

Houston Area HIV Services Ryan White Planning Council

HIV Community Needs Assessment Group (NAG) Meeting

2:00 p.m., Monday, August 19, 2019

Meeting Location: 2223 W. Loop South, Room #532

Houston, TX 77027

AGENDA

* = handout at meeting

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|---|--|
| I. Call to Order | Jeffrey Campbell,
Eric James, and
Steven Vargas, Co-Chairs |
| A. Welcome | |
| B. Moment of Reflection | |
| C. Adoption of the Agenda | |
| D. Approval of the Minutes | |
| | |
| II. Mid-Data Collection Check-In | Amber Harbolt, Health Planner
Office of Support |
| A. Review and Offer Feedback on 2019
Sampling Plan and Current Sample Comparison* | |
| B. General Verbal Update | |
| | |
| III. 2019 Needs Assessment Data Analysis Principles | |
| A. Review, Adjust if Needed, and Approve
2019 Needs Assessment Analysis Principles | |
| | |
| IV. Discussion: Non-Primary Care Survey Site Suggestions | |
| | |
| V. Next Steps | Jeffrey Campbell,
Eric James, and
Steven Vargas, Co-Chairs |
| A. Upcoming Meeting | |
| - Tentative: November 18 th 2019 (1-3 p.m.):
Approve report | |
| | |
| VI. Announcements | |
| | |
| VII. Adjourn | |

Houston Area HIV Services Ryan White Planning Council

HIV Community Needs Assessment Group (NAG)

Monday, April 15, 2019

Meeting Location: 2223 West Loop South, Room 532; Houston, Texas 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Jeffrey Campbell, Co-chair	Jeff Benavides	Crystal Townsend, TRG
Steven Vargas, Co-chair	Tony Crawford	Amber Harbolt, Office of Support
Bobbie Andrews	Eric James	Diane Beck, Office of Support
Ardry Skeet Boyle	Mel Joseph	
Cynthia Deverson	Denis Kelly	
Kathryn Fergus	Peta-gay Ledbetter	
Ronnie Galley	Nancy Miertschin	
Adrienne Gilmore-Thomas	Rodney Mills	
Angela F. Hawkins	Ricardo Mora	
Mohammed Jamal	Scot More	
Allen Murray	Niquita Moret	
Lionel Pennamon	Cecilia Oshingbade	
Tana Pradia	Berta Salazar	
Isis Torrente		
Steven Vargas		

Call to Order: Jeffrey Campbell, Co-Chair, called the meeting to order at 1:04 p.m. and asked for a moment of reflection. He then asked everyone to introduce themselves.

Adoption of Agenda: Motion #1: *it was moved and seconded (Boyle, Pradia) to adopt the agenda.*
Motion Carried. Abstention:

Approval of the Minutes: Motion #2: *it was moved and seconded (Boyle, Torrente) to approve the February 18, 2019 meeting minutes.* **Motion Carried.** Abstentions: Fergus, Murray, Pradia.

2019 Survey Sampling Principles and Plan: Harbolt reviewed the attached document. **Motion #3:** *it was moved and seconded (Boyle, Gilmore-Thomas) to approve the 2019 Survey Sampling Principles and Plan.* **Motion Carried.**

2019 Needs Assessment Survey Tool: Harbolt reviewed the *Qualification Questionnaire for Non-primary Care Survey Sites* and 2019 Survey Tool, see attached. The committee reviewed the survey tool and suggested the following additional changes: Q2 - under Food bank/Home delivered meals ask for which service; Q3 - swap the first bullet with the question making that the first bullet; Q9 - delete the example and make the answers a write in instead of the check boxes; Q12 - delete the example; Q17 - change fake marijuana to kush/spice; Q37 - change question to how long have you lived in the US with the follow-up question what is your country of origin; Q40-41 - add today at the end of the question; Q43 - change PeP to nPep and add today at the end of the question; Q48 -

change I'm too drunk to I was too drunk, and delete My partner doesn't know my HIV status; Q49-51 - change 6 months to 12. Harbolt said that the list of agencies on page 21 and the resource list will be updated. **Motion #4:** *it was moved and seconded (Pennamon, Deverson) to approve the 2019 Needs Assessment Survey Tool with the suggested changes.* **Motion Carried.** Abstentions: Murray, Pradia

Next Meeting: The next meeting is scheduled for Monday July 15, 2019 at 1:00 p.m. for a mid data collection check-in.

Announcements: Townsend said in December, NMAC is having a biomedical conference. There will be a planning meeting tomorrow at 11:00 am at the Houston Health Department 8000 N. Stadium Drive in the 4th floor training room.

Adjournment: The meeting was adjourned at 3:51 p.m.

Houston Area HIV Services Ryan White Planning Council

2019 Houston Area HIV Needs Assessment Epidemiology Workgroup (Workgroup Approved 3-18-2019)

Survey Sampling Principles and Plan

1. Calculate finite population sample size using current total prevalence of diagnosed HIV in the Houston EMA (2017=28,225) and determine a high/low range for the total respondent size (*n*) based on a 95% confidence interval

$$n = N * X / X + (N - 1)$$

$$X = Z^2 * p * (1-p) / MOE^2$$

Z=1.96
MOE = 0.04 or 0.03
p = 0.05
N=28,225

Using a 95% confidence interval, the total respondent (*n*) range would be as follows:

	Low	High
Confidence Interval	95%	95%
Confidence Level (=/-)	4%	3%
Sample Size (n)	588	1,029

2. Obtain approximately 91% of surveys from Harris County and 9% from non-Harris County; as this is representative of the distribution of current prevalent cases in the EMA:

	Low (n)	High (n)
Total EMA	588	1,029
Harris County (91%)	535	936
Non-Harris County (9%)	53	93

3. Apply the current unmet need estimate (2017=25%) for the Houston EMA to sampling totals for the estimated out-of-care respondent pool for the survey. Recognizing that this is a hard-to-reach population, actual surveying levels are expected to be lower.

	Low (n)	High (n)
Total EMA	588	1,029
In-Care (N) (75%)	441	772
Out-of-Care (25%)	147	257

4. Create ranges for survey respondents per demographic category based on the proportion of current total prevalence for the EMA, including transmission risk. Smaller units of analysis are not practical for survey administration.

	% of Prevalence	Low (n)	High (n)
Total EMA	100%	588	1,029
Male	75%	441	772
Female	25%	147	257
White	19%	112	196
Black	49%	288	504
Hispanic	28%	165	288
13 – 24*	4%	24	41
25 – 34	20%	118	206
35 – 44	24%	141	247
45 – 54	27%	159	278
55 – 64	18%	106	185
65+	6%	35	62
MSM	57%	335	587
PWIDU	8%	47	82
Heterosexual	29%	171	298

*Surveys for PLWH between the ages of 13 and 17 must be completed by parent or legal guardian.

5. Undertake targeted efforts to sample Special Populations: youth (13-24 yoa, see above), homeless, incarcerated/recently released (**I/RR**), people with injection drug use (**PWIDU**), men who have sex with men (**MSM**), people who are transgender/gender non-conforming, women of color (**WOC**), aging populations (50+ yoa), and substance use/treatment/recovery populations.
6. Develop estimates of the number of surveys to collect at each Ryan White-funded agency that are proportional to the agency's share of clients served.
 - The denominator for this calculation will be the unique number of clients served per agency and in total for calendar year 2018.
 - As clients may receive services at more than one agency within a calendar year, the agency-level denominators will include duplicate clients. This will inflate some of the proportions.
 - Agencies that served clients in 2018 but that are not currently funded by Ryan White will be removed from the sampling proportions, but will be included as survey administration sites.

Sources:

^{1, 4}Texas eHARS. Prevalence as of 12/31/17. Released August 2018.

²Texas 2017 HIV Surveillance Annual Report. Released July 27, 2018.

³Texas Department of State Health Services, Unmet Need by EMA/TGA 2017. Released August 2018

⁵Special Populations identified in the Houston Area Comprehensive HIV Prevention and Care Services Plan (2017 – 2021). Released September 30, 2016.

⁶To be developed using CPCDMS utilization data for CY 2018.

J:\Committees\Comprehensive HIV Planning\2019 Needs Assessment\Survey Process\Sampling\2019 Sampling Plan - WG Approved - 03-18-19.doc

2019 Houston Area HIV Needs Assessment Group (NAG) Analysis Workgroup

Principles for the FY 2019 Needs Assessment Analysis

(Approved by the Workgroup on 06-21-19)

1. Needs assessment is an ongoing process of collecting and analyzing information about the needs of PLWH from a variety of data sources in order to provide a sound information base for HIV services planning and decision making in the EMA/HSDA.
2. Primary data collected directly from PLWH (“consumer survey”) are the Planning Council’s principal source of information on what services are needed, what barriers to services exist, and what conditions are experienced that may influence services. Focus groups provide context to help interpret findings from the survey.
3. Results from the consumer survey and focus groups should have meaningful use for the Planning Council; therefore, analytics performed on the data will be prioritized for the following purposes:
 - a) Reviewing service definitions (*How to Best Meet the Need*)
 - b) Analyzing needs by a specific PLWH population group, risk factor, geographic area, or other characteristic, and determining if there is a need to target services
 - c) Setting priorities for the allocation of funds
 - d) Evaluation and monitoring of the comprehensive plan
 - e) Determining the need for special studies of service gaps or PLWH subpopulations
 - f) In response to specific data requests made by the Planning Council or its Committees
 - g) Use by specific Ryan White Parts, providers, or other partners to assess services
4. Results should be presented in a format and with a level of detail that is understandable and useful by individuals of varying technical backgrounds and familiarity with data.
5. Results should produce information about documented need for services as well as emerging need for services using a social determinants framework.
6. Though sampling methods and quality control measures have been applied to survey data, limitations to the data and data analysis will exist. However, data collected through this process represent the most current and comprehensive primary data source on PLWH needs in the EMA/HSDA. Other data sources should be used to provide context for and to better understand the results.
7. Per HRSA guidance, a comprehensive consumer survey should be administered only every three years in order to avoid “survey fatigue.” As such, survey results will be used in Planning Council activities for the subsequent three year period. Other sources of needs assessment data, such as epidemiologic data and unmet need estimates, will be produced during interim years of the cycle.