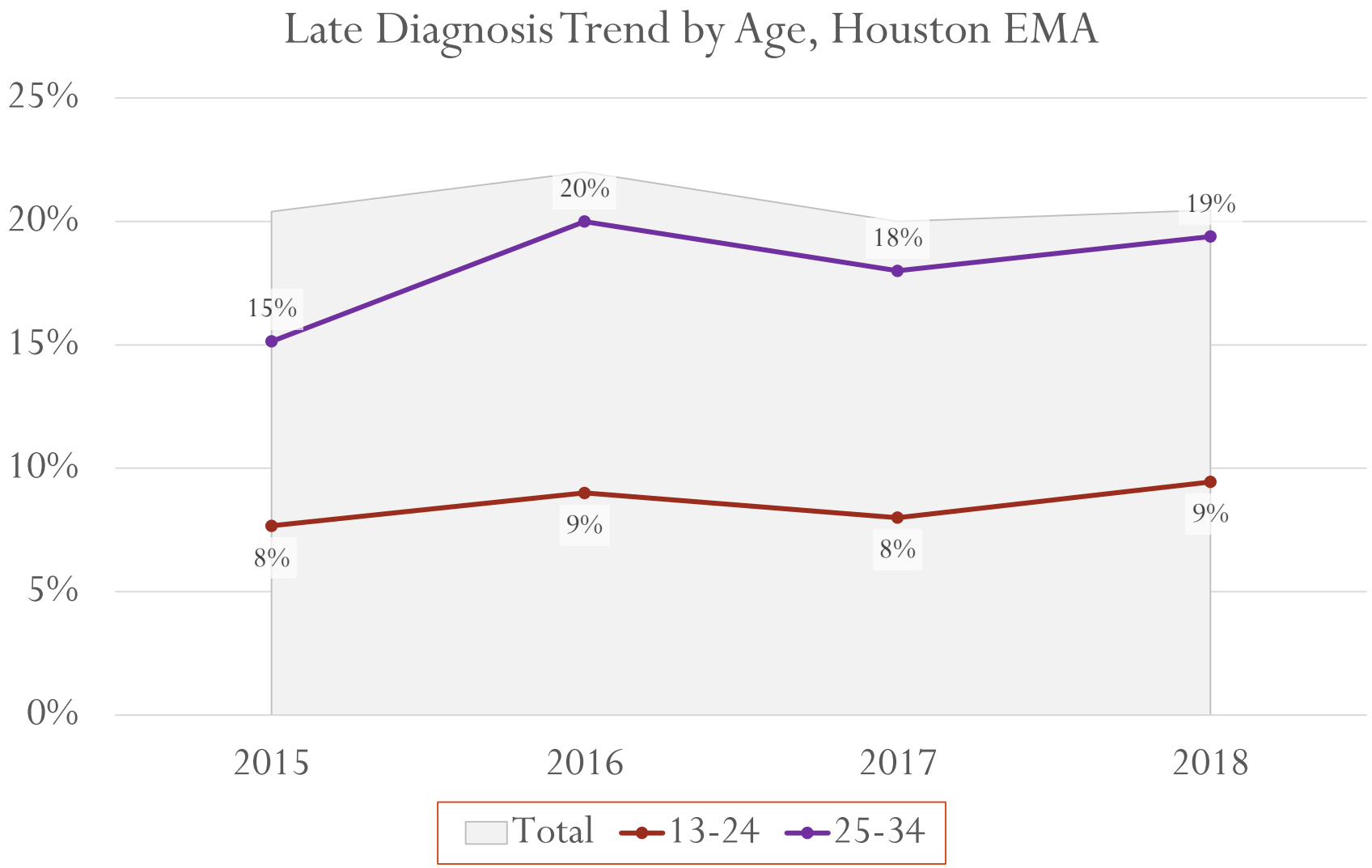

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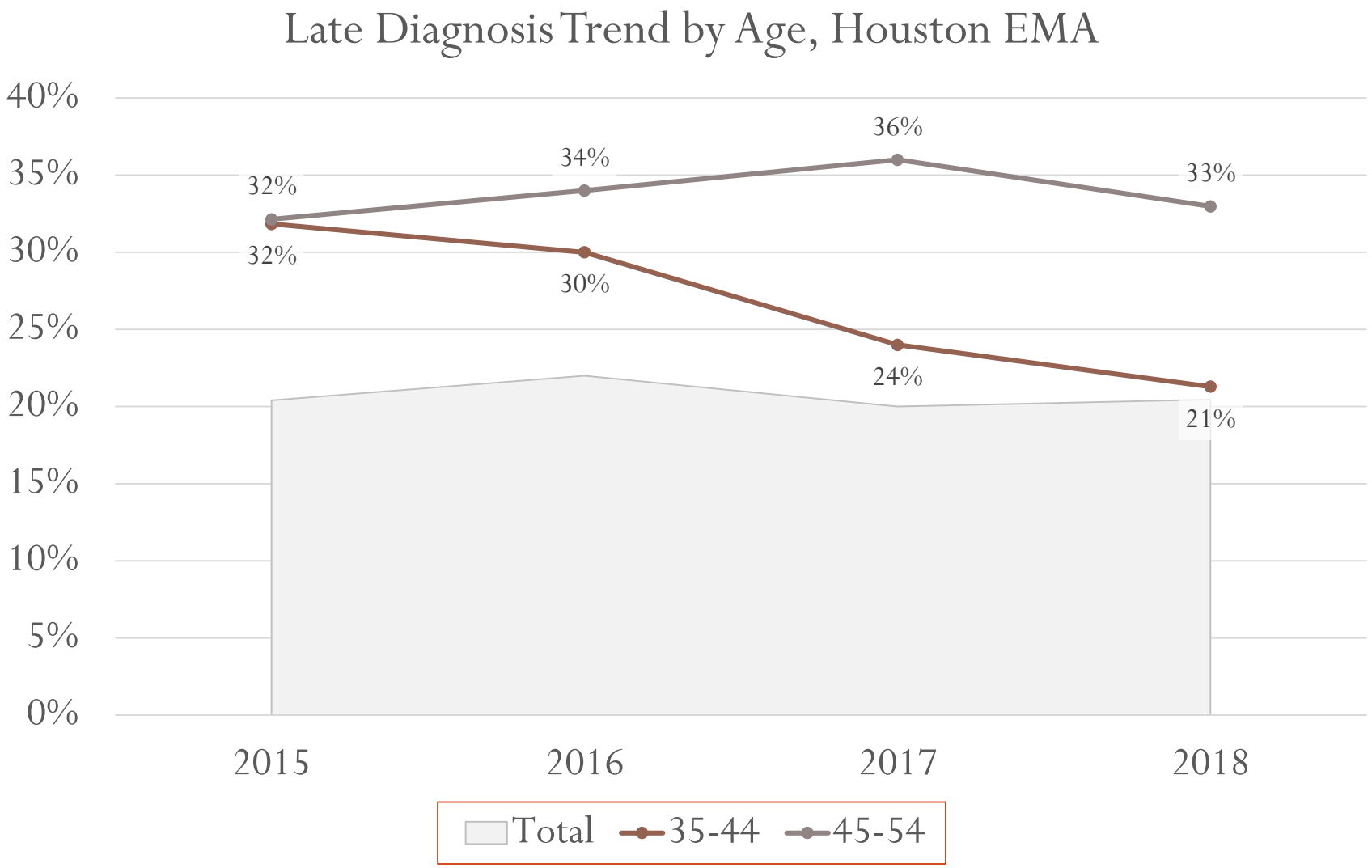

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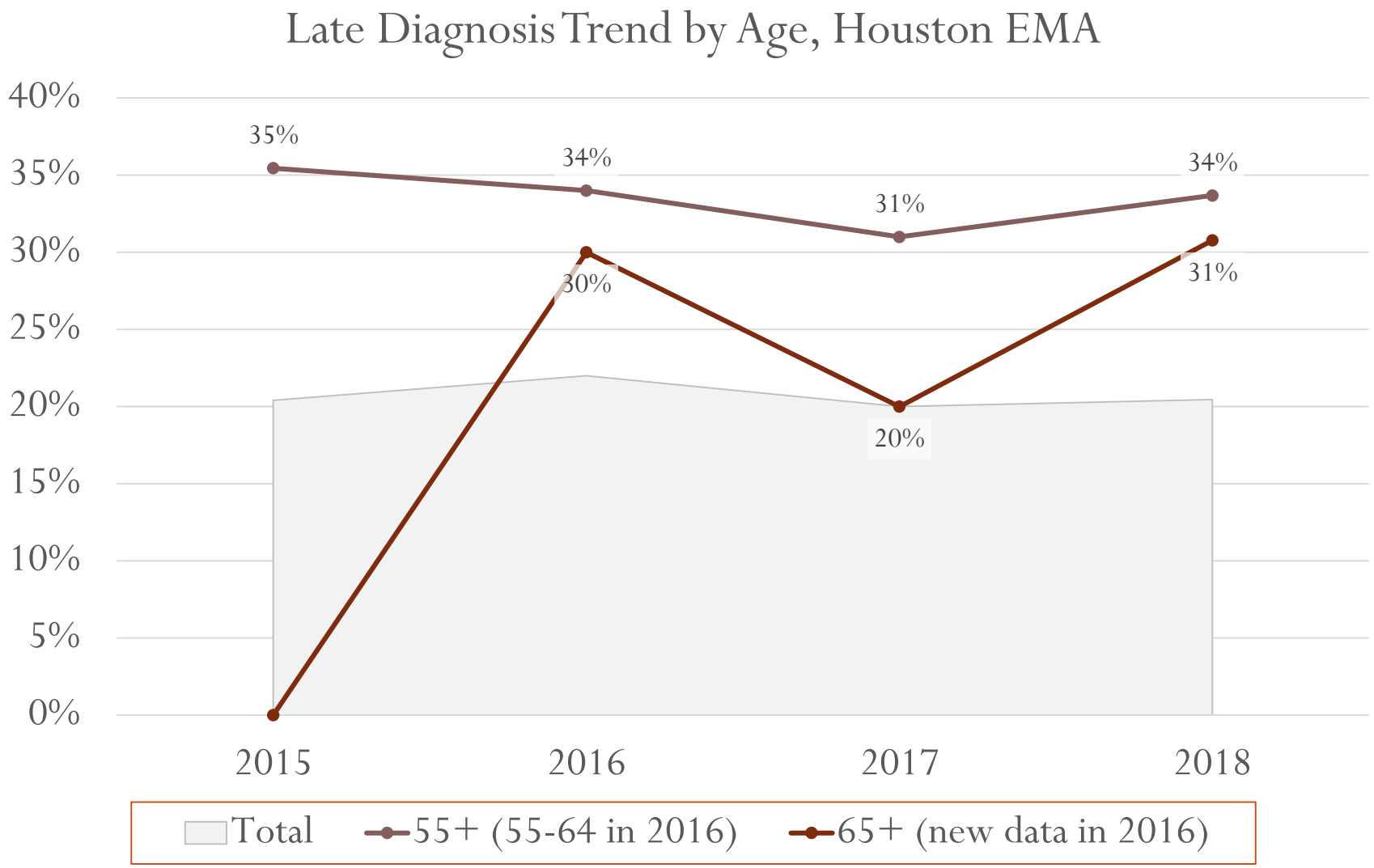
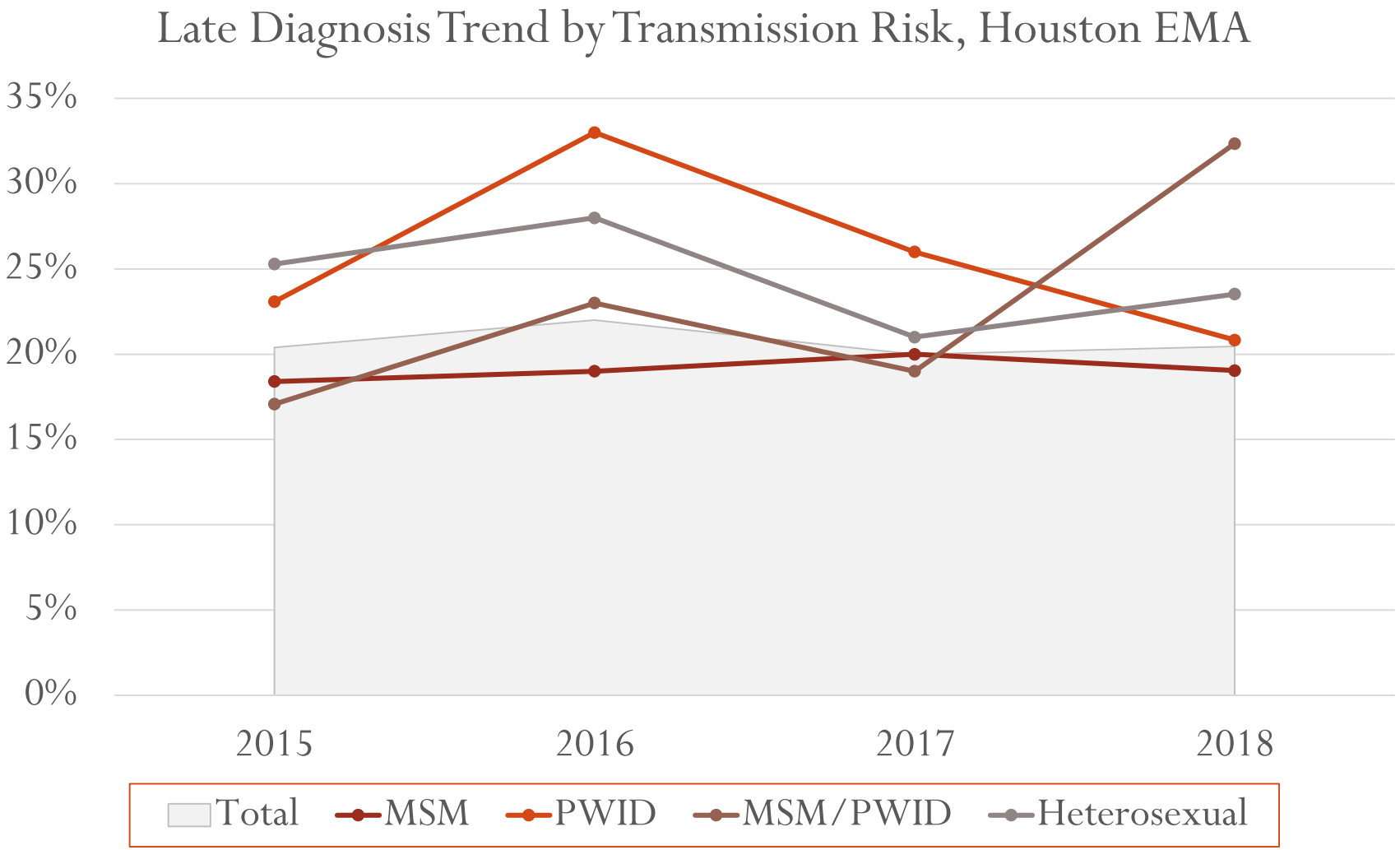
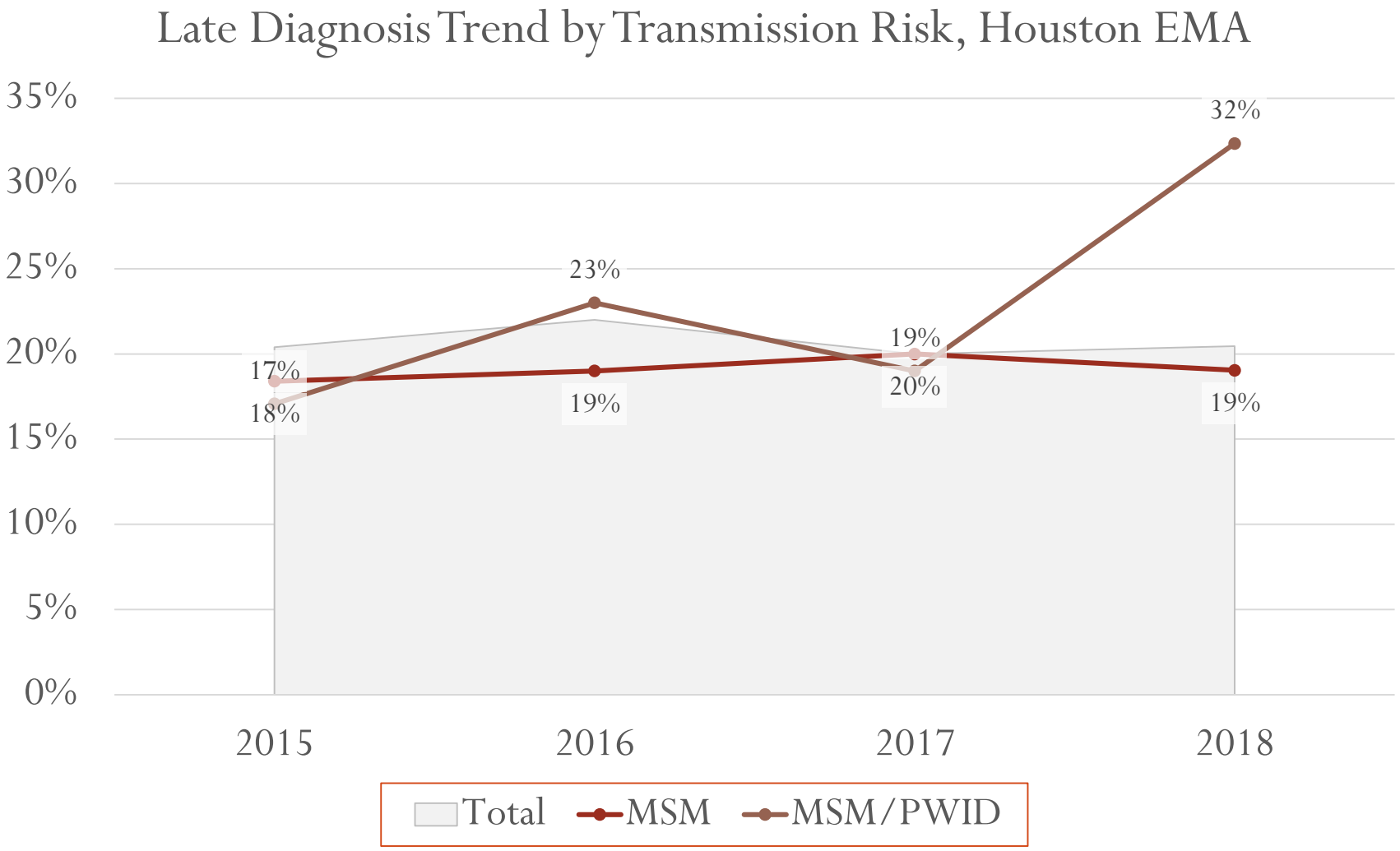


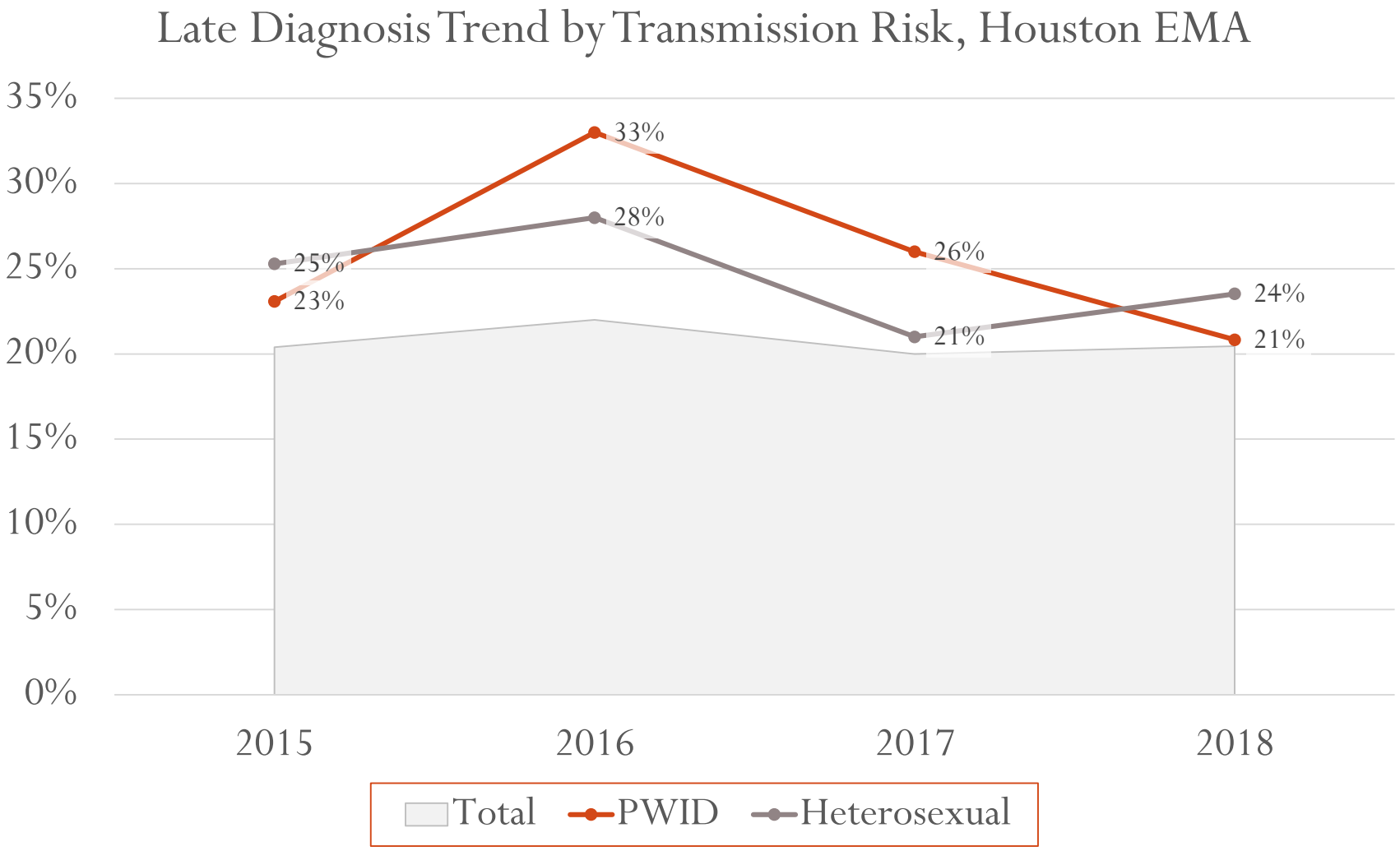
# Late Diagnosis Proportion



# Late Diagnosis Proportion



# Late Diagnosis Proportion



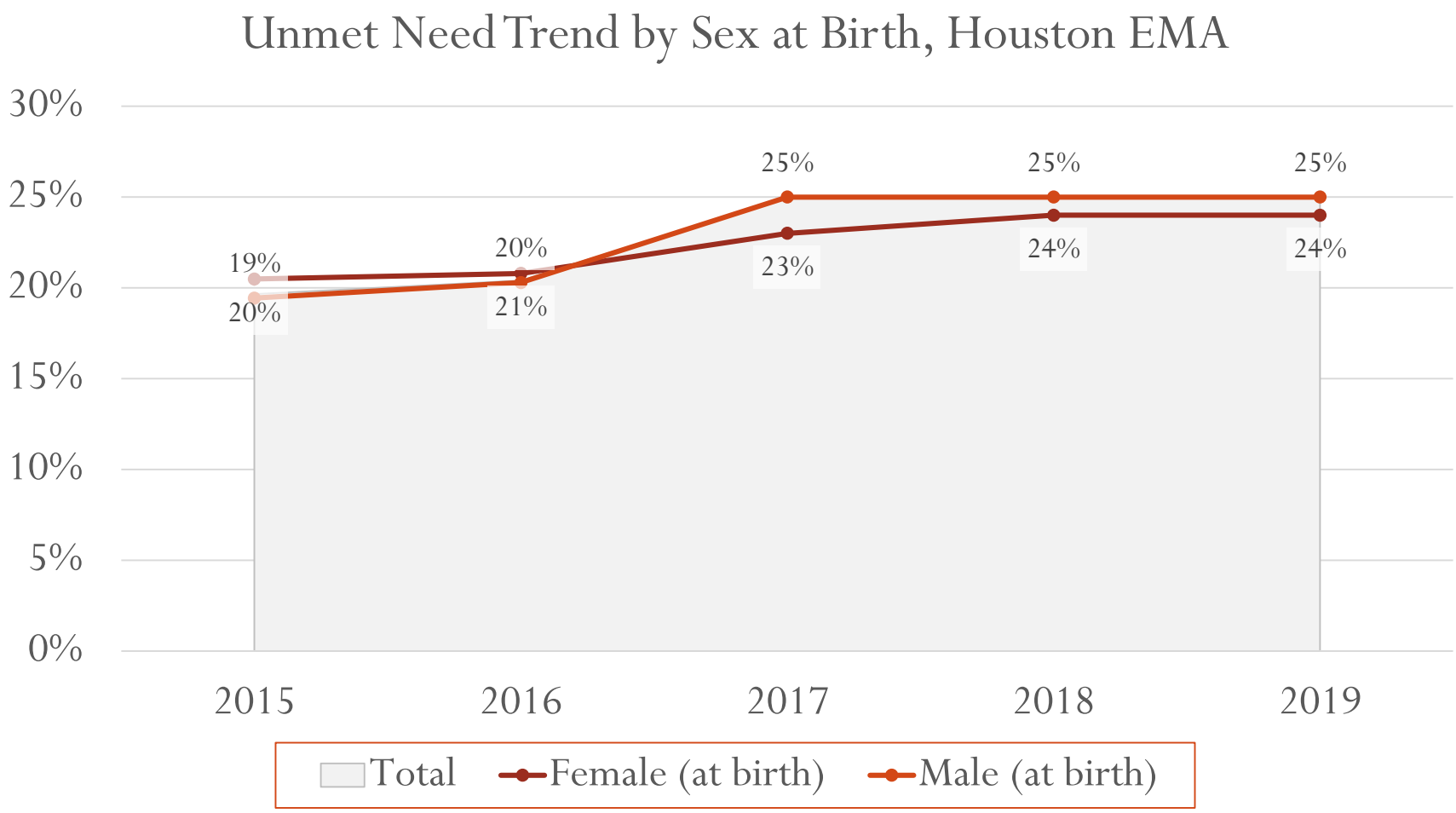
# Late Diagnosis Proportion Facts

- 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



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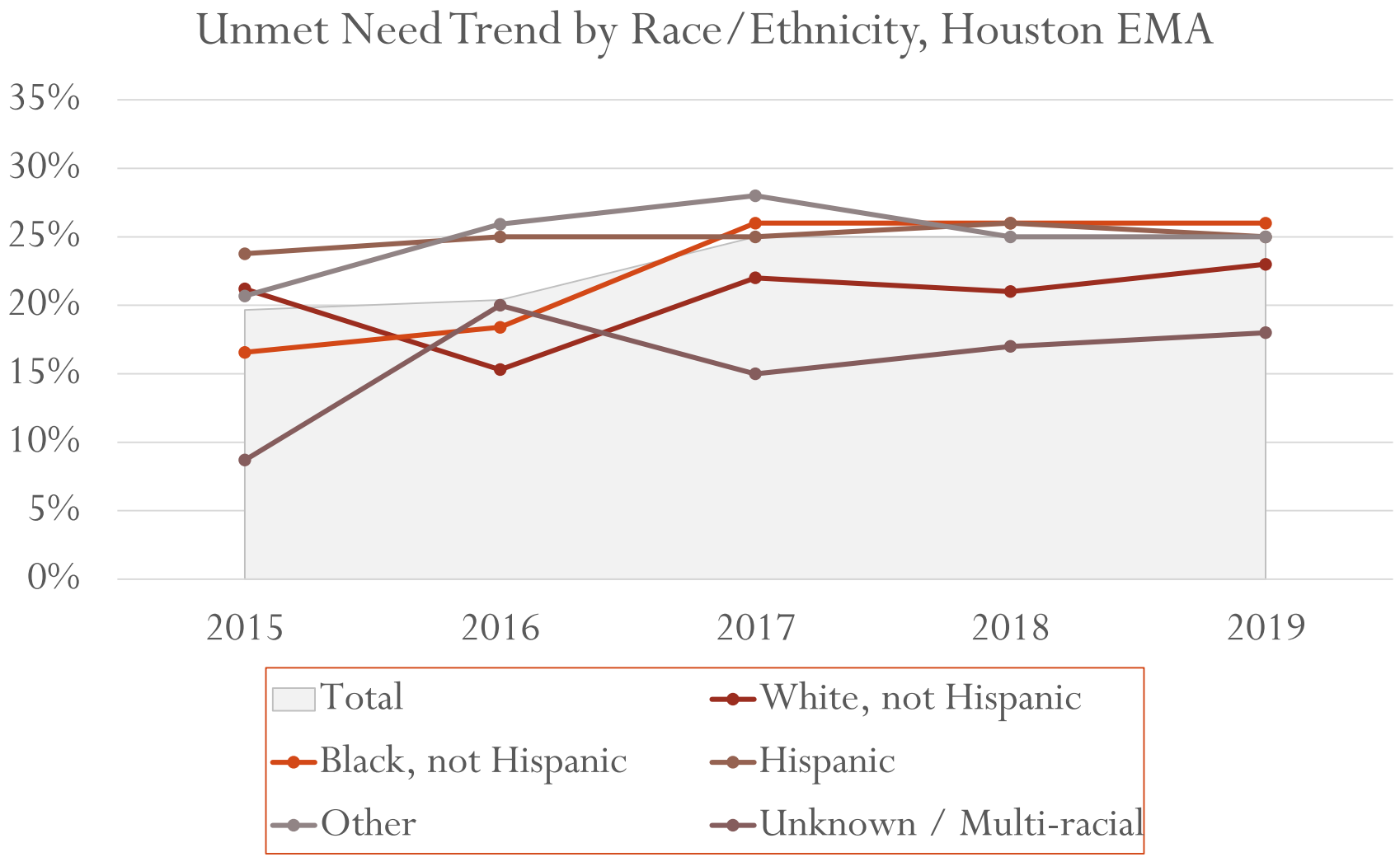

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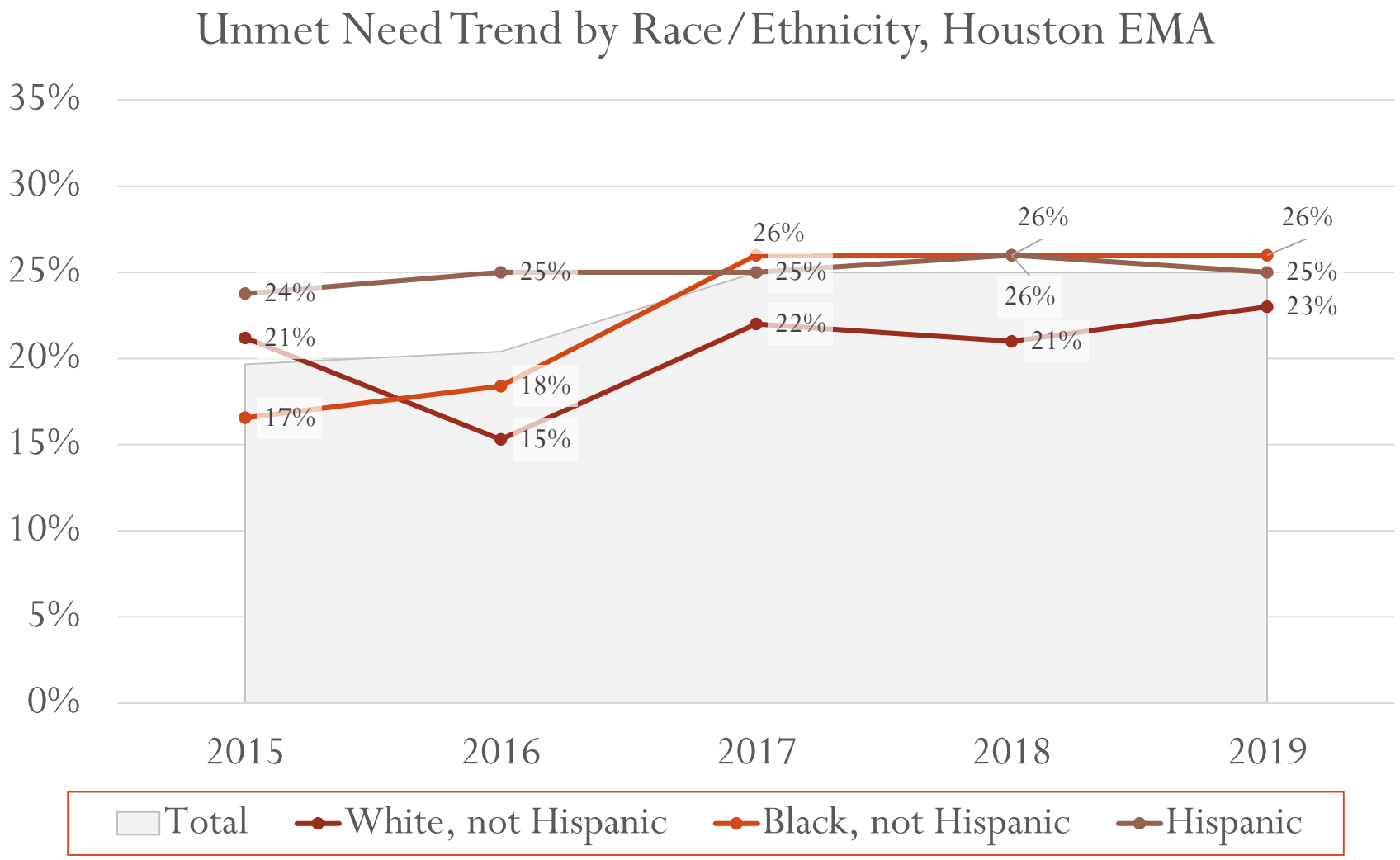

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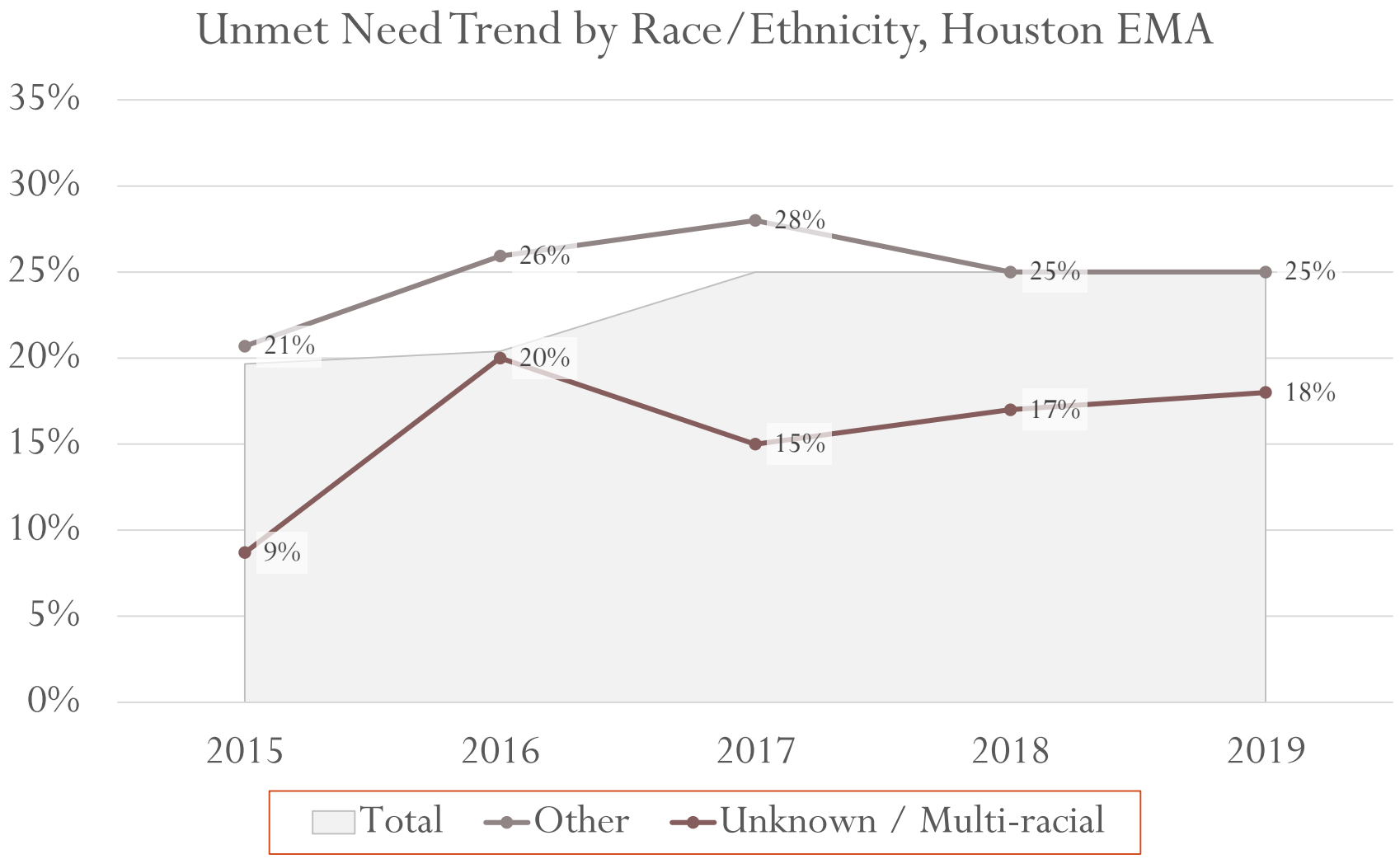

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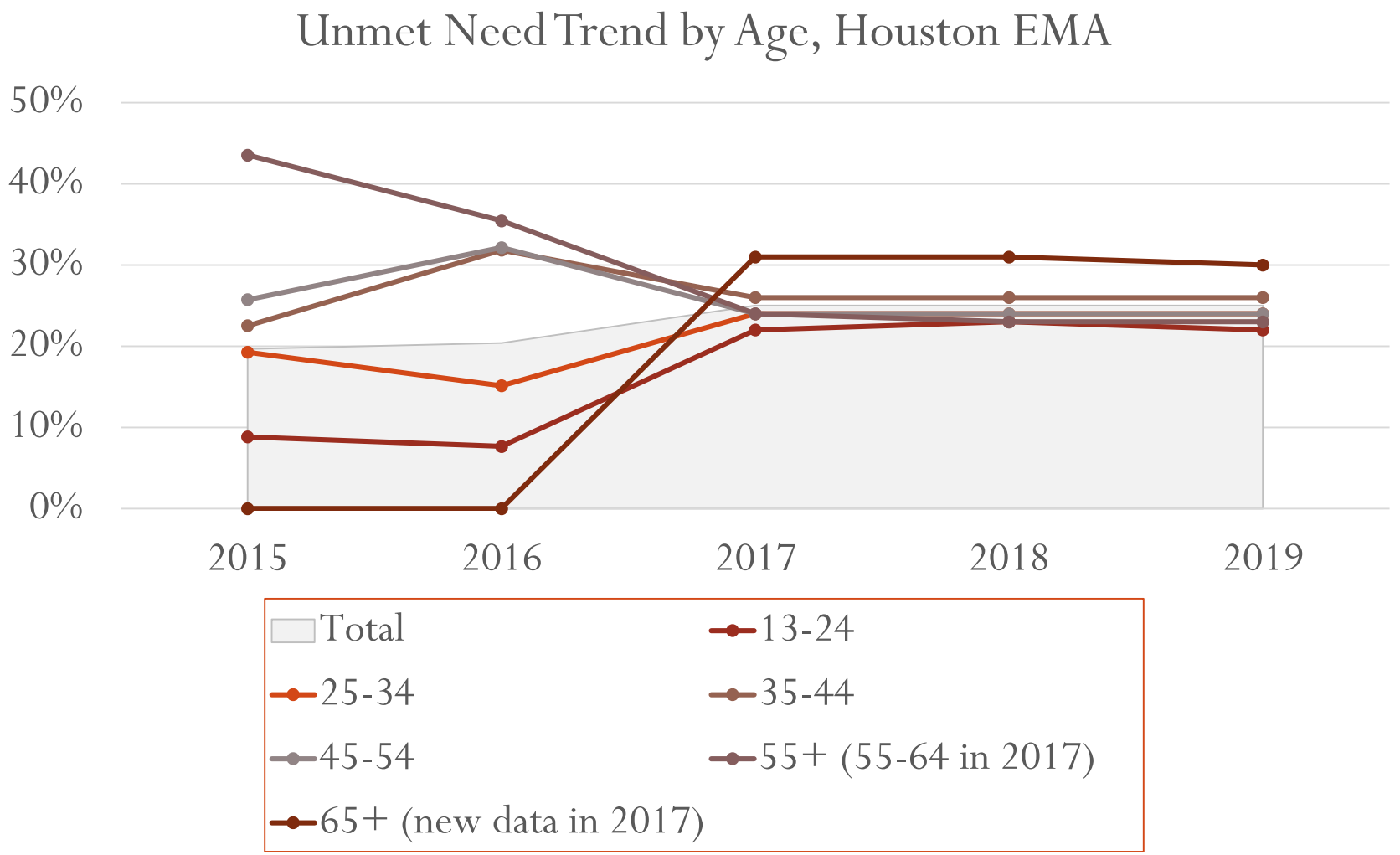

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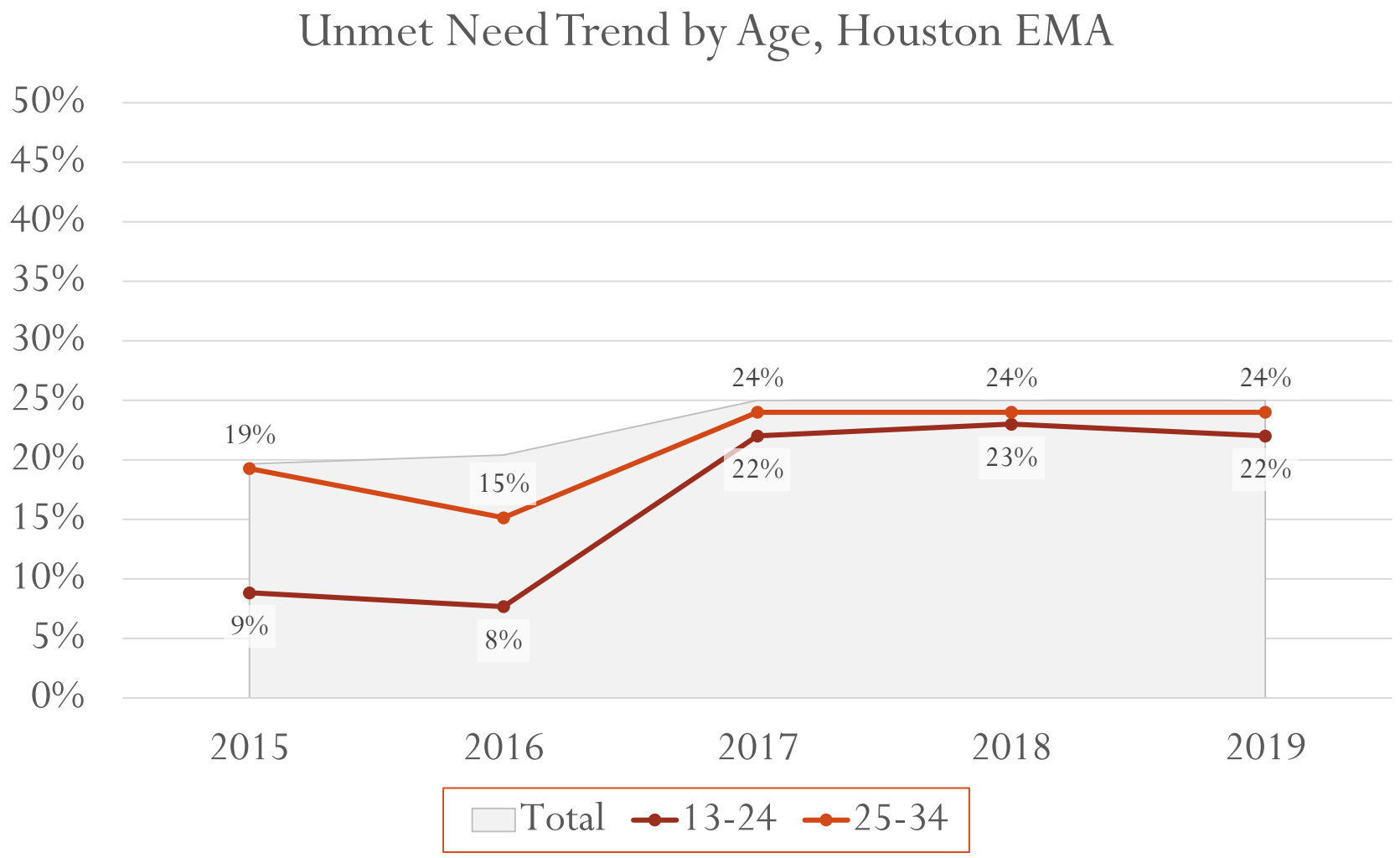

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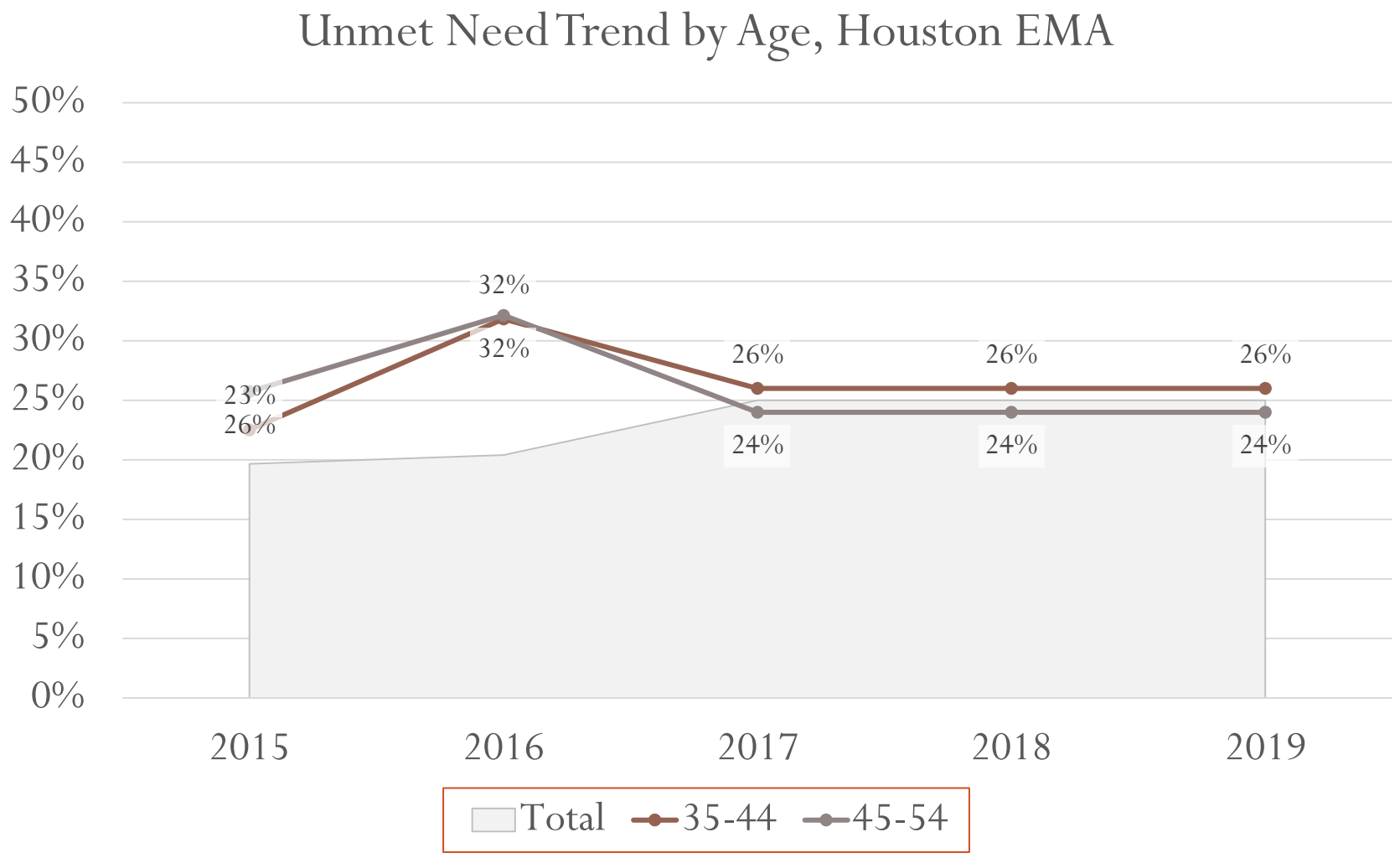

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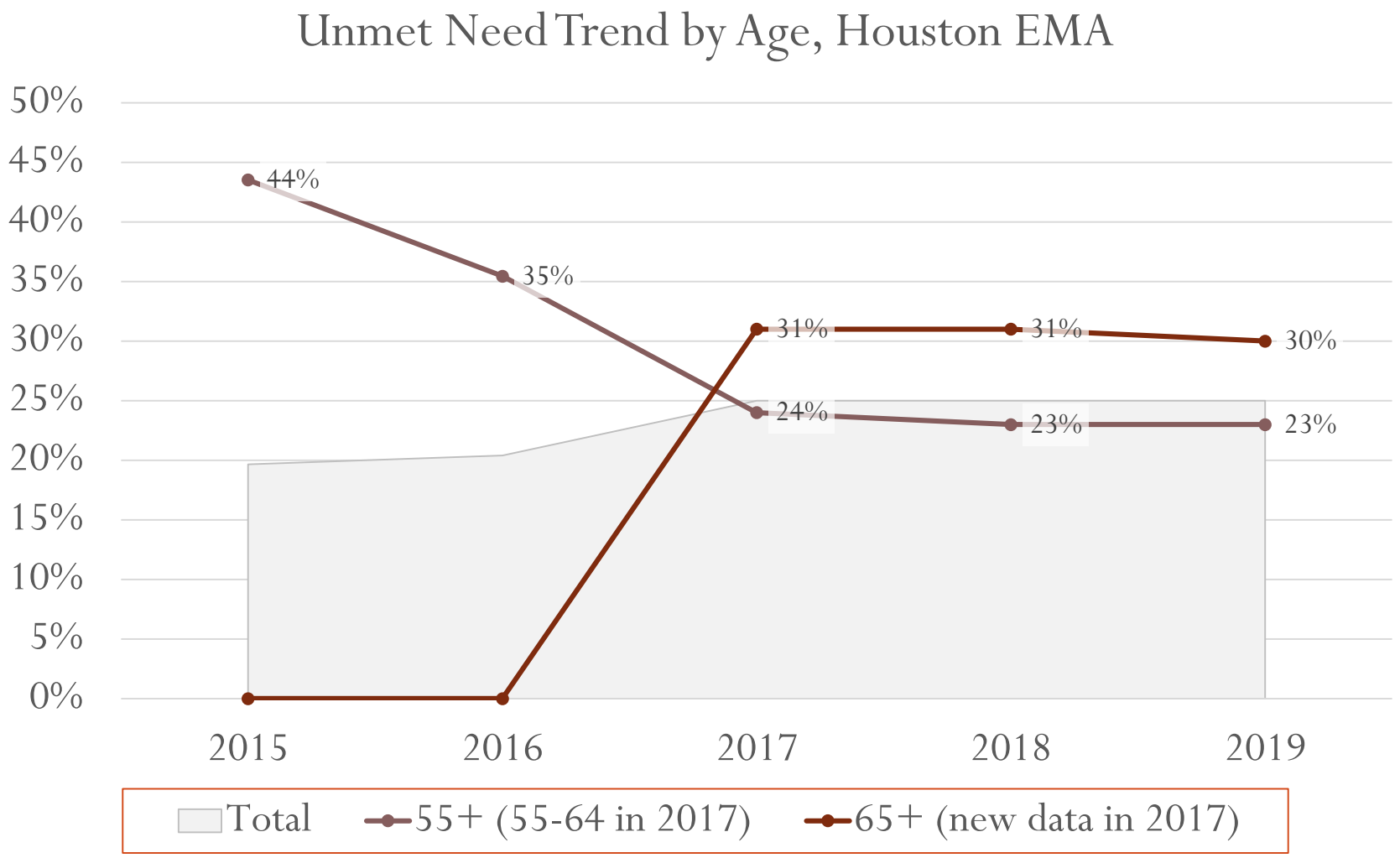

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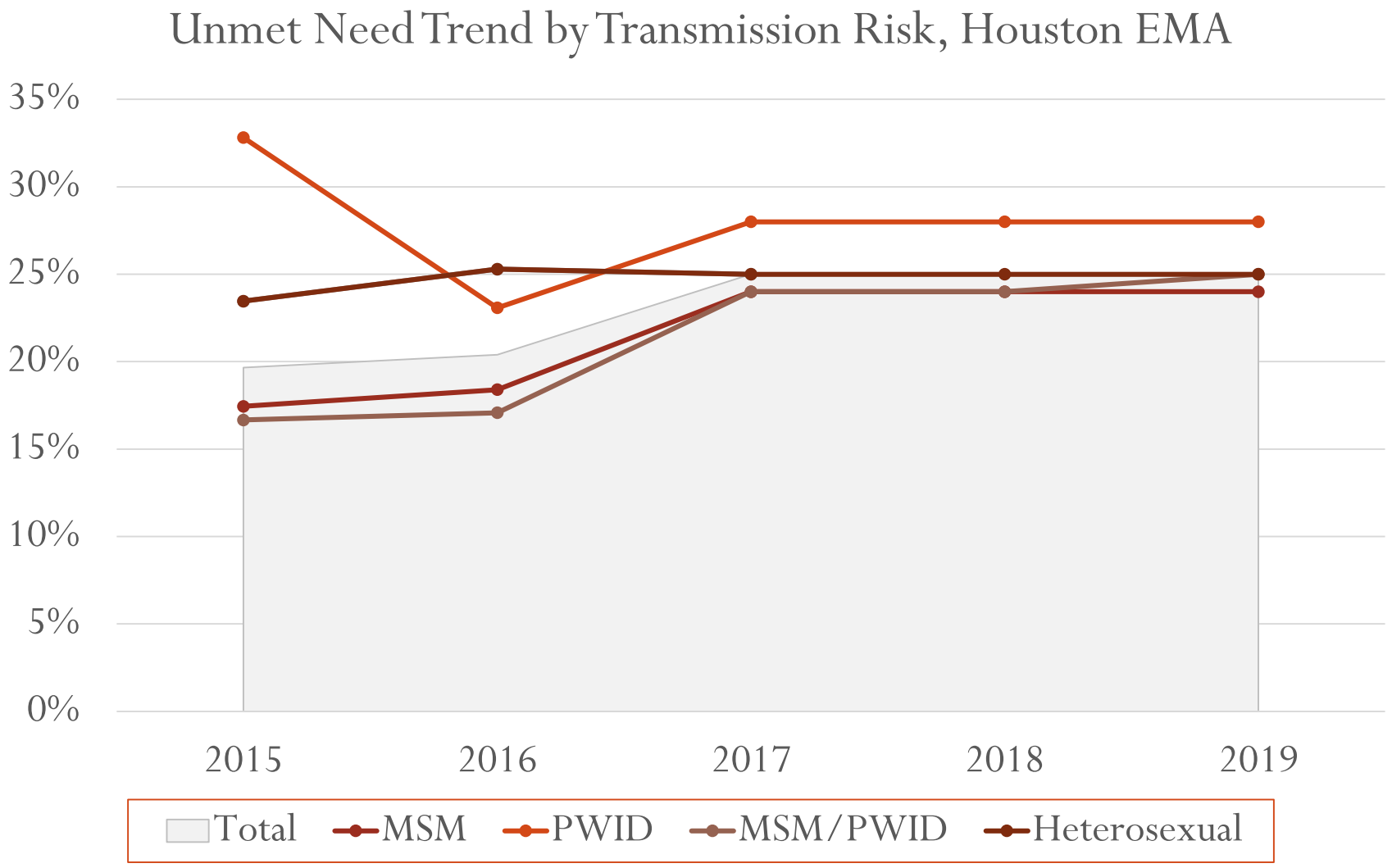

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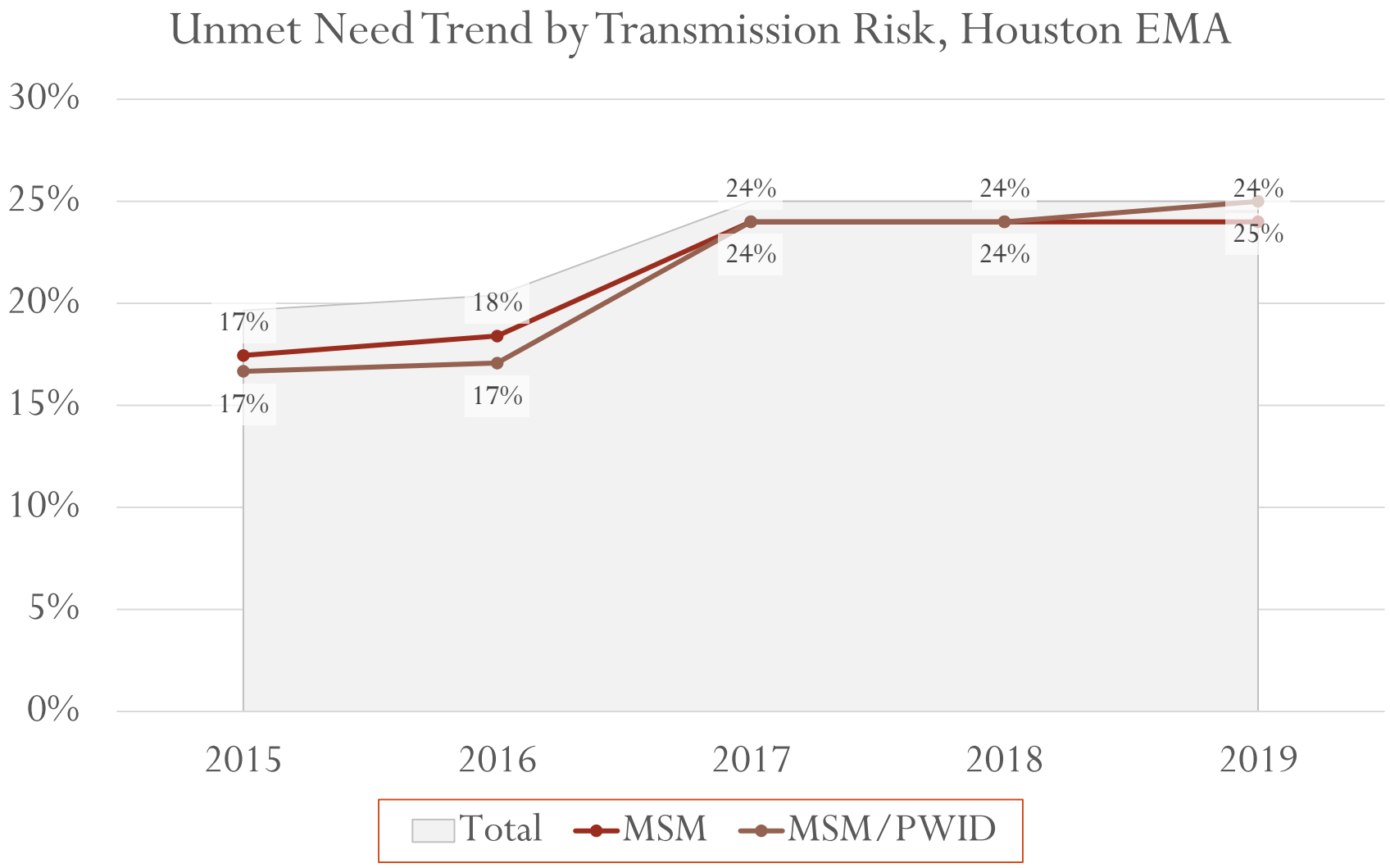
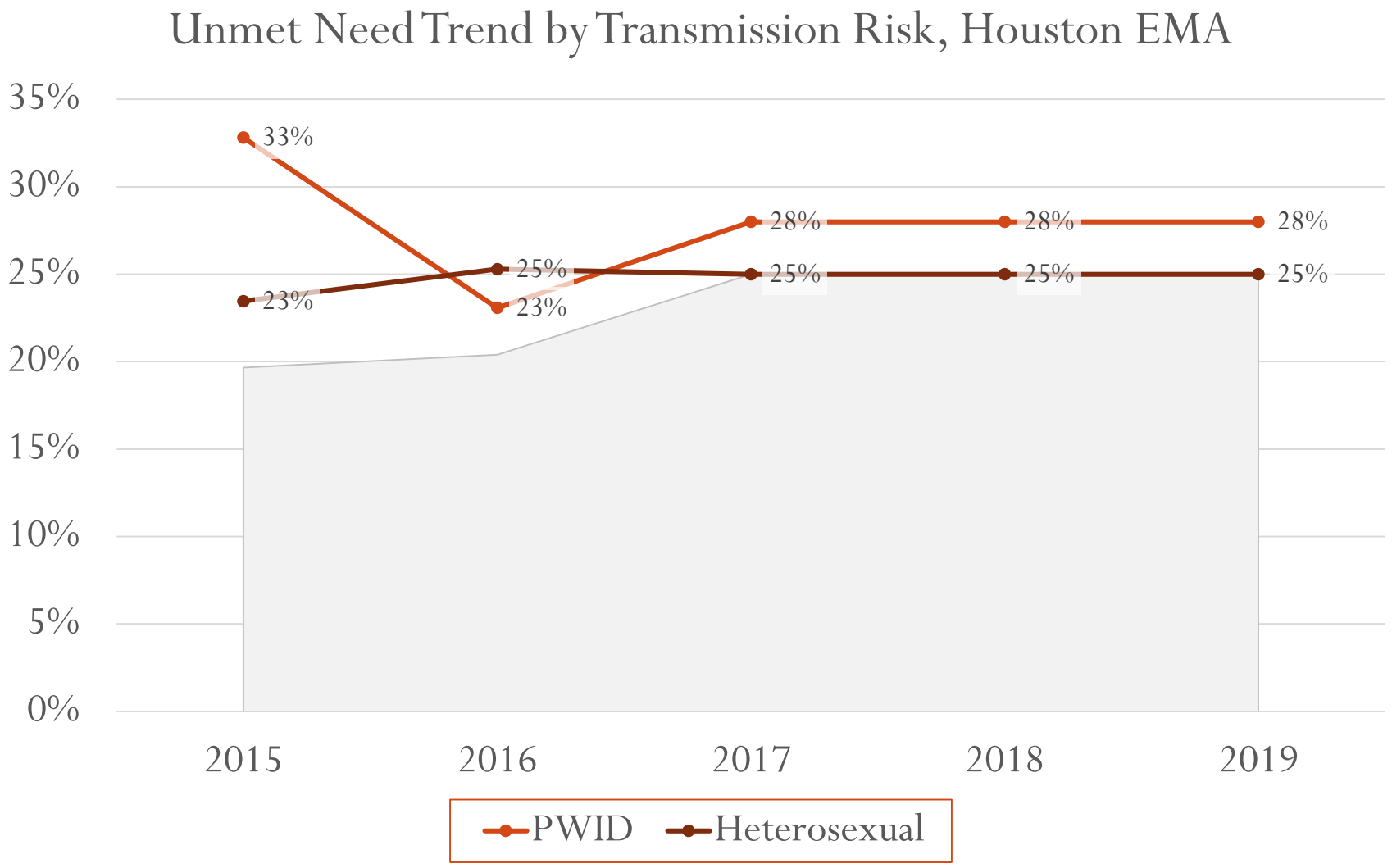


# Unmet Need Proportion



# 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