DRAFT

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

2:00 p.m., Thursday, August 8, 2019
Meeting Location: 2223 W. Loop South, Room 532
Houston, Texas 77027

AGENDA

I. Call to Order
   A. Welcome — Daphne L. Jones, Chair
   B. Moment of Reflection
   C. Adoption of the Agenda
   D. Approval of the Minutes

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

III. HHD Community Health Improvement Plan Update — Camden Hallmark and Miyase Koksal-Ayhan, Houston Health Dept

IV. Epidemiological Profile — Amber Harbolt, Health Planner
   A. Content feedback on Chapter 5 — Office of Support

V. Needs Assessment Progress Update

VI. Quarterly Committee Report

VII. Announcements — Daphne L. Jones, Co-Chair

VIII. Adjourn

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2:00 p.m., Thursday, August 8, 2019
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Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Daphne L. Jones, Co-Chair	Holly McLean, excused	Bruce Turner, RWPC Chair
Dawn Jenkins	Shital Patel, excused	Camden Hallmark, HHD
Denis Kelly	Bianca Burley	Miyase Koksal-Ayhan, HHD
Rodney Mills	Ryan Clark, excused	Sha'Terra Johnson-Fairley, TRG
Matilda Padilla	Steven Nazarenus	Crystal Townsend, TRG
Faye Robinson	Larry Woods	Samantha Bowen, RWGA
Imran Shaikh		Amber Harbolt, Office of Support
Isis Torrente		Diane Beck, Office of Support
Dominique Brewster		
Datonye Charles		
Elizabeth Drayden, phone		
Nancy Miertschin		
Steven Vargas		
Anthony Williams		

Call to Order: Daphne L. Jones, Chair, called the meeting to order at 2:13 p.m. and asked for a moment of reflection.

Adoption of Agenda: ***Motion #1:*** *it was moved and seconded (Vargas, Mills) to adopt the agenda.* **Motion carried.**

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Torrente, Kelly) to approve the June 13, 2019 minutes.* **Motion carried.** Abstentions: Kelly, Padilla, Robinson, Shaikh, Charles, Williams.

Public Comment and Announcements: Camden Hallmark, Houston Health Department, introduced new staff member Miyase Koksal-Ayhan who will be working on Comprehensive Planning activities. The committee has a new member so all members were asked to introduce themselves.

FY 2020 EIIHA Target Populations: The committee reviewed the FY 2020 EIIHA Plan motions from the EIIHA workgroup. The EIIHA Workgroup met on July 30, 2019. Participants included representatives from prevention and care, community members, and consumers. The Workgroup reviewed the FY 2020 guidance from HRSA, adopted selection criteria, and selected the FY 2020 target populations. The target populations were sent out after the meeting for comment. There was no Council or Community input received regarding the target populations.

Motion #3: *it was moved and seconded (Vargas, Kelly) to approve the following target populations for the FY 2020 EIIHA Plan:*

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

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

Motion #4: *it was moved and seconded (Vargas, Mills) to have the Office of Support include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data fail to assess the need for testing, referral, and linkage in at-risk populations such as among those who are transgender, intersex, homeless, those released from incarceration, adolescents ages 13 to 17, and young adults ages 18 to 24.* **Motion Carried unanimously.**

Epidemiological Profile Content Feedback: See attached Chapters 3 and 4. Harbolt reviewed the documents and the committee made a few suggested changes to the text.

2019 Needs Assessment Progress: Harbolt said that as of this week, 432 surveys have been completed which is 73% of the minimum sample size. The July NAG meeting did not have quorum so the next NAG meeting will be August 19, 2019 at 2:00 p.m.

Announcements: None.

Adjournment: The meeting was adjourned at 3:15 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

2019 Voting Record for Meeting Date August 8, 2019

MEMBERS	**Motion #1:** Agenda				**Motion #2:** Minutes				**Motion #3:** FY20 EIIHA Plan **Motion Carried**				**Motion #4:** Additional Info for the EIIHA Section **Motion Carried**			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Daphne L. Jones, Chair				C				C				C				C
Dawn Jenkins		X				X				X				X		
Denis Kelly		X						X		X				X		
Holly McLean	X				X				X				X			
Rodney Mills		X				X				X				X		
Matilda Padilla		X						X		X				X		
Shital Patel	X				X				X				X			
Faye Robinson		X						X		X				X		
Imran Shaikh		X						X		X				X		
Isis Torrente		X				X				X				X		
Dominique Brewster		X				X				X				X		
Bianca Burley	X				X				X				X			
Datonye Charles		X						X		X				X		
Ryan Clark	X				X				X				X			
Elizabeth Drayden – phone, ja 2:22 pm	X				X					X				X		
Nancy Miertschin		X				X				X				X		
Steven Nazarenus	X				X				X				X			
Steven Vargas		X				X				X				X		
Anthony Williams		X						X		X				X		
Larry Woods	X				X				X				X			

Chapter 5: Profile of People Who Are Out of Care in the Houston Area

What are the characteristics of people living with HIV who are diagnosed but not in HIV medical care?

"In order for persons living with [HIV] to realize the full benefit of HIV medical care, they must stay in care over time. Doing so helps to achieve viral suppression that can improve health outcomes, reduce the risk of HIV transmission, and lower the number of new [transmissions]."

National HIV/AIDS Strategy, Updated to 2020
July 2015

Research indicates that maintenance in HIV medical care promotes favorable personal and public health outcomes, and is a critical component of HIV prevention. Continuous retention in care supports in consistently higher proportions of viral load suppression, thereby reducing overall community viral load.[1] Individuals who maintain an undetectable viral load have essentially no risk of transmitting HIV through sex, a prevention strategy often referred to as Treatment as Prevention, or Undetectable = Untransmittable.[2]

Examination of the number and characteristics of diagnosed individuals who are not in HIV medical care provides important insight into how a local community is progressing toward national and local goals for retention and viral suppression. This also helps identify specific populations that may be experiencing barriers to HIV care. When examined for change over time, unmet need analysis also provides information about the overall accessibility of a local system of HIV care.

Definitions

The Health Resources and Services Administration (HRSA) has developed a uniform definition for being out of HIV medical care. According to HRSA, a person with diagnosed HIV with no evidence of any of the following in a 12 month period is considered out of care: (1) an HIV primary medical care visit, (2) a blood test to monitor HIV (either a CD4 count or a viral load test), or (3) a prescription for HIV medication. If a person diagnosed with HIV has evidence of at least one of these services in a 12-month period, then that person meets the federal definition of being in care for HIV. Often, the term "unmet need" is interchangeable with being out of care. This is because someone who is out of care is considered to have *unmet* medical needs for HIV. However, someone living with HIV may have "met need" for HIV medical care, but still experience service gaps.

In this definition, people living with HIV can receive medical care services from a health care system or payer source. A person does not have to receive services from a HRSA-funded program, such as the Ryan White HIV/AIDS Program. Analyses of HIV service utilization strive to include as many different health care systems and payer sources as possible in order to produce the most thorough understanding of unmet need in a geographic area.

[1] Colasanti J. et al., Continuous Retention and Viral Suppression Provide Further Insights Into the HIV Care Continuum Compared to the Cross-sectional HIV Care Cascade, *Clinical Infectious Diseases*, 2016.
[2] Rodger A.J. et al., Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study, *The Lancet*, 2019.

Overall Trends in Unmet Need in the Houston Area, 2013 to 2017 --

(**Table 1**) From 2013 to 2017, the percentage of people living with HIV that meet the federal definition of being out of care decreased, while the number of people who are out of care increased. In 2003, 26.7% of people living with HIV in the EMA (or 6,388 PLWH) were out of care. In 2017, the percent out of care was 24.6% (or 6,952 PLWH). During the same period, the total number of persons diagnosed with HIV in the EMA increased by 17.3% (from 23,914 to 28,225).

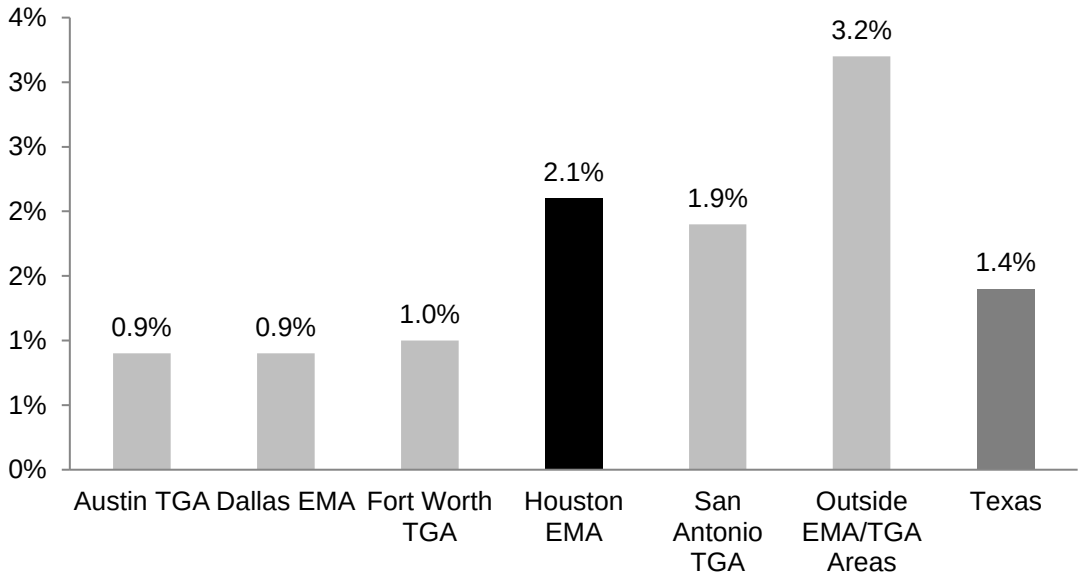
TABLE 1-Number and Percent of People Living with HIV (PLWH) and Unmet Need for HIV Care in Texas and the Houston EMA, 2013 to 2017

	Texas			Houston EMA		
Year	Total PLWH	Number Out of Care	Percent Out of Care	Total PLWHA	Number Out of Care	Percent Out of Care
2013	76,621	19,025	24.8%	23,914	6,388	26.7%
2014	80,073	18,774	23.4%	24,979	6,367	25.5%
2015	82,745	19,039	23.0%	26,041	6,333	24.3%
2016	86,669	19,809	22.9%	27,023	6,537	24.2%
2017	90,700	21,207	23.4%	28,225	6,952	24.6%
Change	18.4%	11.5%	-1.4%	18.0%	8.8%	-2.1%

Source: Texas Department of State Health Services, 2009 - 2017 Unmet Need by EMA/TGA. Released 07/20/18

(**Graph 1**) The Houston EMA's five-year unmet need decline is the highest of all federally designated geographic service areas in the state (HRSA-defined EMAs and TGAs) and higher than the state's percentage as a whole.

GRAPH 1-Change in Percent of People Living with HIV (PLWH) Who Are Out of Care by HRSA Geographic Service Area in Texas, 2013 to 2017



Source: Texas Department of State Health Services, 2009 - 2017 Unmet Need by EMA/TGA. Released 07/20/18

Profile of People with Unmet Need in the Houston EMA, 2017

(**Table 2**) In 2017, there were 6,952 diagnosed people living with HIV in the Houston EMA who were out of care, representing 25% of the total population diagnosed with HIV. Of these, larger proportions of African American individuals, other non-Hispanic individuals, adults ages 35-44 and 65+, and people with PWIDU and perinatal transmission risk were out of care.

TABLE 2-Number and Proportion of People Living with HIV (PLWH) with Unmet Need for HIV Care in Texas and the Houston EMA, 2017[a]

	Texas		Houston EMA	
	Number	Percent[b]	Number	Percent[b]
Total	21,207	23%	6,952	25%
Sex at Birth				
Male	16,827	24%	5,309	25%
Female	4,380	23%	1,643	23%
Race/Ethnicity				
White	4,503	19%	1,190	22%
African American	8,562	25%	3,552	26%
Hispanic/Latino	7,407	25%	1,989	25%
Other	274	26%	109	28%
Multiracial	431	15%	112	15%
Age				
0 - 12	27	16%	6	10%
13 - 24	900	23%	270	22%
25 - 34	4,279	24%	1,399	24%
35 - 44	5,256	25%	1,713	26%
45 - 54	5,665	22%	1,805	24%
55 - 64	3,649	21%	1,219	24%
65+	1,431	27%	540	31%
Transmission Risk[c]				
Male-Male Sexual Contact (MSM)	12,255	22%	3,865	24%
People with Injection Drug Use (PWIDU)	2,415	28%	654	28%
MSM/PWIDU	1,060	23%	267	24%
Sex with Male/Sex with Female	5,194	24%	2,063	25%
Perinatal transmission	257	29%	97	28%
Adult other risk	26	25%	--	--

[a]Source: Texas Department of State Health Services, 2009 - 2017 Unmet Need by EMA/TGA. Released 07/20/18

[b]Represents the percent of each category in the geographic area that meets the standard definition of being out of care; and not the distribution of people that meets the standard definition of being out of care

[b]Cases with unknown risk have been redistributed based on historical patterns of risk ascertainment and reclassification

(**Table 2**) The proportions of individuals who are out of care in the Houston EMA are comparable (within up to 3 ± percentage points difference) to the proportions for the state of Texas as a whole, with two notable exceptions: (1) Children under age 12 who are living with HIV have a lower out of care proportion in the Houston EMA compared to Texas (6%↓), and (2) Adults age 65 and over who are living with HIV have a higher out of care proportion in the Houston EMA compared to the state (4%↑).

Disproportional Impact of Unmet Need in the Houston EMA, 2017

Among demographic groups with larger proportions out of care in the Houston EMA in 2017 (Table 1), additional sub-groups experienced disproportionately high unmet need. This means the proportion of a sub-group with unmet need in 2017 exceeded the total unmet need proportion for the larger demographic group. For example, a larger proportion of males by sex at birth (25%) were out of care in 2017 in the EMA when compared to females at birth (23% out of care). Among males with unmet need, a larger proportion were African American males (27% out of care) and Hispanic/Latino males (26% out of care). Among females with unmet need, a larger proportion were other race/ethnicity or multiracial (both 28% out of care), African American (26% out of care), or Hispanic/Latina (25% out of care). Other groups in the EMA with disproportional unmet need according to this analysis are:

- African American individuals with male-male sexual contact (MSM) (27% out of care)
- People with injection drug use (PWIDU) (28% out of care)
    - Particularly Hispanic/Latino male PWIDU (39% out of care); and
    - White female PWIDU (32% out of care)
- White and other race/ethnicity females with male sexual contact (27% and 39% out of care, respectively)
- Hispanic/Latino and other race/ethnicity males with female sexual contact (33% and 32% out of care, respectively)
- African American males with perinatal transmission (34% out of care)
- Individuals living in specific zip codes in the Houston EMA (**Table 3**)

TABLE 3-Zip Codes in the Houston EMA with Unmet Need Proportions Exceeding Total EMA Unmet Need, 2017

	Number	Percent
Total EMA	6,952	25%
Zip Code (in order, high to low)		
77030	55	63%
77002	412	47%
77027	57	37%
77098	65	33%
77055	80	33%
77036	201	32%
77060	98	31%
77081	119	30%
77074	93	29%
77057	94	29%
77006	201	28%
77063	113	27%
77004	180	27%
77071	70	27%
77042	110	26%

Source: Texas Department of State Health Services, Unmet Need by Zip Code, 2017.
Released 07/20/18

2019 QUARTERLY REPORT
COMPREHENSIVE HIV PLANNING COMMITTEE

Status of Committee Goals and Responsibilities (*means mandated by HRSA):

1. Assess, evaluate, and make ongoing recommendations for the Comprehensive HIV Prevention and Care Services Plan and corresponding areas of the End HIV Plan.

2. *Determine the size and demographics of the estimated population of individuals who are unaware of their HIV status.

3. *Work with the community and other committees to develop a strategy for identifying those with HIV who do not know their status, make them aware of their status, and link and refer them into care.

4. *Explore and develop on-going needs assessment and comprehensive planning activities including the identification and prioritization of special studies.

5. *Review and disseminate the most current Joint Epidemiological Profile.

Committee Chairperson **Date**