DRAFT

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee
2:00 p.m., Thursday, May 10, 2018
Meeting Location: 2223 W. Loop South, Room 532
Houston, Texas 77027

AGENDA

I. Call to Order
   A. Welcome and Introductions — Ted Artiaga and
   B. Moment of Reflection — Steven Vargas, Co-Chairs
   C. Adoption of the Agenda
   D. Approval of the Minutes (March 8, 2018)

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. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)

III. Old Business — Amber Harbolt, Health Planner
   A. Update from the EIIHA Workgroup — Office of Support

IV. 2018 Epidemiological Profile
   A. Summary Data for *How to Best Meet the Need* - Updated
   B. Approve Chapters 1, 2, 4, and 5 of the 2018 Epidemiological Profile

V. Special Study: Review Social Determinants of Health Data
   A. Discuss Next Steps

VI. Announcements — Ted Artiaga and Steven Vargas, Co-Chairs

VII. Adjourn

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee
2:00 p.m., Thursday, March 8, 2018
Meeting Location: 2223 West Loop South, Room 532; Houston, Texas 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Ted Artiaga, Co-Chair	Robert Noble	Ma'Janae Chambers
Steven Vargas, Co-Chair	Osaro Mgbere	Viviana Santibanez
Herman Finley	Isis Torrente, excused	Savanna Bailey
Dawn Jenkins	Cristina Martinez, excused	Sha'Terra Johnson-Fairley
Denis Kelly	Esther Ogunjimi	Amber Harbolt, Office of Support
Rodney Mills	Larry Woods, excused	Diane Beck, Office of Support
Shital Patel		
Faye Robinson		
Ryan Clark		
Cynthia Deverson		
Nancy Miertschin		
Oluseyi Orija		
Crystal Starr		
Amana Turner		

Call to Order: Ted Artiaga, Co-Chair, called the meeting to order at 2:00 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 (Vargas, Miertschin) to adopt the agenda with the addition of VII. Topics for the Public Hearing.* **Motion carried.**

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Miertschin, Patel) to approve the February 8, 2018 minutes.* **Motion carried.** Abstentions: Orija, Patel, Starr.

Public Comment: None.

Nuts and Bolts for Committee Members: Harbolt presented the attached documents: Nuts and Bolts for Committee Members, Standing Committee Structure, and the Conflict of Interest and Quorum, Voting, Proxy and Attendance policies.

Select a Committee Vice Chair: Mills nominated Kelly for vice chair; Kelly accepted the nomination.

2018 Epidemiological Profile: Harbolt presented the summary data for How to Best Meet the Need, see attached. The committee suggested a few changes to the information and asked that the data for Unmet Need be rechecked.

2017-2021 Comprehensive Plan

Review 2017-2021 Comprehensive Plan Feedback: Harbolt reviewed the attached feedback report from HRSA/CDC.

Review Y2 (2018) Activities: Harbolt reviewed the 2018 (Year 2) Comprehensive Plan Activities, by Strategy. See attached.

Update on Special Studies

Social Determinants of Health: Harbolt said that she called Dr. Mgbere today but there is no new information.

Out of Care: Harbolt said it was going well and that she will be conducting the 17th interview tomorrow. Respondents are currently trending toward African American men so other populations are greatly encouraged. People seem to enjoy the opportunity to choose the location for their interview.

Topics for Public Hearings: The committee suggested the Epi Profile for May and the Out of Care Special Study for July. ***Motion #3:*** *it was moved and seconded (Clark, Starr) to select the Epi Profile and Out of Care Special Study as topics for the public hearings and is open to using the Project LEAP class project as a topic if appropriate .* **Motion Carried.**

Evaluation Workgroup: Harbolt said that the workgroup will meet April to review year one implementation of the comprehensive plan. If you are interested please let Beck know so you can receive meeting notices.

Announcements: Harbolt thanked everyone for attending today's meeting and said she is looking forward to working with them this year.

Adjournment: The meeting was adjourned at 3:29 p.m.

Submitted by: Approved by:

_____ _____

Amber Harbolt, Office of Support Date Chair of Committee Date

JA = Just arrived at meeting
LR = Left room temporarily
LM = Left the meeting
C = Chaired the meeting

2018 Voting Record for Meeting Date March 8, 2018

MEMBERS	Motion #1: Agenda				Motion #2: Minutes				Motion #3: 2018 Public Hearing Topics			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Ted Artiaga, Co-Chair				C				C				C
Steven Vargas, Co-Chair		X				X				X		
Herman Finley lm 3:05 pm		X				X			X			
Dawn Jenkins		X				X				X		
Denis Kelly		X				X				X		
Osaro Mgbere lm 3:19 pm	X				X				X			
Rodney Mills		X				X				X		
Robert Noble	X				X				X			
Shital Patel		X						X		X		
Faye Robinson		X				X				X		
Isis Torrente	X				X				X			
Ryan Clark		X				X				X		
Cynthia Deverson ja 2:38 pm	X				X					X		
Cristina Martinez	X				X				X			
Nancy Miertschin		X				X				X		
Esther Ogunjimi	X				X				X			
Oluseyi Orija		X						X		X		
Crystal Starr	X							X		X		
Amana Turner ja 2:03 pm	X				X					X		
Larry Woods	X				X				X			

Data Requests for FY2019 EIIHA Process:

- Disaggregate data for 13-17 and 18-24 years of age
- PrEP prescription frequencies and seroconversion rates (if collected)
- Demographic cross-tabs for linkage to care and other data typically used in the EIIHA target population selection process

FY2018 Service Category Information Summary – Part A, MAI, Part B, SS

For Workgroup #1 on 4/24/2018:
AOMC (EFA, LPAP, MCM, SL), AOMC-Pediatric (MCM, SL), CCM, NMCM/SL at testing sites, & Vision

Last Updated: 4/23/18

Epidemiological Trends

Who is living with HIV in the Houston EMA?[a]
27,023 diagnosed people were living with HIV (PLWH) in the EMA at the end of 2016. Of all diagnosed PLWH in the EMA:

- 75% are male (sex at birth)
- 49% are Black/African American; 28% are Hispanic
- 28% are between the ages of 45 and 54; 23% are 55+
- 57% have MSM risk factor; 29% have heterosexual risk factor

Who is newly diagnosed with HIV in the Houston EMA?[a]
1,325 people were newly diagnosed with HIV in the EMA in 2016. Of those newly diagnosed in 2016

- 78% are male (sex at birth)
- 47% are Black/African American; 35% are Hispanic
- 39% were between the ages of 25 and 34; 22% were between the ages of 13 and 24
- 66% have MSM risk factor

It is estimated that an additional 5,653 people in the EMA are living with HIV but unaware of their status.

Which groups in the Houston EMA are experiencing increasing rates of new HIV diagnoses?[a]
Relative rates of increase for new HIV diagnoses can indicate new and emerging populations while accounting for the size of each group within the population. Though the overall HIV diagnosis rate decreased by 9% between 2011 and 2016, two populations in the Houston EMA have experienced increases in the relative rates of new diagnoses:

- 33% relative rate increase among individuals ages 25-34
- 3% relative rate increase among Hispanic individuals

Source:
[a]2018 Epidemiological Profile – In Progress

Unmet Need for HIV Care

What is unmet need?
Unmet need is when a person diagnosed with HIV is out of care. According to HRSA, a person is considered out of care if they have not had at least 1 of the following in 12 months: (1) an HIV medical care visit, (2) an HIV monitoring test (either a CD4 or viral load), or (3) a prescription for HIV medication.

How many people are out of care in the Houston EMA?[a]

- In 2016, there were 6,537 PLWH out of care in the EMA, or 24% of all diagnosed PLWH.

What trends can be seen among those out of care in the Houston EMA? [a]
The highest proportions of people out of care in 2016 were:

- 25% of male (sex at birth) diagnosed PLWH – ↓ from 37% in 2009
- 28% of other race/ethnicity diagnosed PLWH – ↓ from 41% in 2009
- 26% of Hispanic diagnosed PLWH – ↓ from 36% in 2009
- 25% of Black/African American diagnosed PLWH – ↓ from 37% in 2009
- 26% of diagnosed PLWH age 35-44 – ↓ from 36% in 2009; 26% of diagnosed PLWH age 55 and over – ↓ 37% in 2009
  - The age range with highest unmet need in 2009 was age 25-34 at 39%
- 28% of diagnosed PLWH with an injection drug use risk factor – ↓ 39% in 2009
- 27% of people diagnosed with HIV between 2006 and 2010
  - In 2009, 38% of out of care PLWH were diagnosed between 2004 and 2006

29% of all PLWH in the 2016 Needs Assessment[b] reported stopping HIV medical care for 12 months year or more at some point since their initial diagnosis. The most common reasons for falling out of care were: substance abuse concerns, wanting a break from treatment, reluctance to take HIV medication, not feeling sick, and mental health concerns.

Sources:
[a]2018 Epidemiological Profile – In Progress
[b]2016 Houston Area HIV Needs Assessment

National, State, and Local Priorities

Initiatives at the national, state, and local level offer important guidance on how to design effective HIV care services for the Houston EMA:

National HIV/AIDS Strategy (NHAS) Updated for 2020
Released in July 2015, NHAS includes three broad outcomes for HIV care:

- Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%.
- Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%.
- Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%.

Early Identification of Individuals with HIV/AIDS (EIIHA)
EIIHA is a HRSA initiative required of all Part A grantees. It has four goals:

1. Identifying individuals unaware of their HIV status
2. Informing individuals unaware of their HIV status
3. Referring to medical care and services
4. Linking to medical care

The EMA's EIIHA Strategy also includes a special populations focus:

1. African Americans
2. Hispanics/Latinos age 25 and over
3. Men who have Sex with Men (MSM)

HIV Care Continuum[a]
Developed by the CDC in 2012, the Continuum of Care is a five-step model of PLWH engagement in HIV medical care. Using the model, local communities can identify specific areas for scaled-up engagement efforts. The Houston EMA's current HIV Care Continuum (2016) is as follows:

- 27,023 people are currently diagnosed with HIV in the EMA; an additional 5,653 people are estimated to be living with HIV, but unaware of their status
- Of those diagnosed, 76% have accessed HIV care
- Of those diagnosed, 61% have been retained in HIV care
- Of those diagnosed, 58% have a suppressed viral load

Source:
[a]Houston EMA HIV Care Continuum, http://rwpchouston.org/Publications/2017_Comp_Plan/Care_Continuum.htm

FY2018 Service Category Information Summary – Part A, MAI, Part B, SS

For Workgroup #1 on 4/24/2018:
AOMC (EFA, LPAP, MCM, SL), AOMC-Pediatric (MCM, SL), CCM, NMCM/SL at testing sites, & Vision

Last Updated: 4/23/18

Epidemiological Trends

Con't from Page 1

Which groups in the Houston EMA experience disproportionately higher rates of new HIV diagnoses?[a]
Using the total 2016 Houston EMA HIV diagnosis rate (21.9 per 100,000 population) as a benchmark, the following populations experience disproportionately higher rates of new HIV diagnoses:

- 163% higher rate among Black/African Americans individuals
- 156% higher rate among individuals age 25-34
- 58% higher rate among males (sex at birth)
- 30% higher rate among individuals age 13-24
- 23% higher rate among individuals age 35-44
- 11% higher rate among individuals age 45-54

While there has been no change in ***which*** groups experience disproportionally higher rates of new diagnoses since 2011, the ***extent of disproportionality*** within each population group changed in the Houston EMA between 2011 and 2016. The following groups experienced the greatest increase in extent of disproportionality:

- 81 percentage point increase among individuals age 25-34
- 11 percentage point increase among Hispanic individuals

How does the Houston EMA compare to Texas[a]

- The prevalence rate in the Houston EMA in 2016 (446.0 per 100,000 population) was higher than Texas (311.1 per 100,000 population). All sex at birth, race/ethnicity, and age range groups in the Houston EMA experience higher HIV prevalence rates that corresponding groups for the state as a whole.
- The rate of new HIV diagnosis in the Houston EMA in 2016 (21.9 per 100,000 population) was higher than Texas (16.1 per 100,000 population). All sex at birth, race/ethnicity, and age range groups in the Houston EMA experience higher rates of new diagnoses that corresponding groups for the state as a whole.

Sources:
[a]2018 Epidemiological Profile – In Progress

Unmet Need for HIV Care

Con't from Page 1

What proportion of newly diagnosed PLWH are linked to care in the EMA?[a]

- 65% of those newly diagnosed in 2016 in the Houston EMA were linked to HIV medical care within 1 month of their diagnosis. An additional 17% were linked to care within 2-3 months of their diagnosis, 8% were linked to care within 4-12 months of their diagnosis, and 5% were linked to care over 12 months after they diagnosed.
- 10% of those newly diagnosed in 2016 in the EMA *were not* linked by the end of that year. This accounts for 135 newly diagnosed individuals. Most of these individuals were:
- 81% males (sex at birth)
  - Among unlinked males, 56% were Black/African American males and 29% were Hispanic males
- 60% Black/African American individuals
  - 76% of unlinked females were Black/African American
- 40% were individuals age 25-34
  - 21% were individuals age 35-44
  - 18% were youth age 13-24
- 69% were individuals with MSM risk factor
  - 24% were individuals with heterosexual risk factor

Which groups are experiencing concurrent (late) diagnosis?[a]
Of people newly diagnosed in the Houston EMA in 2015, 275 or 20% also received an HIV stage 3 (formerly AIDS) diagnosis within 3 months.

Populations disproportionately impacted by late/concurrent diagnoses in the Houston EMA in 2015 include Hispanic females age 35 – 44 (50%), Hispanic females age 55 and older (55%), Hispanic males age 35 – 44 (41%), Hispanic males age 55 and older (59%), and African American males age 35-54 (36%).

Sources:
[a]2018 Epidemiological Profile – In Progress

National, State, and Local Priorities

Con't from Page 1

The 2017-2021 Texas HIV Plan
The Texas Department of State Health Services (DSHS) has also developed a model of PLWH engagement in HIV medical care, which serves as the foundation for efforts to reduce HIV transmissions for the state as a whole. Goals specific to HIV care services improvements for the state are:

- Increase timely linkage to HIV-related care and treatment
- Increase continuous participation in systems of care and treatment
- Increase viral suppression

Houston Area Comprehensive HIV Plan (2017 – 2021)
This document outlines strategies, activities, and benchmarks for improving the entire system of HIV prevention and care in the EMA. HIV care services improvements slated for achievement by 2021 are:

- Increase the proportion of newly-diagnosed individuals linked to clinical HIV care within one month of their HIV diagnosis to at least 85%
- Decrease the percentage of new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis within one year by 25%
- Decrease the percentage of new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis within one year among Hispanic and Latino men age 35+ by 25%
- Increase the percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care to at least 90.0%
- Increase the percentage of individuals with diagnosed HIV in the Houston Area who are retained in HIV medical care to at least 90.0%.
- Maintain, and if possible, increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed to at least 90.0%
- Increase the percentage of individuals with diagnosed HIV in the Houston Area who are virally suppressed at least 80.0%

The plan also includes a special populations focus: Youth (13-24), Homeless, I/RR, IDU, MSM, Transgender & Gender Non-conforming, and Women of Color

Roadmap to Ending the HIV Epidemic in Houston (2017-2021)
This document offers over 30 recommendations to end the local HIV epidemic by decreasing new diagnoses to 600 per year; increasing the diagnosed proportion to 90%, fostering 90% retention in care, and supporting 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression.

Note from Office of Support Staff:

To ensure data products continue to meet high Council and Office of Support standards, Epidemiological Profile Chapters 4 and 5 will be emailed as completed and may be distributed at the May 10th Comprehensive HIV Planning Committee meeting for discussion. Approval of these chapters may be tabled or postponed until a future meeting date, depending on the wishes of the Committee.

If you have any questions, please do not hesitate to contact Amber Harbolt in the Office of Support.

Thank you,

Amber L. Harbolt, MA
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Chapter 1: The Houston Area Population

What are the sociodemographic characteristics of the general population in the Houston Area?

"The Houston metro area is now the single most ethnically diverse urban region in the country [.]"

Kinder Institute for Urban Research, *The Kinder Houston Area Survey: Thirty-Six Years of Measuring Reponses to a Changing America*
May 2017

Distribution of Total Population By County

(**Table 1.1**) The Houston Eligible Metropolitan Area (**EMA**) consists of six counties in Southeast Texas: Chambers, Fort Bend, Harris (including the City of Houston), Liberty, Montgomery, and Waller. The Houston Health Service Delivery Area (**HSDA**) includes these and four additional counties: Wharton, Colorado, Austin, and Walker. In 2016, the total population of the EMA was 5,800,581, or 22% of the Texas population. Harris County remains the population center of the EMA with 76.4% of the population, though the EMA other counties' shares have increased, particularly in Fort Bend and Montgomery Counties. As a whole, the Houston EMA represents a larger proportion of the total Texas population today than in 2010. (2016)

TABLE 1-Distribution of Total Population in the Houston EMA by County, 2010 and 2016

County	Total Population-2010[a]	Total Population-2016[b]	County Percent of EMA-2010[a]	County Percent of EMA-2016[b]
Chambers	32,371	38,072	0.6%	0.7%
Fort Bend	541,983	683,756	10.7%	11.8%
Harris (incl. Houston)	3,950,999	4,434,257	77.9%	76.4%
Liberty	74,922	78,598	1.5%	1.4%
Montgomery	427,717	518,849	8.4%	8.9%
Waller	40,831	47,049	0.8%	0.8%
EMA Total	5,068,823	5,800,581	100.0%	100.0%
			EMA Percent of State-2010[a]	EMA Percent of State-2016[b]
Texas Total	24,311,891	26,956,435	20.8%	21.5%

[a]Source: U.S. Census Bureau, 2006-2010 American Community Survey. Retrieved on 02/16/2018

[b]Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018

Population Change

(**Table 2**) Since 2010, the population of the Houston EMA has grown by a higher percentage than the state of Texas as a whole. Over 730,000 more people live in the EMA today than in 2010. The largest percent change in population occurred in Fort Bend and Montgomery Counties, with 26.2% and 21.3% more people, respectively, in 2016 than in 2010. Liberty County experienced the least growth with a 4.9% increase over six years. The population size within the rural Houston EMA counties grew by 22.2%, acquiring almost a quarter of a million people between 2010 and 2016.

TABLE 2-Total Population Change in the Houston EMA by County, 2010 and 2016

			Change in Population	
County	Total-2010[a]	Total-2016[b]	#	%
Chambers	32,371	38,072	5,701	+17.6%
Fort Bend	541,983	683,756	141,773	+26.2%
Harris (incl. Houston)	3,950,999	4,434,257	483,258	+12.2%
Liberty	74,922	78,598	3,676	+4.9%
Montgomery	427,717	518,849	91,132	+21.3%
Waller	40,831	47,049	6,218	+15.2%
EMA	5,068,823	5,800,581	731,758	+14.4%
Rural EMA	1,117,824	1,366,324	248,500	+22.2%
Texas	24,311,891	26,956,435	2,644,544	+10.9%

[a]Source: U.S. Census Bureau, 2006-2010 American Community Survey. Retrieved on 02/16/2018
[b]Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018

Demographics By Total Population and County

(**Table 3**) In 2016, the population of the Houston EMA was 37.5% Hispanic, 35.8% White (non-Hispanic), 17.7% African American, and 9.0% all other race/ethnicities. This makes the Houston EMA a "minority majority" area, in which people of color (**POC**) comprise the majority of the population. Together, Hispanic, African American, and other race/ethnicity individuals comprise 64.2% of the total Houston EMA population.

TABLE 3-Distribution of Total Population in the Houston EMA by Sex, Race/Ethnicity, and Age, 2016

	Number	Percent of Total Population
Total EMA Population[a]	5,800,581	100.0%
Sex (at birth)[a]		
Male	2,879,519	49.6%
Female	2,921,062	50.4%
Transgender-Identified Estimate[b]	38,284	0.66%
Race/Ethnicity[a]		
White	2,076,659	35.8%
African American	1,027,467	17.7%
Hispanic/Latino	2,174,084	37.5%
Other	522,371	9.0%
Age[c]		
Under 2	187,060	3.1%
2 - 12	1,005,199	16.6%
13 - 24	1,010,682	16.7%
25 - 34	927,940	15.3%
35 - 44	860,924	14.2%
45 - 54	779,393	12.9%
55+	1,287,888	21.3%

[a]Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018

[b]Estimated proportion of transgender-idetified people in Texas in using data from CDC's Behavioral Risk Factor Surveillance System (BRFSS), applied to local total population. See Flores, A.R., Herman, J.L., Gates, G.J., & Brown, T.N.T. (2016). "How Many Adults Identify as Transgender in the United States?" Los Angeles, CA: The Williams Institute for more details on methodology

[c]Source: Texas Department of State Health Services, 2016 Houston EMA Population Denominators. Received on 09/14/2017

(**Table 4**) Several counties within the Houston EMA are also "minority majority" areas. People of color comprise the majority of the population in Fort Bend, Harris, and Waller Counties. In fact, Hispanic individuals comprise the largest single population group in Harris County today at 37.5% population. The Houston EMA is also more ethnically diverse than Texas as a whole; with smaller proportion White (non-Hispanic) individuals and a larger proportion of African American and Asian/Pacific Islander individuals than Texas. Within in the EMA, the largest proportion of African American individuals reside in Waller, and the largest proportion of Asian/Pacific Islander individuals reside in Fort Bend.

TABLE 4-Distribution of Total Population in the Houston EMA by County and Race/Ethnicity, 2016

		Percent of Total Population by Race/Ethnicity				
County	Total Population	White	African American	Hispanic/ Latino	Asian/Pacific Islander	Other Race
Chambers	38,072	68.1%	8.0%	21.1%	1.4%	1.3%
Fort Bend	683,756	34.9%	20.8%	24.0%	18.8%	1.6%
Harris	4,434,257	31.2%	18.9%	41.8%	6.7%	1.4%
Liberty	78,598	66.9%	10.3%	20.7%	0.7%	1.4%
Montgomery	518,849	68.7%	4.4%	22.4%	2.6%	1.8%
Waller	47,049	43.2%	25.4%	29.0%	0.9%	1.6%
EMA Total	5,800,581	35.8%	17.7%	37.5%	7.6%	1.4%
Texas Total	26,956,435	43.4%	11.9%	38.6%	4.4%	1.6%

Source: U.S. Census Bureau, 2006-2010 American Community Survey. Retrieved on 02/16/2018

(**Table 5**) Differences regarding age also occur between the Houston EMA and the state. Overall, the Houston EMA is younger than Texas, with a larger proportion of residents below age 55. Waller County has the largest proportion of people under 25 in the EMA, and Montgomery County has the largest proportion of people age 55 and over.

TABLE 5-Distribution of Total Population in the Houston EMA by County and Age, 2016

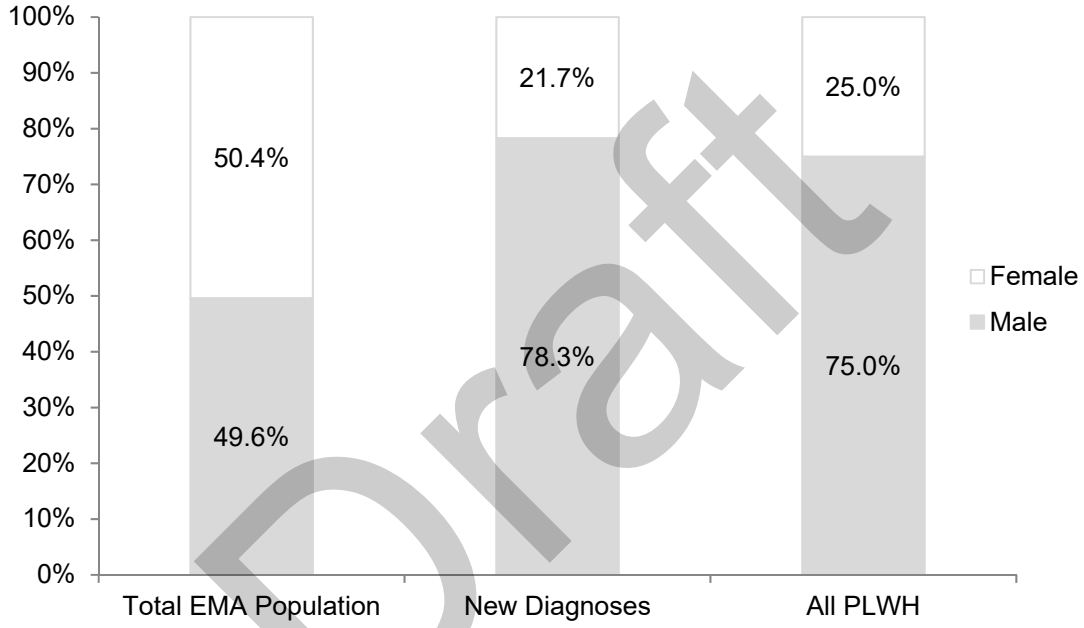
		Percent of Total Population by Age		
County	Total Population	Under 25	25 - 54	55+
Chambers	38,072	36.4%	41.0%	22.4%
Fort Bend	683,756	36.3%	42.0%	21.4%
Harris	4,434,257	37.0%	43.2%	19.9%
Liberty	78,598	34.6%	40.2%	23.1%
Montgomery	518,849	35.1%	40.4%	24.4%
Waller	47,049	46.1%	31.6%	22.3%
EMA Total	5,800,581	36.8%	42.7%	20.6%
Texas Total	25,145,561	36.6%	40.9%	22.4%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018

Comparison of Total Population to the Population Living with HIV

(**Graph 1**) The Houston EMA population is evenly divided by sex at birth between males at birth and females at birth at 49.6% and 50.4%, respectively. However, more males at birth than females at birth were newly diagnosed with HIV in 2016 (78.3% vs. 21.7%), and more males at birth than females at birth comprised all diagnosed people living with HIV (**PLWH**) (75.0% vs. 25.0%). The distribution of newly diagnosed PLWH and all PLWH by sex at birth shifted toward males at birth between 2011 and 2016, with decreases in new diagnoses (10.0% decrease from 24.1% in 2011) and HIV prevalence (4.94% decrease from 26.3% in 2011) among females at birth.

GRAPH 1-Comparison of Total Population[a] in the Houston EMA to PLWH[b] by Sex (at birth), 2016



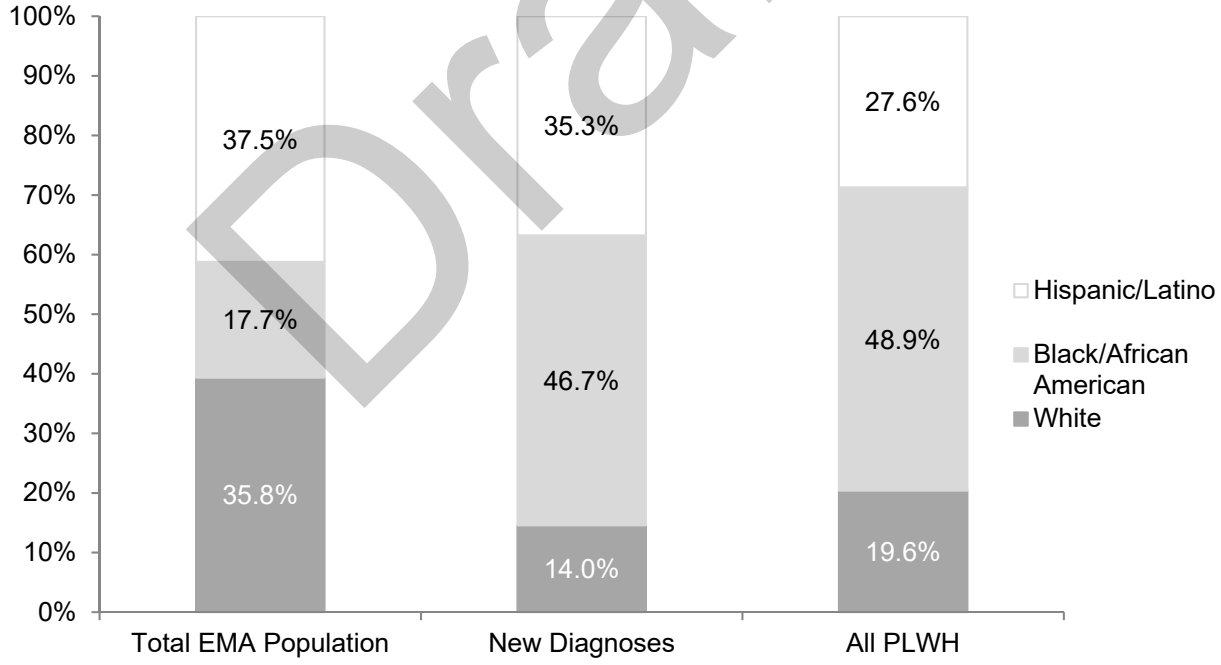
[a]Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018
[b]Source: Texas eHARS. New HIV Diagnoses and diagnosed PLWH as of 12/31/16

(**Graph 2**) Newly diagnosed and PLWH populations in the Houston EMA are more racially diverse than the general population, with POC experience higher proportions of new diagnoses and HIV prevalence. While African American and Hispanic individuals account for 55.2% of the total Houston EMA population, these groups constitute 82.0% of all new HIV diagnoses and 76.5% of all PLWH. Notably, African American individuals account for only 17.7% of the total Houston EMA population, but comprise a disproportionate amount of all new HIV diagnoses (46.7%) and nearly half of all PLWH (48.9%) in the region.

Trends in HIV among African American communities is somewhat smaller in the epidemic statewide. According to the Texas Department of State Health Services, HIV is more evenly distributed in Texas with African American individuals comprising 37% of all PLWH and 38% of new diagnoses.[1] Regardless, POC in both the Houston EMA and Texas as a whole share a disproportionate burden of new diagnoses and HIV prevalence relative to each race/ethnicity's size within the general population.

Between 2011 and 2016, new diagnoses among Hispanic individuals in the Houston EMA increased by 15.0% (from 30.7%), as did overall HIV prevalence by 17.9% (from 23.4%).

GRAPH 2- Comparison of Total Population[a] in the Houston EMA to the PLWH[b] by Race/Ethnicity, 2016



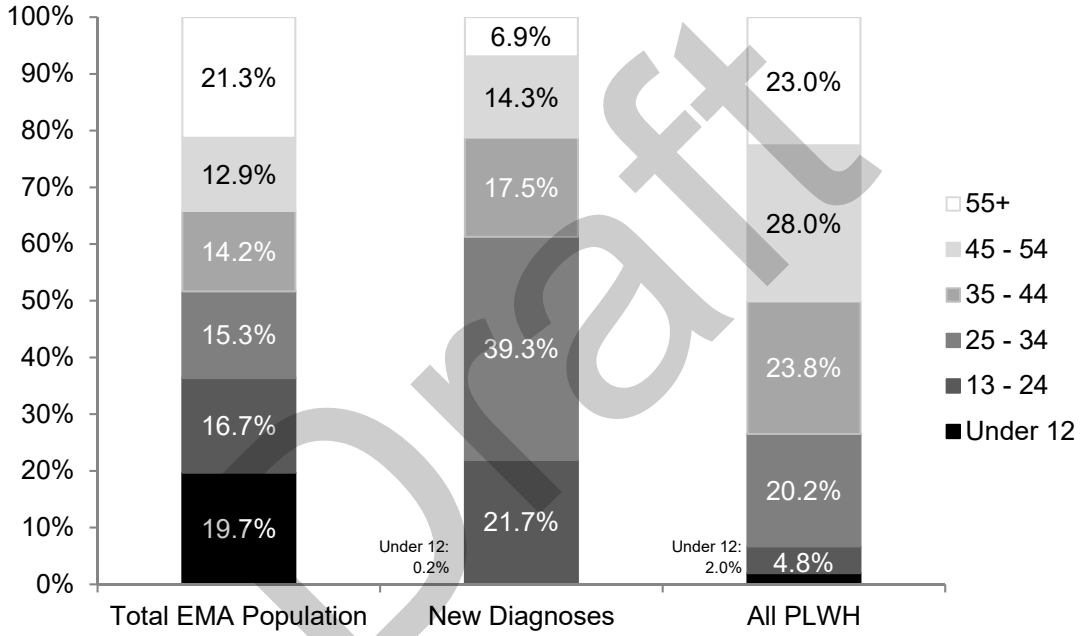
[a]Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018
[b]Source: Texas eHARS. New HIV Diagnoses and diagnosed PLWH as of 12/31/16

[1]Texas Department of State Health Services. *2017-2021 Texas HIV Plan*. Reporting Period: January 1 to December 31, 2014. The Texas HIV Plan is available at https://txhivsyndicate.org/texas-hiv-plan/

(**Graph 3**) When analyzed by age, people age 25 to 34 account for a larger proportion of new HIV diagnoses (39.3%) than their proportion within the general Houston EMA population in the Houston EMA (15.3%). Similarly, people age 45 to 54 account for a larger proportion of those living with HIV (28.0%) than their proportion within the general Houston EMA population in the Houston EMA (12.9%).

Trends reflect a shift toward more PLWH age 55 and over represented in overall HIV prevalence with in the Houston EMA. Between 2011 and 2016, new diagnoses decreased by 11.5% (from 7.8%) among PLWH age 55 and over, while HIV prevalence increased by 36.9% (from 16.8%).

GRAPH 3- Comparison of Total Population[a] in the Houston EMA to the PLWH[b] by Age (Descending), 2016



[a]Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Retrieved on 02/16/2018
[b]Source: Texas eHARS. New HIV Diagnoses and diagnosed PLWH as of 12/31/16

Socioeconomic Characteristics

Socioeconomic conditions such as access to resources, educational attainment, and healthcare coverage can affect health, functioning, and quality of life outcomes,[2] including risk for HIV transmission and access to HIV prevention and care services.

Employment

(**Table 6**) In 2016, the percent of the eligible population unemployed in Texas was 9.0%, compared to an average of 7.1% for counties in the Houston EMA. Overall, unemployment has decreased in the EMA since 2011 by 11.5%. Within the EMA's counties, Liberty has the highest percentage of people unemployed at 9.2% (followed by Waller at 9.0%), while Fort Bend has the lowest unemployment rate at 5.4%. Between 2011 and 2016, the unemployment rate decreased for every county in the Houston EMA except Waller, which experienced an increase in the unemployment rate by 25.0%.

TABLE 6-Employment Status in the Houston EMA by County, 2016[a]

County	Percent of Eligible[b] Population *Employed*-2016	Percent of Eligible[b] Population *Unemployed*-2016	Change in Percent *Unemployed*-2011
Chambers	55.4%	6.4%	-11.1%
Fort Bend	63.2%	5.4%	-1.8%
Harris	63.5%	7.0%	-20.5%
Liberty	46.6%	9.2%	-32.8%
Montgomery	60.2%	5.4%	-28.0%
Waller	55.1%	9.0%	25.0%
EMA Average	57.3%	7.1%	-11.5%
Texas	60.1%	9.0%	5.9%

[a]Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S2301: EMPLOYMENT STATUS. Retrieved on 3/27/2018

[b]Population over the age of 16 and in the labor force

[2]U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *Healthy People 2020: Determinants of Health*. Located at: http://www.healthypeople.gov/2020/about/DOHAbout.aspx

Household Income

(**Table 7**) The average median household income in the Houston EMA continues to be higher than in Texas as a whole, though Texas experienced a slightly higher percent median household income growth between 2011 and 2016. On average, households in the EMA earn about $10,500 more per year compared to households statewide. Fort Bend County has the highest median household income at $91,152, while Liberty County has the lowest at $49,655 followed by Waller County at $53,508. Regardless, median household income growth in all Houston EMA counties except Chambers. Fort Bend County experienced the highest median household income growth at 13.0% between 2011 and 2016, while Chambers County experienced decrease of 1.2%.

Comparison in supplemental income between the Houston EMA and Texas is variable. As a whole, the fewer households in the Houston EMA receive cash public assistance and food stamp/Supplemental Nutrition Assistance Program (**SNAP**) benefits than statewide, while a greater proportion of Houston EMA households receive Social Security and Supplemental Security Income (**SSI**). Liberty County, which has the lowest median household income in the EMA, also has a larger percentage of households receiving Social Security (31.3% vs. 25.2%), SSI (7.5% vs. 5.0%), cash public assistance (1.9% vs. 1.2%), and food stamp/SNAP benefits (16.8% vs. 11.2%). Additionally, Waller County has highest proportion of households receiving food stamp/SNAP benefits at 17.5% of households.

Between 2011 and 2016, the Houston EMA experienced an increase in the proportion of households receiving supplemental income across Social Security (11.5% increase from 22.6%), SSI (38.9% increase from 3.6%), and food stamp/SNAP benefits (9.8% increase from 10.2%).

TABLE 7-Median Household Income by County and Supplemental Income, 2016

County	Median Household Income-2016a	Percent Change from 2011	Percent of Households Receiving Each Type of Supplemental Income: Social Security	Supplemental Security Income (**SSI**)	Cash Public Assistance	Food Stamp/SNAP Assistance
Chambers	$70,396	-1.2%	25.8%	3.7%	0.9%	5.6%
Fort Bend	$91,152	13.0%	19.8%	3.0%	1.1%	7.4%
Harris	$55,584	7.7%	19.6%	4.3%	1.5%	13.2%
Liberty	$49,655	6.4%	31.3%	7.5%	1.9%	16.8%
Montgomery	$70,805	8.6%	25.8%	3.9%	1.1%	6.7%
Waller	$53,508	6.7%	28.7%	7.3%	0.9%	17.5%
EMA Average	$65,183	7.0%	25.2%	5.0%	1.2%	11.2%
Texas	$54,727	8.9%	25.0%	4.9%	1.6%	13.1%

[a]Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. DP03: SELECTED ECONOMIC CHARACTERISTICS. Retrieved on 3/27/2018

(**Table 8**) The percentage of households earning less than $15,000 per year can indicate low socioeconomic status within a particular area. In 2016 in the Houston EMA, 10.2% of households meet this threshold compared to 11.9% of households statewide, an 11.3% decrease from 11.5% in 2011. Counties that exceed the Houston EMA and statewide percentages of households earning less than $15,000 annually are Liberty at 13.2% and Waller at 12.3%. However, between 2011 and 2016 both Liberty and Waller counties experienced decreases in this measure by 11.4% from 14.9%, and 16.3% from 14.7%, respectively.

TABLE 8-Percent of Total Households in the Houston EMA Earning Less than $15,000 Per Year by County, 2016

County	Percent of Households
Chambers	10.7%
Fort Bend	5.3%
Harris	11.1%
Liberty	13.2%
Montgomery	7.4%
Waller	12.3%
EMA	10.2%
Texas	11.9%

Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S2301: EMPLOYMENT STATUS. Retrieved on 3/27/2018

Poverty

(**Table 9**) In 2016, the Houston EMA had a lower percentage of its population living below the federal poverty level (15.5%) compared to the state as a whole (16.7%). All counties in the Houston EMA except Chambers and Waller saw decrease between 2011 and 2016 in the percentage of the population living in poverty. Waller County has the highest level of poverty in the EMA at 19.0% (followed closely by Harris at 17.4% and Liberty at 17.3%), while Fort Bend has the lowest level of poverty at 8.2%. In 2016, 14.0% of males at birth and 17.0% of females at birth in the EMA live below the federal poverty level. One-fifth of females at birth in Waller (21.1%) and Liberty (20.2%) counties lived below the federal poverty level in 2016.

TABLE 9-Percent of Population Living Below Federal Poverty Level in the Houston EMA by County and Sex, 2016[a]

County	Percent Below Federal Poverty Level	Percent Change from 2011	Percent Below Poverty Level by Sex at Birth[b]	
			Male at Birth	Female at Birth
Chambers	11.7%	9.3%	11.0%	12.3%
Fort Bend	8.2%	-1.2%	7.5%	8.8%
Harris	17.4%	-5.9%	15.7%	19.1%
Liberty	17.3%	-6.0%	14.6%	20.2%
Montgomery	11.0%	-13.4%	10.1%	12.0%
Waller	19.0%	1.1%	17.1%	21.1%
EMA	15.5%	-8.3%	14.0%	17.0%
Texas	16.7%	-6.2%	15.2%	18.2%

[a]Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S1701: POVERTY STATUS IN THE PAST 12 MONTHS. Retrieved on 3/27/2018

[b]Represents the percent of males/females at birth in the geographic area that is living in poverty; and not the male/female at birth distribution of people living in poverty in the geographic region.

(**Table 10**) Analysis of poverty by race/ethnicity reveals that, in general, more POC are living below the federal poverty level in the Houston EMA than are Whites. In 2016, 22.6% of African American and 23.0% of Hispanics individuals in the Houston EMA were living in poverty, compared to 14.1% of Whites. Across every county in the Houston EMA except Waller, Hispanic individuals experienced greater proportions of poverty than did White or African American individuals. A third of African American individuals (33.3%) in Waller County lived under the federal poverty level, as did nearly a third (31.6%) of Hispanic individuals.

TABLE 10-Percent of Populationa Living Below Federal Poverty Level in the Houston EMA by Race/Ethnicity, 2016

County	White	African American	Hispanicb
Chambers	10.5%	12.5%	19.8%
Fort Bend	7.4%	9.2%	15.3%
Harris	15.5%	22.6%	23.6%
Liberty	16.8%	18.8%	31.6%
Montgomery	10.3%	16.1%	23.5%
Waller	14.8%	33.3%	27.6%
EMA	14.1%	20.6%	23.0%
Texas	15.5%	22.6%	24.2%

Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S1701: POVERTY STATUS IN THE PAST 12 MONTHS. Retrieved on 3/27/2018

aRepresents the percent of each race/ethnicity in the geographic area that is living in poverty; and not the racial distribution of people living in poverty in the geographic region.

bHispanic is not mutally exclusive from the races presented in this table. Other races are not included because the sample case size by County is too small.

(**Table 11**) Analysis of poverty by age reveals that, in general, more minors (individuals under 18 years old) are living below the federal poverty level in the Houston EMA than are adults (individuals over age 18). In 2016, 23.0% of people under age 18 were living in poverty, compared to 13.4% of people age 18 to 64, and 10.4% of people age 65 and over. Larger proportions of minors in Harris (26.0%) and Waller (25.1%) counties were living in poverty compared to all minors, all adults 18 to 64, all seniors in the EMA and the state. However, the proportions of minors living below the federal poverty level in Harris and Waller counties decreased between 2011 and 2016 by 5.8% (from 27.6%) and 7.0% (from 27.0%), respectively.

TABLE 11-Percent of Population[a] Living Below Federal Poverty Level in the Houston EMA by Age, 2016

County	Under 18 years	18 to 64 years	65 years and older
Chambers	13.7%	10.7%	12.1%
Fort Bend	11.2%	7.0%	6.9%
Harris	26.0%	14.6%	11.3%
Liberty	23.3%	16.2%	10.6%
Montgomery	14.8%	10.0%	7.7%
Waller	25.1%	19.4%	10.1%
EMA	23.0%	13.4%	10.4%
Texas	23.9%	14.7%	10.8%

Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S1701: POVERTY STATUS IN THE PAST 12 MONTHS. Retrieved on 3/27/2018

[a]Represents the percent of each age group in the geographic area that is living in poverty; and not the age distribution of people living in poverty in the geographic region.

Educational Attainment

(**Table 12**) Educational attainment in the Houston EMA skews slightly toward higher education levels in most counties. In 2016, 23.0% of Houston EMA residents attained a high school diploma or equivalency, 27.2% attended some college or attained an Associate's degree, and 31.6% attained a bachelor's degree or higher. The county with the most educational attainment is Fort Bend, where 44.6% of residents had a bachelor's degree or higher, a 9.3% increase from 40.8% in 2011. The county with the least educational attainment was Liberty, where 23.8% of residents had less than a high school diploma or equivalency, a 5.3% increase from 22.6% in 2011. Waller County followed with 21.6% of residents having less than a high school diploma or equivalency, a 24% increase from 17.4% in 2011. Overall, the Houston EMA displays a greater disparity in educational attainment through larger proportion of residents at both ends of the educational spectrum than Texas as a whole. In 2016, 18.2% of EMA residents have less than a high school diploma or equivalency (compared to 17.7% for the state), and 31.6% have a bachelor's degree or higher (compared to 28.1% of the state).

TABLE 12-Educational Attainment in the Houston EMA by County, 2016

	Percent of Total Population[a]			
County	Less than high school diploma	High school diploma or GED	Some college or Associate's degree	Bachelor's degree or higher
Chambers	16.2%	29.2%	33.5%	21.1%
Fort Bend	10.8%	17.5%	27.0%	44.6%
Harris	19.8%	23.3%	26.8%	30.1%
Liberty	23.8%	39.1%	27.1%	10.0%
Montgomery	13.2%	24.1%	29.7%	33.0%
Waller	21.6%	30.5%	29.1%	18.7%
EMA	18.2%	23.0%	27.2%	31.6%
Texas	17.7%	25.1%	29.2%	28.1%

Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S1501: Educational Attainment. Retrieved on 3/27/2018

[a]Population aged 25 and over in the geographic region

Health Insurance Coverage

(**Table 13**) The Houston EMA has a slightly higher proportion of residents who uninsured compared to the state as a whole (20.4% vs. 19.3%). The EMA experienced a 19.2% drop in the proportion of uninsured residents from 25.3% in 2011. As of 2016, just nearly 1.2 million people in the Houston EMA lack any kind of health insurance coverage. Harris County has the largest proportion of uninsured at 22.2% (higher than both the EMA and state), while Montgomery County has the lowest proportion of uninsured at 15.3%. All counties, the EMA, and Texas saw decreases in the percent of the population uninsured between 2011 and 2016. Within the EMA, Fort Bend experienced the greatest decrease in percent uninsured from 17.8% to 13.1%. Of the total Houston EMA population, more have private insurance than public. The county with the largest proportion of privately insured is Fort Bend (75.1%), while the county with the largest proportion of publicly insured is Liberty (33.2%) followed by Waller (29.6%).

TABLE 13-Health Insurance Coverage in the Total Population in the Houston EMA by County, 2016[a]

		Type of Health Insurance[b]				
County	Percent *with* Health Insurance	Private	Public	Number of People *Without* Insurance	Percent *Without* Health Insurance	Change in Percent *Uninsured* from 2011
Chambers	83.5%	66.3%	24.9%	6,247	16.5%	-0.6%
Fort Bend	86.9%	75.1%	17.9%	89,121	13.1%	-26.2%
Harris	77.8%	55.9%	27.9%	978,821	22.2%	-18.2%
Liberty	79.0%	53.8%	33.2%	15,121	21.0%	-15.6%
Montgomery	84.7%	69.9%	23.2%	78,770	15.3%	-21.3%
Waller	79.0%	57.2%	29.6%	9,824	21.0%	-25.6%
EMA	79.6%	59.5%	26.3%	1,177,904	20.4%	-19.2%
Texas	80.7%	60.5%	28.6%	5,114,811	19.3%	-17.5%

[a]Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. DP03: SELECTED ECONOMIC CHARACTERISTICS. Retrieved on 3/27/2018

[b]Denominator for type of helath insurance is civilian noninstitutionalized population regardless of coverage status; type of health insurance reflects the proportion among this population, not the proportion among those with coverage

Foreign Born and Linguistic Isolation

(**Table 14**) As anticipated given the ethnic diversity in the Houston EMA, in 2016 a larger proportion of the Houston EMA population was foreign-born than for Texas as a whole (24.3% vs. 16.7%). In Fort Bend and Harris counties, over a quarter of the population was born in another country. Chambers County experience a substantial demographic shift between 2011 and 2016 as the percent of foreign-born residents increased by 66.0% to 10.5% from 6.30%. Liberty County closely followed with a 10.5% increase in foreign-born residents (from 6.9% to 7.6%).

In 2016, the majority of foreign-born individuals in the EMA were born in Latin America. This was true for all counties in the EMA, with the exception of Fort Bend County (50.3% foreign-born in Asia). The EMA as a whole as had a population of individuals born in Asia that was larger proportion in the EMA than in Texas (24.8% vs. 20.4%). The majority of foreign-born residents in the EMA are not naturalized citizens, though this percent is slightly lower than for the state as a whole.

TABLE 14-Percent of Population that is Foreign-Born in the Houston EMA by County, Citizenship, and Place of Birth, 2016a

			Citizenshipb		Birth Place Among Foreign-Bornb			
County	Percent Foreign-Born	Percent Change from 2011	Percent Naturalized Citizen	Not U.S. Citizen	Europe	Asia	Africa	Latin America
Chambers	10.5%	66.0%	19.5%	80.5%	6.0%	14.1%	5.5%	73.0%
Fort Bend	27.1%	7.0%	54.3%	45.7%	4.6%	50.3%	8.5%	34.4%
Harris	25.7%	2.2%	34.1%	65.9%	4.1%	21.4%	4.9%	68.5%
Liberty	7.6%	10.5%	22.9%	77.1%	3.4%	7.8%	--	87.3%
Montgomery	12.9%	2.5%	32.7%	67.3%	9.3%	15.4%	--	69.6%
Waller	14.4%	8.1%	23.7%	76.3%	3.8%	4.0%	--	89.3%
EMA	24.3%	2.8%	36.6%	63.4%	4.4%	24.8%	5.2%	64.3%
Texas	16.7%	2.3%	35.4%	64.6%	4.2%	20.4%	4.3%	69.8%

aSource: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. DP02: SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES. Retrieved on 3/27/18. Dashes indicate data for this geographic area cannot be reported because the sample size is too small.

bDenominator is foreign-born population in Houston EMA

(**Table 15**) According to available data, a larger proportion of the population in the Houston EMA is both non-English speaking and linguistically isolated (**LI**) than statewide.

TABLE 15-Percent of Non-English Speaking Population that is Linguistically Isolated in the Houston EMA by County, 2016

County	Percent non-English Speaking at Home	Percent Linguistically Isolated (LI)[a]
Chambers	19.1%	10.4%
Fort Bend	38.4%	12.9%
Harris	43.4%	20.3%
Liberty	18.5%	6.9%
Montgomery	20.0%	7.7%
Waller	24.6%	11.6%
EMA	40.0%	18.0%
Texas	35.2%	14.1%

Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. DP02: SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES. Retrieved on 3/27/2018.

[a]Linguistically isolated is defined as someone who reports speaking English less than "very well."

(**Table 16**) According to available data, 30.4% of the population in the Houston EMA speaks Spanish, 3.4% speak another non-English/Indo-European language, and 4.8% speak an Asian/Pacific Islander language. Of these, 14.5%, 0.9%, and 2.2% are also LI. Proportions of LI are higher in the EMA than statewide across all languages.

TABLE 16-Percent of Non-English Speaking Population that is Linguistically Isolated[a] in the Houston EMA by Language and County, 2016

	Spanish		Other Indo-European		Asian or Pacific Islander	
County	Percent Speaking Language	Percent Linguistically Isolated	Percent Speaking Language	Percent Linguistically Isolated	Percent Speaking Language	Percent Linguistically Isolated
Chambers	15.8%	9.2%	1.8%	0.6%	0.9%	0.5%
Fort Bend	18.2%	6.3%	7.8%	2.0%	10.1%	4.2%
Harris	34.4%	16.9%	3.1%	0.9%	4.5%	2.2%
Liberty	17.0%	6.4%	0.8%	--	0.6%	--
Montgomery	16.8%	7.0%	1.5%	--	1.4%	0.5%
Waller	23.2%	11.5%	0.6%	--	0.6%	--
EMA	30.4%	14.5%	3.4%	0.9%	4.8%	2.2%
Texas	29.5%	12.1%	2.1%	0.5%	2.8%	1.2%

Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. DP02: SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES. Retrieved on 3/27/2018. Dashes indicate data for this geographic area cannot be reported because the sample size is too small.

[a]Linguistically isolated is defined as someone who reports speaking English less than "very well."

Community Health Indicators

Data related to preventable disease, disability, and death help measure population health in a specific geographic area. Rankings of specific communities within on each of these types of measures can provide valuable information about the population's overall health status, which may negatively or positively influence specific health conditions such as HIV. Taken together, these types of measures can help illustrate each community's overall health.[3]

Fertility and Mortality Rates

(**Table 17**) Tracking fertility and mortality in a specific geographic area provides information about potential population growth. Comparing these rates between areas, they can also reveal information about quality of life and life expectancy. In 2013 all but one county (Harris) had fertility lower than the statewide fertility rate. The rate in Harris County was 71.5 per 1,000 women of childbearing age (a 7.98% decrease from 77.7 births in 2009), compared to 69.8 statewide (a 7.0% decrease from 75.1 births in 2009). Fertility rates all counties within the Houston EMA and statewide have declined since 2009. Chambers and Liberty counties have mortality rates that are higher than state mortality rates. Taken together, these rates suggest that the EMA has fewer births and more deaths compared to Texas as a whole.

TABLE 17-Fertility and Mortality Rates in the Houston EMA by County, 2013

County	Fertility Rate[a]	Mortality Rate[b]
Chambers	61.3	874.1
Fort Bend	62.4	599.6
Harris	71.5	737.8
Liberty	66.4	1027.1
Montgomery	67.1	693.3
Waller	60.0	748.5
Texas	69.8	749.2

Source: Texas Department of State Health Services. Center for Health Statistics. Health Facts Profiles 2013

[a]Fertility rates are per 1,000 women ages 15 - 50.

[b]Reflects deaths from all causes. Rates are age adjusted to the 2000 standard per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths.

[3]Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. County Health Rankings and Roadmaps. Located at :*http://www.countyhealthrankings.org/*.

Selected Causes of Death

(**Table 18**) Tracking the leading causes of death in a defined geographic area provides information about the specific health conditions facing the population and can indicate needed preventative or acute health care interventions. In 2013, the highest rates of death in the Houston EMA occured from cardiovascular disease (heart disease), cerebrovascular disease (stroke), and cancer. With the exception of Fort Bend County, all counties in the Houston EMA had rates of cancer mortality that exceed the state.

TABLE 18-Rates[a] of Selected Causes of Death in the Houston EMA by County, 2013

County	Heart Disease	Stroke	Cancer	Lung Disease	Accidents	Diabetes	Suicide	Liver Disease
Chambers	175.3	--	218.9	--	--	--	--	--
Fort Bend	134.3	34.0	133.1	28.4	26.3	13.4	8.3	8.3
Harris	166.3	40.6	159.9	32.0	36.8	20.0	9.8	11.0
Liberty	302.5	45.5	197.7	80.8	61.3	--	--	--
Montgomery	154.1	29.6	160.6	50.3	30.3	11.8	15.5	8.9
Waller	201.7	--	170.4	--	58.9	--	--	--
Texas	170.7	40.1	156.1	42.3	36.8	21.6	11.6	12.8

Source: Texas Department of State Health Services. Center for Health Statistics. Health Facts Profiles 2013. Dashes indicate frequency too low to calculate rate.

[a]Rates are age adjusted per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths.

Disability

(**Table 19**) Tracking the level of disability in a specific geographic area provides information about the population's vulnerability to hearing, vision, cognitive, ambulatory, self-care, and independent living difficulty or impairment, all of which can affect access to resources affect need for service assistance. In 2016, a smaller proportion people living with a disability were in the Houston EMA (9.4%) than in the population of Texas as whole (11.6%. The proportion of people living with a disability in the Houston EMA has increased by 20.5% from 7.8% in 2011. Fort Bend County has the lowest percentage of people living with a disability at 7.8%, while Liberty County has the highest percentage at 17.8%.

TABLE 19-Percent Population Living with a Disability in the Houston EMA by County, 2016

County	Percent Living with a Disibility
Chambers	13.0%
Fort Bend	7.8%
Harris	9.3%
Liberty	17.8%
Montgomery	10.5%
Waller	14.2%
EMA	9.4%
Texas	11.6%

Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S1810: DISABILITY CHARACTERISTICS. Retrieved on 3/27/2018.

Additional Selected Community Health Indicators

(**Table 20**) The remaining indicators presented here are a selection of some of the most commonly used measures of vulnerability to poor health outcomes. These measures provide information about the behaviors of the population that may lead to health challenges over time, and reveal opportunities where preventative or acute health care interventions may reverse risk and improve long-term health outcomes. In 2016, most counties in the Houston EMA with the exception of Waller County experienced levels of risk comparable to the state of Texas as a whole. Compared to the rest of the state, the population in Waller County experienced higher proportions of poor to fair health, smoking, obesity, physical inactivity, and limited access to healthy foods. Chambers and Montgomery counties exceeded the state in excessive alcohol use. Slightly higher proportions of low birth weight, an indicator of risk for infant mortality and other health associations, occurred in Fort Bend, Harris, and Liberty counties compared to the rest of the state.

TABLE 20-Status of Selected Community Health Indicators in the Houston EMA by County, 2016[a]

County	In Poor or Fair Health	Low Birth Weight	Smoking	Obesity	Physical Inactivity	Limited Access to Healthy Foods	Excessive Alcohol Use
Chambers	15.0%	8.0%	15.0%	27.0%	31.0%	5.0%	21.0%
Fort Bend	14.0%	9.0%	12.0%	25.0%	22.0%	7.0%	18.0%
Harris	18.0%	9.0%	13.0%	27.0%	24.0%	6.0%	18.0%
Liberty	18.0%	9.0%	17.0%	28.0%	29.0%	8.0%	19.0%
Montgomery	14.0%	7.0%	14.0%	26.0%	26.0%	6.0%	21.0%
Waller	19.0%	8.0%	18.0%	36.0%	30.0%	11.0%	20.0%
Texas	18.0%	8.0%	14.0%	28.0%	24.0%	9.0%	19.0%

Source: County Health Rankings & Roadmaps. A project of the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute. 2016. Retrieved on 3/27/18

[a]Percentage of the total population in each geographic region reporting the selected condition.

Chapter 2: HIV in the Houston Area

What is the scope of the HIV epidemic in the Houston Area?

"Based on data reported in the 2015 HIV Surveillance Report, Houston ranked eleventh nationally of all U.S. metropolitan areas in rate of HIV diagnoses."
Houston Health Department, Project PrIDE Executive Summary

The data presented in this chapter are organized according to two geographic service jurisdictions in the Houston Area: (1) Houston/Harris County and (2) the Houston Eligible Metropolitan Area (EMA), which includes Houston/Harris County. Data elements that are available for both the Houston EMA and Houston/Harris County are only reported under the Houston EMA to avoid redundancy. The separation of jurisdictions in the data presentation is intended to enhance the utility of this document as a tool for planning both HIV prevention and HIV care services. Data for the third geographic service jurisdiction in the Houston Area, the Houston Health Services Delivery Area (HSDA), are presented in Chapter 6: Special Topics in HIV Epidemiology in the Houston Area. These data are not presented in Chapter 2 due to the overlap of data and data sources with the EMA, which makes the data essentially identical.

Houston/Harris County – Data Pending Request

HIV Incidence – Data Pending

Incidence refers to the total number of new transmissions of a disease (both diagnosed and undiagnosed) in a population during a specific time period. In most geographic areas, newly-reported HIV diagnoses based on test results are used interchangeably with HIV incidence. This is because new testing technology has only recently become available that can more directly estimate HIV incidence in a jurisdiction. Houston/Harris County is unique in that it operates the HIV Incidence Surveillance Program, which creates estimates of HIV incidence. This allows for description of estimated new transmissions of HIV for the Houston/Harris County jurisdiction as well as newly-reported HIV diagnoses of HIV.

Mapping of New Diagnoses and Persons Living with HIV/AIDS by Zip Code – Data Pending

Using Geographic Information System (**GIS**) software, it is possible to map new HIV diagnoses and HIV prevalence over zip codes in Houston/Harris County. Through disease mapping, patterns in the burden of HIV become clear at the neighborhood level. It is also possible to identify similarities and differences in residential patterns between prevalence and new diagnoses.

HIV Mortality – Data Pending

Mortality is an epidemiological marker used to measure the effect of a disease on the population as a whole. HIV mortality refers to the number of people living with HIV (**PLWH**) who have died in a specified time period, either from HIV-related causes or from another cause.

New Diagnoses, Prevalence, and Mortality, Five-Year Trend – Data Pending

HIV epidemiology in states and counties across the U.S. show a similar trend over time. Due to medical advances in HIV treatment, HIV-related mortality has steadily declined while the number of people living with HIV has steadily increased. Concurrently, the number of newly reported HIV diagnoses has stabilized in response to scaled-up prevention and treatment efforts. This stabilization indicates a measure of success in prevention, testing, linkage, retention, and viral suppression efforts as the Houston area continues to grow in population.

The Houston Eligible Metropolitan Area (EMA)

The Houston Eligible Metropolitan Area (EMA) includes the six counties of Chambers, Fort Bend, Harris (including the City of Houston), Liberty, Montgomery, and Waller. The data presented below are for the Houston EMA as a whole and are not county-specific.

HIV Diagnoses

HIV diagnoses reflect the number and proportion of new diagnoses of HIV within a particular calendar year. It is important to note that the year in which a positive HIV/ test is reported is not necessarily the year the transmission occurred. However, new reported diagnoses of HIV provide the most complete representation of trends in HIV transmission for targeting prevention, testing, and linkage activities.

(**Table 1**) In 2016, 1.325 people were newly diagnosed with HIV in the Houston EMA. This is a rate of 22 new HIV diagnoses for every 100,000 people in the EMA. Seventy-eight percent (78%) of new diagnoses males (sex at birth). African Americans individuals had the highest rate of new HIV diagnoses with 56 new HIV diagnoses per 100,000 African Americans in the EMA. This is over six times the HIV diagnosis rate among White individuals and almost triple the rate among Hispanic/Latino individuals. In total, African Americans account for 46.7% of all new HIV diagnoses in the EMA. The age distribution of new HIV diagnoses in the Houston EMA skews toward younger age ranges with its peak among 25 to 34 year olds (39.3% of new diagnoses) and with 13 to 24 year olds (21.7% of new diagnoses). Male-to-male transmission (**MSM**) was reported most often in 2016 at 68.3%, followed by heterosexual contact at 24.7%

TABLE 1-New HIV Diagnoses in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Transmission Risk, 2016[a]

	New Diagnoses	%	Rate[b]
Total	1,325	100%	21.9
Sex at Birth			
Male	1,038	78.3%	34.5
Female	287	21.7%	9.4
Race/Ethnicity			
White	186	14.0%	8.6
African American	619	46.7%	55.7
Hispanic/Latino	468	35.3%	20.4
Other/Multiple Races	26	2.0%	5.0
Age			
0 - 12	N	N	N
13 - 24	287	21.7%	28.4
25 - 34	521	39.3%	56.1
35 - 44	232	17.5%	26.9
45 - 54	190	14.3%	24.4
55+	92	6.9%	7.1
Transmission Risk[e]			
Men who have Sex with Men (MSM)	905	68.3%	*
Injection drug use (IDU)	69	5.2%	*
MSM/IDU	20	15.0%	*
Heterosexual contact	327	24.7%	*
Perinatal transmission	4	30.0%	*
Adult other risk	0	0.0%	*

[a]Source: Texas eHARS. New HIV diagnoses as of 12/31/16

[b]Source: Texas Department of State Health Services, 2016 Houston EMA Population Denominators. Received on 09/14/2017

[e]Cases with unknown risk were redistributed based on historical patterns of risk ascertainment and reclassification

*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk

[N]Data has been suppressed to meet cell size limit of 5

Relative Rates of Increase for New Diagnoses

(**Table 2**) Relative rates of increase for new HIV diagnoses can indicate new and emerging populations while accounting for the size of each group within the population. Though the overall HIV diagnosis rate decreased by 9% between 2011 and 2016, two populations in the Houston EMA have experienced increases in the relative rates of new diagnoses. Between 2011 and 2016, there was a 33.3% relative rate increase among individuals ages 25-34 (from 42.1 to 59.1 per 100,000 population) and a 2.5% relative rate increase among Hispanic individuals (from 19.9 to 20.4 per 100,000 population).

TABLE 2- Relative Rates of Increase for New HIV Diagnoses in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Transmission Risk, 2011 and 2016[a]

	HIV Diagnosis Rate (per 100,000 population)[b]		Relative Rate of Change
	2011	**2016**	
Total	24.1	21.9	-9.1
Sex at Birth			
Female	11.7	9.4	-19.7
Male	36.3	34.5	-5.0
Race/Ethnicity			
White, not Hispanic	9.4	8.6	-8.5
Black, not Hispanic	68.5	57.7	-15.8
Hispanic	19.9	20.4	2.5
Other/Multiple Races	7.3	5	-31.5
Age			
0-1	2.3	1.1	-52.2
2-12	0.7	0.1	-85.7
13-24	33.8	28.4	-16.0
25-34	42.1	56.1	33.3
35-44	35.2	26.9	-23.6
45-54	27.2	24.4	-10.3
55+	11.3	7.1	-37.2

[a]Source: Texas eHARS. New HIV diagnoses as of 12/31/2011 and 12/31/16
[b]Source: Texas Department of State Health Services, 2016 Houston EMA Population Denominators. Received on 09/14/2017

Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk

Disproportional Rates of New Diagnoses

Disproportional rates of new diagnoses compare the inequitable impact of new HIV diagnoses across populations by comparing adjusted diagnoses per population size (HIV diagnosis rate) for each group to the diagnosis rate for a jurisdiction as a whole. An equitable system absent of disproportionate rates of new diagnoses would reveal diagnoses rates across most populations that mirror the overall diagnosis rate of the jurisdiction.

(**Table 3**) Using the total 2016 Houston EMA HIV diagnosis rate (21.9 per 100,000 population) as a benchmark, the following populations experience disproportionately higher rates of new HIV diagnoses: 163% higher rate among Black/African Americans individuals; 156% higher rate among individuals age 25-34; 58% higher rate among males (sex at birth); 30% higher rate among individuals age 13-24; 23% higher rate among individuals age 35-44; and 11% higher rate among individuals age 45-54. While there has been no change in *which* groups experience disproportionally higher rates of new diagnoses since 2011, the *extent* of disproportionality within each population group changed in the Houston EMA between 2011 and 2016. Individuals age 25-34 experienced an 81 percentage point increase and Hispanic individuals experience an 11-percentage point increase in diagnosis rate disproportionality.

TABLE 3- Disproportional Rates of New HIV Diagnoses in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Transmission Risk, 2016[a]

	HIV Diagnosis Rate (per 100,000 population)[b]	Percent Comparison to EMA HIV Diagnosis Rate
	2016	
Total	21.9	
Sex at Birth		
Female	9.4	-12.5%
Male	34.5	57.5%
Race/Ethnicity		
White, not Hispanic	8.6	-60.7%
Black, not Hispanic	57.7	163.5%
Hispanic	20.4	-6.8%
Other/Multiple Races	5	-77.2%
Age		
0-1	1.1	-95.0%
2-12	0.1	-99.5%
13-24	28.4	29.7%
25-34	56.1	156.2%
35-44	26.9	22.8%
45-54	24.4	11.4%
55+	7.1	-67.6%

[a]Source: Texas eHARS. New HIV diagnoses as of 12/31/2011 and 12/31/16
[b]Source: Texas Department of State Health Services, 2016 Houston EMA Population Denominators. Received on 09/14/2017
Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk

Late/Concurrent Diagnoses

Late/concurrent diagnosis refers to the concurrent to 3 months elapsed between an individual's initial HIV diagnosis and their diagnosis with Stage 3 HIV (formerly AIDS), if applicable. Late/concurrent diagnosis is typically observed among individuals living with undiagnosed HIV for some time, and can indicate populations in which efforts to increase early testing are needed. Early identification and linkage to care support both improved long-term health outcomes and play an important role in reducing new HIV transmissions.

(**Table 4**) Of people newly diagnosed in the Houston EMA in 2015, 275 or 20% also received a Stage 3 HIV (formerly AIDS) diagnosis within 3 months. Populations disproportionately impacted by late/concurrent diagnoses in the Houston EMA in 2015 include Hispanic females age 35 – 44 (50%), Hispanic females age 55 and older (55%), Hispanic males age 35 – 44 (41%), Hispanic males age 55 and older (59%), and African American males age 35-54 (36%).

TABLE 4-Late Diagnoses (≤3 months) in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Transmission Risk, 2015

	Frequency	%[a]
Total	275	20.4%
Sex at Birth		
Male	212	20.3%
Female	63	20.8%
Race/Ethnicity		
White	30	15.3%
African American	117	18.4%
Hispanic/Latino	116	25.0%
Other/Multiple Races	7	25.9%
Age		
0 - 12	N	N
13 - 24	25	7.7%
25 - 34	71	15.1%
35 - 44	85	31.8%
45 - 54	54	32.1%
55+	39	35.5%
Transmission Risk[b]		
Men who have Sex with Men (MSM)	163	18.4%
Injection drug use (IDU)	15	23.1%
MSM/IDU	7	17.1%
Heterosexual contact	88	25.3%
Perinatal transmission	N	N

Source: Texas eHARS. Late HIV diagnoses as of 12/31/15

[a]Reflects percent among all new HIV diagnoses in population group during 2015.

[b]Cases with unknown risk were redistributed based on historical patterns of risk ascertainment & reclassification

[N]Data has been suppressed to meet cell size limit of 5

Prevalence

Prevalence refers to the total number of cases of a health condition among people who are still living with the condition during a specific time period. Prevalence describes a "snapshot" of people living with the condition, but does not indicate how long a person has had a condition. Prevalence trends can help jurisdictions estimate risk for a health condition over time. For HIV surveillance, prevalence refers to PLWH in a jurisdiction at a particular point in time, regardless of time of transmission or date of diagnosis. In the data presented here, HIV prevalence refers to all PLWH, regardless of year of diagnosis, at the end of calendar year 2016 in the Houston EMA

(**Table 5**) At the end of 2016, there were 27,023 diagnosed PLWH in the Houston EMA. This means that, for every 100,000 people residing in the EMA, 446 were PLWH. Three-quarters of all PLWH in the EMA were men. African American individuals had the highest rate of living HIV cases in the EMA with 1,233 African American PLWH for every 100,000 African American individuals in the jurisdiction. This is five times the rate among White individuals and almost four times the rate among Hispanic/Latino individuals. People age 45 to 54 had the highest HIV prevalence rate of all age groups and accounted for 28.0% of all PLWH, though prevalence is shifting toward the 55 and over age group as people age with HIV. The most common transmission risk was MSM (56.7%), followed by heterosexual contact at 29.4%.

TABLE 5-People Living with HIV in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Risk Category, 2016[a]

	Prevalence	%	Rate[d]
Total	27,023	100%	446.0
Sex at Birth			
Male	20,255	75.0%	673.6
Female	6,768	25.0%	221.8
Race/Ethnicity			
White	5,288	19.6%	243.8
African American	13,226	48.9%	1232.7
Hispanic/Latino	7,445	27.6%	324.1
Other/Multiple Races	368	1.4%	70.8
Age			
0 - 1	N	N	N
2 - 12	62	0.2%	6.2
13 - 24	1,302	4.8%	128.8
25 - 34	5,452	20.2%	587.5
35 - 44	6,439	23.8%	747.9
45 - 54	7,553	28.0%	969.1
55+	6,211	23.0%	482.3
Transmission Risk[e]			
Men who have Sex with Men (MSM)	15,322	56.7%	*
Injection drug use (IDU)	2,330	8.6%	*
MSM/IDU	1,071	4.0%	*
Heterosexual contact	7,947	29.4%	*
Perinatal transmission	334	1.2%	*
Adult other risk	18	1.0%	*

[a]Source: Texas eHARS. All diagnosed PLWH as of 12/31/16
[b]Source: Texas Department of State Health Services, 2016 Houston EMA Population Denominators. Received on 09/14/2017

[e]Cases with unknown risk were redistributed based on historical patterns of risk ascertainment and reclassification

*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk

[N]Data has been suppressed to meet cell size limit of 5

Table XX: Characteristics of People living with HIV in Houston/Harris County, Texas — Medical Monitoring Project, 2009-2014

Characteristics	No. [a]	Wt. No. [b]	Percentage [c]	95% CI [d]
Overall	1,180	11,461	100	[10,845-12,077]
Gender at Birth				
Male	835	8,200	71.5	68.1-74.9
Female	346	3,268	28.5	25.1-31.9
Current Gender				
Male	816	8,000	69.8	66.2-73.3
Female	344	3,232	28.2	24.7-31.6
Transgender [e]	21	237	2.1	1.2-2.9
Age Group (Years)				
18-29	120	1,262	11.0	9.1-12.9
30-39	241	2,402	20.9	18.1-23.8
40-49	399	3,929	34.3	31.3-37.2
50+	421	3,876	33.8	31.0-36.6
Race/Ethnicity				
White (non-Hispanic)	255	2,659	23.2	19.8-26.6
Black (non-Hispanic)	598	5,667	49.4	46.0-52.8
Hispanic or Latino [f]	306	2,929	25.5	22.9-28.2
Other	22	214	1.9	1.1-2.6
Educational Level				
< High School	257	2,484	21.7	18.8 - 24.6
High School Diploma or GED	336	3,244	28.3	25.5 - 31.1
>High School	587	5,733	50.0	45.9 - 54.1
Sexual Orientation [g]				
Homosexual, gay, or lesbian	307	3,179	33.6	29.3-37.8
Heterosexual or straight	537	5,348	56.5	52.0-61.0
Bisexual	84	811	8.6	6.6-10.5
Other/unclassified	13	128	1.4	0.6-2.1
Time since HIV diagnosis (Years)				
< 5	294	3,120	27.3	24.6-30.0
5 – 9	264	2,454	21.4	19.0-23.9
≥ 10	621	5,869	51.3	48.1-54.5
Country of Birth				
United States	929	9,092	79.3	76.8-81.8
Mexico	135	1,288	11.2	9.4-13.1
Other	117	1,089	9.5	7.7-11.3
Years Living in the United States				
< 5	9	85	3.6	1.2-5.9
5 – 10	42	408	17.2	12.3-22.0

11 - 15	45	428	18.0	13.2-22.8
16 - 20	53	504	21.2	15.9-26.5
20+	103	952	40.1	33.7-46.5
Poverty Level [h]				
Above Poverty Level	540	5,355	47.9	44.5-51.3
At or below poverty level	613	5,834	52.1	48.7-55.5
% of Federal Poverty Level (FPL)				
<100% FPL	613	5834	52.1	48.7-55.5
>=100% - <139% FPL	180	1785	16.0	13.6-18.3
>=139% - <400% FPL	280	2774	24.8	21.7-27.9
>=400% FPL	80	796	7.1	5.3-8.9

Abbreviations: CI, confidence interval; GED, general educational development;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥30%, "don't know" responses, and skipped (missing) responses.

[a] *Numbers are unweighted.*

[b] *Numbers are weighted*

[c] *Percentages are weighted*

[d] *Weighted Confident Intervals in percentages.*

[e] *Patients were classified as transgender if sex at birth and gender reported by the patient were different, or if the patient chose transgender in response to the question about self-identified gender.*

[f] *Hispanics or Latinos might be of any race. Patients are classified in only 1 race/ethnicity category.*

[g] *Self-identified sexual orientation*

[h] *Level of Poverty based on yearly income and number of household dependents;* Poverty guidelines as defined by the Department of Health and Human Services was used.

[i] *% of FPL categories based on midpoint of yearly income and HH Size*

Table XX: Housing and Living Conditions of Persons Living with HIV in Houston/Harris County, Texas- Houston Medical Monitoring Project, 2009 - 2014

Characteristics	No. [a]	Wt. No. [b]	Percentage [c]	95% CI [d]
Incarcerated >24 hours [e]				
No	1,103	10,731	93.6	92.1-95.0
Yes	78	738	6.4	5.0-7.9
Homelessness Status				
Not Homeless	1,080	10,488	91.4	89.7-93.2
Homeless	101	981	8.6	6.8-10.3
Lived on the Street				
No	1,126	10,905	95.1	93.6-96.6
Yes	55	563	4.9	3.4-6.4
Lived in a Shelter				
No	11.2	10,983	95.8	94.5-97.0
Yes	49	486	4.2	3.0-5.5
Lived in a Single Room Occupancy Hotel				
No	1132	11,020	96.1	94.9-97.2
Yes	49	449	3.9	2.8-5.1
Lived in a Car				
No	1152	11,182	97.5	96.5-98.4
Yes	29	287	2.5	1.6-3.5

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥30%, "don't know" responses, and skipped (missing) responses.

[a] Numbers are unweighted.

[b] Numbers are weighted

[c] Percentages are weighted

[d] Weighted Confident Intervals in percentages

[e] In the past 12 months, arrested and put in jail detention or prison

Table XX: Types of Health Insurance and Health Insurance Combinations used by PLWH in Houston/Harris County, Texas – Houston Medical Monitoring Project 2009-2014

Characteristics	No.[a]	Wt. No.[b]	Percentage[c]	95% CI[d]
Any Kind of Health Insurance in the past 12 months				
No	389	3,983	34.8	31.7-37.8
Yes	791	7,478	65.2	62.2-68.3
Continuous Insurance in the past 12 months (excluding Ryan White)				
Continuous insurance/coverage	687	6,457	56.4	53.2-59.6
Lapsed Insurance/coverage	65	632	5.5	4.1-7.0
No insurance/coverage	426	4,354	38.0	34.9-41.2
Health Insurance Type				
Private Only	191	1,869	16.3	13.5-19.1
Any Public	560	5,208	45.4	42.4-48.5
No Insurance/coverage	426	4,354	38.0	34.9-41.1
Unknown/unspecified insurance	*	30	0.3	0.0-0.6
Ryan White				
Yes	273	2,494	21.8	19.2-24.4
No	565	5,561	48.6	45.2-52.0
Uninsured	91	954	8.3	6.6-10.1
Uninsured (RW/ADAP only)	249	2,429	21.2	18.8-23.7
Medicaid				
Yes	312	3,001	26.2	23.4-29.0
No	529	5,085	44.3	40.7-47.9
Uninsured	91	954	8.3	6.6-10.0
Uninsured (RW/ADAP only)	249	2,429	21.2	18.7-23.7
Medicare				
Yes	261	2,444	21.3	18.9-23.7
No	580	5,642	49.2	46.3-52.0
Uninsured	91	954	8.3	6.6-10.0
Uninsured (RW/ADAP only)	249	2,429	21.2	18.7-23.7
Tricare or CHAMPUS				
Yes	*	*	01	0.0-0.2
No	840	8,079	70.4	67.7-73.2
Uninsured	91	954	8.3	6.6-10.0
Uninsured (RW/ADAP only)	249	2,429	21.2	18.7-23.7
Veterans Administration				
Yes	--	--	--	--
No	841	8,086	70.5	67.8-73.3
Uninsured	91	954	8.3	6.6-10.0
Uninsured (RW/ADAP only)	249	2,429	21.2	18.7-23.7

Private Health Insurance				
Yes	252	2,528	22.0	18.6-25.4
No	589	5,558	48.5	45.3-51.7
Uninsured	91	954	8.3	6.6-10.0
Uninsured (RW/ADAP only)	249	2,429	21.2	18.7-23.7
Public Health Insurance				
Yes	186	1,762	15.4	12.9-17.8
No	655	6,324	55.1	51.8-58.5
Uninsured	91	954	8.3	6.6-10.0
Uninsured (RW/ADAP only)	249	2,429	21.2	18.7-23.7
Other unspecified Health Insurance				
Yes	18	171	1.5	0.8-2.2
No	823	7,915	69.0	66.3-71.7
Uninsured	91	954	8.3	6.6-10.0
Uninsured (RW/ADAP only)	249	2429	21.2	18.7-23.7
No Insurance (anytime past 12 months)				
No	721	6,804	91.2	89.0-93.4
yes	68	656	8.8	6.6-11.0
Health Insurance Combinations				
Private insurance only	169	1,701	14.8	12.3-17.4
Medicaid only	144	1,428	12.4	10.4-14.5
Medicare only	56	534	4.7	3.4-5.9
Medicaid + Medicare	72	685	6.0	4.5-7.5
Ryan White/ADAP only	249	2,429	21.2	18.7-23.7
Any Veteran Administration	*	7	0.1	0.0-0.2
Other public	72	693	6.0	4.5-7.5
Private + Ryan White/ADAP	37	341	3.0	2.0-4.0
Medicaid + Ryan White/ADAP	43	400	3.5	2.4-4.6
Medicare + Ryan White/ADAP	63	550	4.8	3.6-6.0
Medicaid + Medicare + Ryan White/ADAP	21	189	1.6	0.9-2.4
Other public + Ryan White/ADAP	77	717	6.3	4.8-7.7
Uninsured	91	954	8.3	6.6-10.0
Other	86	841	7.3	5.3-9.4

Abbreviations: CI, confidence interval; CHAMPUS, Civilian Health and Medical Program of the Uniformed Services; SSI, Supplemental Security Income; SSDI, Social Security Disability Insurance.
Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.
Excluded are values with a coefficient of variation ≥30%, "don't know" responses, and skipped (missing) responses.
** Number suppressed because it is below threshold.*
[a] Numbers are unweighted.
[b] Numbers are weighted
[c] Percentages are weighted
[d] Weighted Confident Intervals in percentages

Table xx: Employment Status and Yearly Household Income and Sources

Characteristics	No.[a]	Wt. No.[b]	Percentage[c]	95% CI[d]
Current Employment Status				
Employed for wages	185	1,577	41.4	36.6-46.1
Self-employed	32	262	6.9	4.6-9.2
Out of work for more than 1 year	50	399	10.5	7.7-13.3
Out of work for less than 1 year	34	284	7.5	5.0-9.9
Homemaker	8	60	1.5	0.5-2.6
Student	18	153	4.0	2.1-5.9
Retired	20	164	4.3	2.5-6.1
Unable to work (Disability)	110	916	24.0	20.0-28.0
Combined yearly household income (US$)[e]				
$0 to $19,999	833	8,072	72.1	68.9-75.4
$20,000 to $39,999	199	1,957	17.5	15.3-19.7
$40,000 to $74,999	75	727	6.5	4.7-8.3
$75,000 and more	46	433	3.9	2.7-5.1
Source of Money				
Salary or wages	465	4,550	39.8	36.7-42.8
Savings or investments	23	250	2.2	1.3-3.1
Pension or retirement fund	12	126	1.1	0.4-1.8
Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)	441	4,225	36.9	34.1-39.8
Other public assistance (welfare)	20	202	1.8	0.9-2.6
Family, partner, or friend(s)	171	1,672	14.6	12.4-16.9
No income or financial support	21	203	1.8	1.0-2.6
Other	21	211	1.8	1.0-2.7
Any Disability				
Yes	211	1,728	45.5	40.8-50.1
No	244	2,072	54.5	49.9-59.2

Abbreviations: CI, confidence interval; SSI, Supplemental Security Income; SSDI, Social Security Disability Insurance.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥30%, "don't know" responses, and skipped (missing) responses.

** Number suppressed because it is below threshold.*

[a] Numbers are unweighted.

[b] Numbers are weighted

[c] Percentages are weighted

[d] Weighted Confident Intervals in percentages

[e] Income from all sources, before taxes, in the last calendar year.

Table XX: HIV Test Location and Main Reasons for Testing

Characteristics	No.[a]	Wt. No. [b]	Percentage [c]	95% CI [d]
Test Location				
Private doctor's office	*52*	553	18.5	13.6-23.3
Primary care clinic or community health center	*55*	590	19.7	15.0-24.4
Health department	*28*	293	9.8	5.9-13.7
OBGYN or family planning clinic	*7*	62	2.1	0.2-3.9
Emergency Room	19	194	6.5	3.6-9.3
Inpatient Hospital	52	534	17.8	13.7-22.0
Mobile test site	11	127	4.2	1.6-6.9
Correctional facility	11	125	4.2	1.7-6.6
Other	50	518	17.3	12.5-22.1
Main Reason for Testing				
Exposure through sexual contact	55	607	20.2	15.4-25.0
Part of STD screening or due to STD diagnosis	23	234	7.8	4.6-10.9
Due to other illness (not STD)	92	922	30.7	25.2-36.1
Due to pregnancy	11	117	3.9	1.1-6.7
Personal initiative to routinely test	24	249	8.3	4.9-11.6
Provider recommendation as part of routine care	19	182	6.1	3.4-8.7
Requirement (military, court order, or insurance)	9	115	3.8	1.3-6.3
Other	53	580	19.3	14.4-24.2
Partner notification after testing HIV positive				
Yes	182	1,894	64.7	59.0-70.5
No	96	1,031	35.3	29.5-41.0
Response to offering to tell partner				
I asked them not to tell any of my partners	28	308	17.1	11.0-23.3
I asked them to tell only some of my partners	19	183	10.2	5.7-14.7
I asked them to tell all my partners	103	1096	60.9	54.0-67.9
I told them that I didn't have any partners	22	212	11.8	7.3-16.3
Have Place for Usual HIV Care				
Yes	1166	11,385	98.6	97.9-99.3
No	15	163	1.4	0.7-2.1
Satisfied with medical care received				
Strongly agree	216	1,794	46.8	42.0-51.7
Agree	208	1,755	45.8	41.0-50.6
Uncertain	17	147	3.8	2.0-5.7
Disagree	10	81	2.1	0.8-3.4
Strongly disagree	7	52	1.4	0.4-2.4
Dissatisfied with medical care received				
Strongly agree	43	351	9.1	6.6-11.8

Agree	96	793	20.8	17.1-24.4
Uncertain	22	194	5.1	3.0-7.2
Disagree	164	1,385	36.2	31.6-40.8
Strongly disagree	132	1,098	28.7	24.5-32.9

Abbreviations: CI, confidence interval;
Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.
Excluded are values with a coefficient of variation ≥30%, "don't know" responses, and skipped (missing) responses.
** Number suppressed because it is below threshold.*
[a] Numbers are unweighted.
[b] Numbers are weighted
[c] Percentages are weighted
[d] Weighted Confident Intervals in percentages
[e] Income from all sources, before taxes, in the last calendar year.

Table XX. Emergency department or urgent care clinic use and hospital admission during the past 12 months before the interview —Houston Medical Monitoring Project, 2009-2014

Characteristics	No.[a]	Wt. No. [b]	Percentage [c]	95% CI [d]
Number of visits to emergency department or urgent care clinic				
0	1,055	10,193	89.0	87.0-91.0
1	81	831	7.3	5.6-8.9
2-4	36	348	3.0	2.0-4.0
≥ 5	8	84	0.7	0.2-1.3
Number of hospital admissions				
0	1110	10,740	93.8	92.2-95.3
1	46	486	4.2	3.0-5.5
2-4	18	182	1.6	0.8-2.4
≥ 5	5	45	0.4	0.0-0.8
Admitted to inpatient mental health facility				
Yes	49	490	4.3	3.1-5.5
No	1132	10,979	95.7	94.5-96.9
Admitted to inpatient drug or alcohol treatment facility				
Yes	28	242	2.1	1.3-2.9
No	1,153	11,227	97.9	97.1-98.7

Abbreviations: CI, confidence interval;
Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.
Excluded are values with a coefficient of variation ≥30%, "don't know" responses, and skipped (missing) responses.
[a] Numbers are unweighted.
[b] Numbers are weighted
[c] Percentages are weighted
[d] Weighted Confident Intervals in percentages.

Table XX. Stage of disease, CD4 counts, and viral suppression during the 12 months before the interview—Houston Medical Monitoring Project, 2009-2014

Characteristics	No.[a]	Wt. No. [b]	Percentage [c]	95% CI [d]
Most advanced stage of disease (ever)				
Stage 1	849	8,129	71.2	68.5-73.8
Stage 2	217	2,145	18.8	16.4-21.1
Stage 3 (AIDS)	111	1,149	10.1	8.0-12.1
Geometric mean CD4 count (cells/µL)				
0–199	127	1,333	12.9	10.0-15.3
200–349	188	1,859	18.1	15.3-20.8
350–499	214	2,043	19.8	17.4-22.3
≥500	540	5,065	49.2	45.9-52.4
Lowest CD4 count (cells/µL)				
0-49	59	842	29.2	20.6-37.8
50-99	24	330	11.4	6.1-16.8
100-199	30	464	16.1	11.0-21.2
200-349	46	685	23.7	17.6-30.0
350-499	28	407	14.1	8.9-19.3
500 or more	11	159	5.5	2.2-8.9
Viral suppression				
Most recent viral load documented undetectable or <200 copies/mL	849	7,975	80.2	77.7-82.7
Most recent viral load documented detectable, ≥200 copies/mL, or missing/unknown	195	1,970	19.8	17.3-22.3
Durable viral suppression				
All viral load measurements documented undetectable or <200 copies/mL	736	6,805	68.9	65.9-71.9
Any viral load ≥200 copies/mL or missing/unknown	308	3,090	31.1	28.1-34.1
Clinical AIDS: Any OI Ever				
Yes	180	1,834	24.0	19.3-28.7
No	543	5,805	76.0	71.3-80.7
Clinical AIDS: Any OI during 2-year Surveillance	54	471	12.3	9.1-15.5
Yes	404	3,358	87.7	84.5-90.9
No				
Categories of # of HIV viral load tests in the P12M	21	200	1.9	1.1-2.7
No test	264	2,540	23.8	21.2-26.3
1-2 tests	738	7,198	67.3	64.4-70.2
3-4 tests	80	755	7.1	5.3-8.8
>4 tests				

At least 1 viral load test every 6 months				
Did not have at least 1 viral load test every 6 months	497	4,946	43.5	40.0-47.0
Did have at least 1 viral load test every 6 months	673	6,424	56.5	53.0-60.0

Abbreviations: CI, confidence interval;
Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.
Excluded are values with a coefficient of variation ≥30%, "don't know" responses, and skipped (missing) responses.
[a] Numbers are unweighted.
[b] Numbers are weighted
[c] Percentages are weighted
[d] Weighted Confident Intervals in percentages.

Table XX: English Fluency Level of PLWH

Characteristics	No.[a]	Wt. No. [b]	Percentage [c]	95% CI [d]
How Well do you Speak English?				
Very well	326	2757	72.0	67.7-76.2
Well	89	727	19.0	15.3-22.7
Not Well	23	190	5.0	3.0-6.9
Not at all	20	155	4.0	2.3-5.8
Do you speak a language other than English at home?				
Yes	88	747	19.5	15.8-23.2
No	370	3,082	80.5	76.8-84.2

Abbreviations: CI, confidence interval;
Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.
Excluded are values with a coefficient of variation ≥30%, "don't know" responses, and skipped (missing) responses.
[a] Numbers are unweighted.
[b] Numbers are weighted
[c] Percentages are weighted
[d] Weighted Confident Intervals in percentages.

Technical Notes

Population of Inference

For Medical Monitoring Project (MMP) data collection cycles 2009 through 2014, the population of inference is people living with HIV (PLWH) HIV-infected adults (aged 18 years and older) who received care from known providers of outpatient HIV medical care in the Houston/Harris County, Texas during the population definition period (PDP). The PDP is a predefined period during which PLWH must have received care in a sampled facility in order to be sampled for participation in MMP. The PDP period used for data collection was January 1 through April 30 of each project year from 2009 through 2014.

Data Collection

Patients were enrolled by either MMP staff or health facility staff. The enrollment strategy depended on clinic needs, project area needs, local institutional review board requirements, and the number of patients sampled from a given facility. For enrollment by MMP staff, facilities provided local MMP staff with contact information for patients. For enrollment by HIV medical care providers, selected patients were initially contacted by their health care providers—in person, by telephone, or by mail—and then were contacted by MMP staff. The participant eligibility criteria were the same in all MMP participating project areas: diagnosis of HIV infection, age of ≥18 years at the beginning of the 4-month period when patients were eligible for selection (PDP), no previous participation in MMP during the current data collection cycle, and receipt of medical care at the sampled facility during the PDP.

A trained interviewer conducted either a computer-assisted in-person interview or a telephone interview. English and Spanish versions of the questionnaire were used during the period 2009-2014 for which in the current data analysis is based. Persons who agreed to participate were interviewed in a private location (e.g., at home or in a clinic) or over the telephone. The interview (approximately 45 minutes) included questions about demographics, health care use, met and unmet needs for ancillary services, sexual behavior, depression, gynecologic and reproductive

history (women only), drug and alcohol use, and use of prevention services. Participants were given a gift card as token of appreciation. The value of the gift card varied across the difference cycles (2009-2014) and ranged from $25-$50. After the interview, MMP staff used an electronic application provided by the Centers for Disease Control and Prevention (CDC) to abstract information from the medical records of participants. Abstracted information included diagnoses of AIDS-defining conditions, prescription of antiretroviral treatment (ART), laboratory results, and health care use in the 24 months before the interview.

Methods

Sampling, nonresponse analysis, and weighting methods were applied and data were weighted to account for unequal sampling probabilities and nonresponse. The data obtained is representative of the PLWH in Houston/Harris County, Texas and therefore, the findings are generalizable to this population. There sample comprised of a total of 1181 records covering the period 2009-2014 and has 40 strata, 1030 clusters and a weighted sum of 11,469.