Houston Area HIV Services Ryan White Planning Council
Office of Support
Bering Church, 1440 Harold Street, Houston, TX 77006
832 927-7926 telephone; 713 431-4880 fax; http://rwpchouston.org

Memorandum

To: Members, Comprehensive HIV Planning Committee

Allen Murray, Co-Chair	Evelio Escamilla
Steven Vargas, Co-Chair	Paul Richards
Johanna Castillo	Ryan Rose
Kathryn Fergus	Imran Shaikh
Kenia Gallardo	Robert Sliepka
Dawn Jenkins	Carol Suazo
Shital Patel	

Copy:

Tori Williams	David Babb – email only
Mackenzie Hudson	Janice Burns – email only
Tiffany Shepherd	Ann Robison – email only
Marlene McNeese	Gretchen Hollingsworth – email only
Sha'Terra Johnson	Algernon Moorhead
Mauricia Chatman	Oscar Perez
Diane Beck	Miyase Koksal-Ayhan

From: Mackenzie A. Hudson, Health Planner, Office of Support

Date: Saturday, October 7, 2023

Re: **Meeting Reminder**

Please be sure to read the excellent Epidemiological Supplement (final draft) we have received due to the hard work of Imran and his team.

Please note that there will be a hybrid meeting of the Comprehensive HIV Planning Committee. Details are as follows:

Comprehensive HIV Planning Committee Meeting
2:00 pm, Thursday, October 12, 2023

Join Zoom Meeting by clicking on this link:
https://us02web.zoom.us/j/89330219598?pwd=RW9wKzFCWHl6SzRRNG12VndnR21YUT09
Meeting ID: 893 3021 9598 Passcode: 253271
Or, call 346 248-7799

In-person location: Bering Church, 1440 Harold St., Houston, TX 77006. Please park and enter the building from the parking lot behind the church on Hawthorne Street.

Please contact Rod to RSVP, even if you cannot attend. Rod can be reached by telephone at 832 927-7926 or by email at: Rodriga.Avila@harriscountytx.gov. Thank you!

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee
2:00 PM, Thursday, October 12, 2023

Join Zoom Meeting by clicking on this link:
https://us02web.zoom.us/j/89330219598?pwd=RW9wKzFCWHl6SzRRNG12VndnR21YUT09
Meeting ID: 893 3021 9598 Passcode: 253271 To join via telephone call: (346) 248-7799

In-person location: Bering Church, 1440 Harold Street, Houston, TX 77006. Please park and enter the building from behind the church on Hawthorne Street.

AGENDA

I. Call to Order
- A. Welcoming Remarks and Moment of Reflection — Allen Murray and
- B. Adoption of the Agenda — Steven Vargas, Co-Chairs
- C. 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. Old Business
- A. 2023 Needs Assessment — Mackenzie Hudson
- B. Endorse the 2023 Epidemiological Supplement (see attached) — Mackenzie Hudson
- C. 2022-2026 Integrated Plan
  - a. Partner's Meeting — Tori Williams
  - b. Community Meeting 4 pm, Thurs., 11/16/23; Location: TBA — Mackenzie Hudson
  - c. SMARTIE Goals — Steven Vargas

IV. Announcements

V. Adjourn

Draft

HIV in the Houston Area

2023 Epidemiologic Supplement for HIV Prevention and Care Services Planning

CONTENTS

Produced Through a Partnership between:

Houston Area Ryan White Planning Council

Houston Health Department

Disclaimer:
This document is a supplement to and should be used in conjunction with the *2019 Houston Area Integrated Epidemiologic Profile for HIV Prevention and Care Services Planning.* (December 2019). This document contains data on selected epidemiological measures of HIV disease for the jurisdictions of Houston/Harris County and the Houston Eligible Metropolitan Area (**EMA**) for the reporting period of January 1 to December 31, 2021 (unless otherwise noted). It is intended for use in HIV prevention and care services planning conducted in years 2023-24. 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 not presented here due to the overlap of data and data sources with the EMA, which makes the data virtually identical. The 2019 Epidemiologic Profile should be referenced for a comprehensive discussion of data pertaining to the epidemiological questions outlined in joint guidance from the Centers for Disease Control and Prevention and the Health Resources and Services Administration. More recent data may have become available since the time of publication.

Funding acknowledgment:
This document is supported by CDC-RFA-PS18-1802 from the Centers for Disease Control and Prevention (**CDC**) as part of an award totaling $8,671,634. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

This document is also supported by the Health Resources and Services Administration (**HRSA**) of the U.S. Department of Health and Human Services (**HHS**) as part of an award totaling $24,272,961 and was not financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Suggested citation:
2023 Epidemiologic Supplement for HIV Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2020. Approved: TBD

Acknowledgments:
The development of this document was overseen by the Ryan White Planning Council and HIV Prevention Community Planning Group.

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Ryan White Planning Council Office of Support
- Tori Williams, Director
- Mackenzie Hudson, Health Planner

This document was reviewed by the Overall Responsible Parties for HIV/AIDS surveillance and prevention in Houston/Harris County: Dr. Shannon Bibbins, Deputy Director, Houston Health Department.

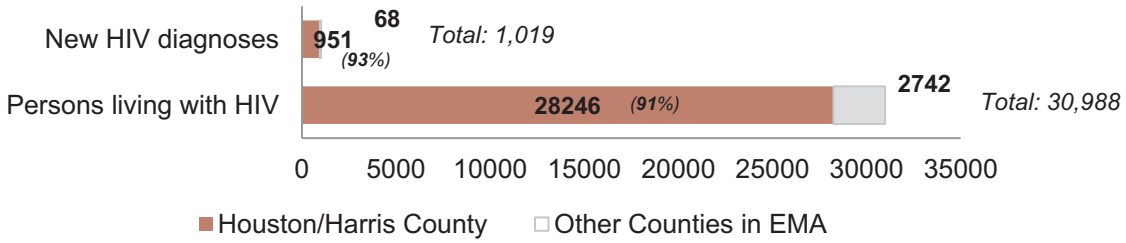
EXECUTIVE SUMMARY

Local communities use data on patterns of HIV, or HIV epidemiology, to better understand who is diagnosed and living with HIV. This helps local communities make informed decisions about HIV services, funding, and quality.

This document is a supplement to the Houston Area's current epidemiological profile of HIV (published in December 2019) and provides updated data on core HIV indicators used in local planning, including new HIV diagnoses and cumulative people living with HIV (HIV prevalence), for the two local jurisdictions of Houston/Harris County and the Houston Eligible Metropolitan Area (**EMA**), a six-county area that includes Houston/Harris County.[1] Data for the year 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and surveillance activities in state/local jurisdictions. A summary of key data is below:

- At the end of calendar year 2020, there were 30,988 diagnosed people living with HIV (**PLWH**) in the Houston EMA, a 2.6% increase from 2019 (2019 total = 30,198). In 2020, 91% of PLWH resided in Houston/Harris County.
- Also, in 2020, 1,019 new diagnoses of HIV were reported in the Houston EMA, a 22% decrease from 2019 (2019 total = 1,313). At the time of diagnosis, 93% resided in Houston/Harris County.

Number of New HIV Diagnoses and People Living with HIV in the Houston EMA, by County, 2020



Sources: Texas eHARS, as of 12/31/2022
Definitions: New HIV diagnoses = People diagnosed with HIV between 1/1/2020 and 12/31/2020, with residence at diagnosis in Houston EMA. People living with HIV = People living with HIV at the end of calendar year 2020.

- In both Houston/Harris County and the Houston EMA, the rates of new HIV diagnoses and prevalence continue to exceed rates both for Texas and the U.S. The rate of new HIV diagnoses in Houston/Harris County is more than twice the rate for the U.S.
- Compared to the general population in the Houston EMA, PLWH are disproportionately male, Black/African Americans, and ages 45 to 54. There is a larger proportion of people ages 25 to 34 among new HIV diagnoses.
- Among 30,988 HIV-diagnosed individuals in the Houston EMA in 2020, 73% had receipt of care (at least one CD4/VL test in year); 56% were retained in HIV care (at least two CD4/VL tests in year, at least three months apart); and 60% maintained or reached viral load suppression (≤200 copies/mL).

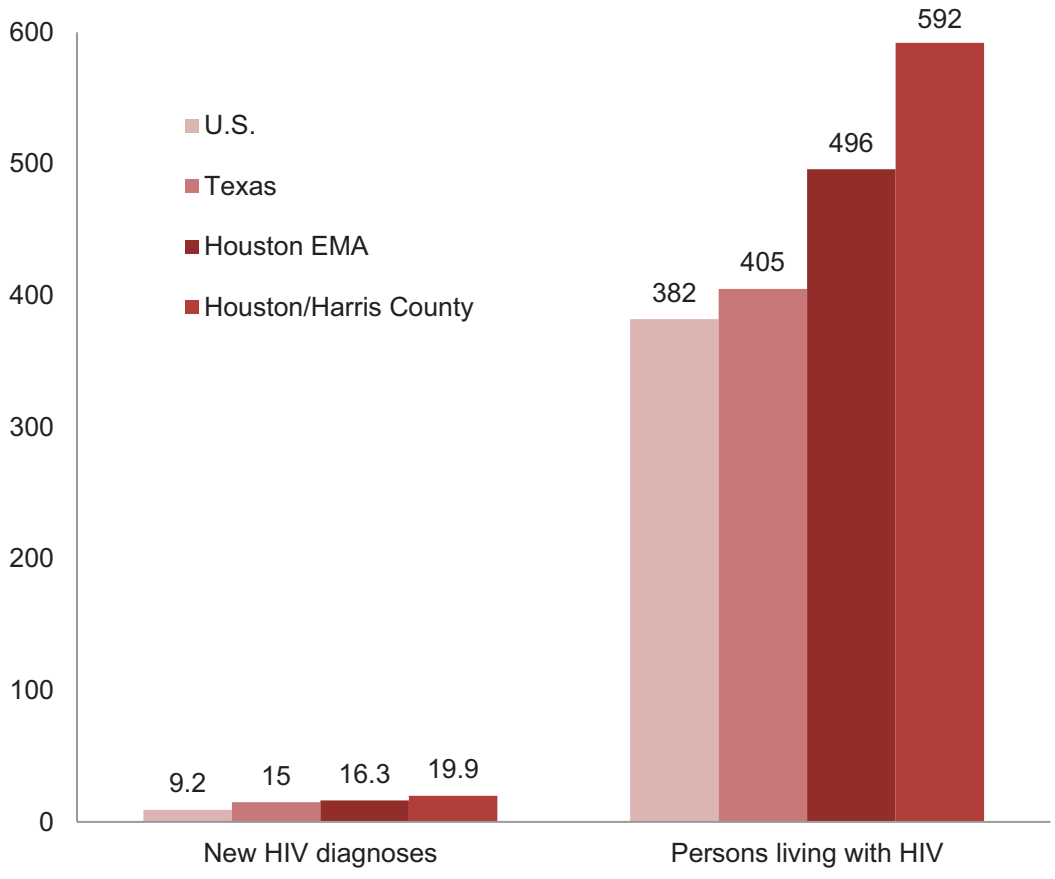
[1]Pages marked "EMA" in the top left corner use 2020 Houston EMA HIV prevalence data, and pages marked "H/HC" in the top left corner use 2020 Houston/Harris County HIV prevalence data, unless otherwise noted.

COMPARISON OF HIV RATES IN HOUSTON, TEXAS, AND THE U.S.

A comparison of core HIV epidemiological indicators between the two Houston area jurisdictions (Houston/Harris County and the Houston EMA), the State of Texas, and the U.S. provides context for the local HIV burden data described in this document.

Overall, both Houston/Harris County and the Houston EMA have higher rates of new HIV diagnoses and HIV prevalence (or PLWH per 100,000 population) than both Texas and the U.S. This indicates that the HIV burden in the Houston area is greater than the state and the nation, even when adjusted for population size. In 2020, the Houston EMA had the highest new HIV diagnoses of any EMA/Transitional Grant Areas in Texas, according to epidemiological data provided by the Texas Department of State Health Services (**TDSHS**).

Rate of New HIV Diagnoses and of People Living with HIV for the U.S., Texas, and Houston Area Jurisdictions



*Rate is per 100,000 population in the respective jurisdiction.
Sources:
U.S.: U.S.: Centers for Disease Control and Prevention. *Diagnoses of HIV Infection in the United States and Dependent Areas, 2020*. HIV Surveillance Report, 2020 (Preliminary); vol. 33. Published August 2022.
AIDSVu: Rates of Persons Living with HIV, 2020
Houston EMA: Texas eHARS. All data, 2020;
Houston/Harris County: Houston/Harris County eHARS. Diagnoses, 2020; Prevalence, 2020.

NEW HIV DIAGNOSES IN HOUSTON/HARRIS COUNTY (H/HC)

In 2020, 951 new diagnoses of HIV disease (including stage 3 HIV/formerly AIDS) were reported in Houston/Harris County, a 23% decrease from 2019 (2019 total = 1,233). Data for the year 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and surveillance activities in state/local jurisdictions. The rate of new HIV and stage 3 HIV diagnoses in Houston/Harris County decreased from 25.9 to 19.9, while the rate of stage 3 HIV was approximately 5 new diagnoses for every 100,000 residents. When compared to 2019, decreases in new HIV rates occurred among all groups.

Proportionally, Black/African Americans made up the majority of new HIV diagnoses in 2020 at 47%, followed by Hispanic/Latinx at 38%. Male-to-male sexual contact or MSM accounted for the most transmission risk at 74%, followed by Sex with male/Sex with female (formerly heterosexual) at 19%.

New Diagnoses of HIV and Stage 3 HIV in Houston/Harris County by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2020[a]

	New HIV [b]			New stage 3 HIV		
	Cases	%	Rate[c]	Cases	%	Rate[c]
Total	951	100.0	19.93	229	100.0	4.80
Sex assigned at Birth						
Male	799	84.02	34.10	187	81.66	7.98
Female	152	15.98	6.39	42	18.34	1.77
Race/Ethnicity						
White	107	11.25	8.15	21	9.17	1.60
Black/African American	445	46.79	49.00	95	41.48	10.46
Hispanic/Latinx	365	38.38	17.83	102	44.54	4.98
Other/Multiracial	34	3.58	6.76	11	4.80	2.19
Age at Diagnosis						
0 - 24[d]	245	25.76	14.41	36	15.72	2.12
25 - 34	358	37.64	47.14	71	31.00	9.35
35 - 44	165	17.35	24.47	48	20.96	7.12
45 - 54	99	10.41	16.88	38	16.59	6.48
55 - 64	69	7.26	13.65	29	12.66	5.74
65+	15	1.58	3.03	7	3.06	1.42
Transmission Risk[e]						
Male-to-male sexual contact (MSM)	707	74.34	*	151.7	66.24	*
Person who injects drugs (PWID)	42.4	4.46	*	14.5	6.33	*
MSM/PWID	20.6	2.17	*	5.5	2.40	*
Sex with male/Sex with female	176	18.51	*	56.3	24.59	*
Perinatal transmission	**	**	*	**	**	*

[a]Source: Texas eHARS, analyzed by the Houston Health Department
[b]HIV = People diagnosed with HIV, regardless of stage 3 HIV status, with residence at diagnosis in Houston/Harris County
[c]Rate per 100,000 population. Source: American Community Survey, 2020 5- year Estimates (for Harris County)
[d]Age group 0-12 years was combined with 13-24 years because 0-12 years category had less than 5 cases and could not be reported.
[e]People with no risk reported were recategorized into standard categories using the multiple imputation program of the Centers for Disease Control and Prevention (CDC).
**Cases less than 5 are suppressed.
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

PEOPLE LIVING WITH HIV IN HOUSTON/HARRIS COUNTY (H/HC)

Data on the total number of people living with HIV (PLWH) in Houston/Harris County are available as of the end of calendar year 2020. At that time, there were 28,246 PLWH (regardless of progression) in Houston/Harris County. This is a prevalence rate of 592 PLWH for every 100,000 people in the jurisdiction.

Of those living with HIV in Houston/Harris County, 76% are male, 48% are Black/African Americans, 76% are people ages 35 and older, and 60% report MSM as their primary transmission risk.

People Living with HIV in Houston/Harris County by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2020[a]

	Cases[b]	%	Rate[c]
Total	28246	100.0	592.00
Sex assigned at Birth			
Male	21527	76.21	918.80
Female	6719	23.79	282.57
Race/Ethnicity			
White	4409	15.61	335.69
Black/African American	13526	47.89	1489.32
Hispanic/Latino	8844	31.31	432.07
Other/Multiracial	1467	5.19	291.77
Current Age (as of 12/31/2020)			
0 - 24	1116	3.95	65.63
25 - 34	5776	20.45	760.49
35 - 44	6608	23.39	979.83
45 - 54	6660	23.58	1135.23
55 - 64	5792	20.51	1146.00
65+	2294	8.12	464.08
Transmission Risk[d]			
Male-to-male sexual contact (MSM)	16871	59.73	*
Person who injects drugs (PWID)	2184	7.73	*
MSM/PWID	1187	4.20	*
Sex with male/Sex with female	7686	27.21	*
Perinatal transmission[e]	247	0.87	*
Other adult risk	13	0.05	*

[a]Source: Texas eHARS analyzed by the Houston Health Department
[b]PLWH at end of 2020 = People living with HIV, regardless of stage 3 HIV status
[c]Rate per 100,000 population. Source: American Community Survey, 2020- 5-year Estimates (for Harris County)
[d]Patients with no risk reported were recategorized into standard categories using the multiple imputation or risk program of the Centers for Disease Control and Prevention (CDC).
[e]Perinatal transmission doesn't include perinatal exposure w/HIV age 13+ years.
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

NEW HIV DIAGNOSES IN THE HOUSTON EMA

In 2020, 1,019 new HIV diagnoses were reported in the Houston EMA, 22% decrease from 2019. The rate of new HIV diagnoses for every 100,000 people in the Houston EMA decreased by 22% from 20.8 in 2019 to 16.3 in 2020.

Noticeable decreases in rates compared to 2019 occurred among all groups.

Black/African Americans comprised the highest proportion of new HIV diagnoses in 2020 at 47%, followed by Hispanic/Latinx at 38%. MSM accounted for the majority of transmission risk at 74%, followed by Sex with male/Sex with female at 19%.

New Diagnoses of HIV in the Houston EMA by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2020[a]

	Cases	%	Rate[c]
Total	1,019	100.0	16.32
Sex assigned at Birth			
Male	847	83.12	27.37
Female	172	16.88	5.46
Race/Ethnicity			
White	128	12.56	6.10
Black/African American	474	46.52	44.04
Hispanic/Latinx	384	37.68	15.97
Other/Multiracial	33	3.24	4.97
Age			
0 – 24[d]	255	25.02	11.38
25 - 34	378	37.10	39.85
35 - 44	188	18.45	21.03
45 - 54	108	10.60	13.60
55 - 64	75	7.36	10.92
65+	15	1.47	2.21
Transmission Risk[b]			
Male-male sexual contact (MSM)	755	74.09	*
Person who injects drugs (PWID)	47	4.61	*
MSM/PWID	17	1.67	*
Sex with male/Sex with female	198	19.43	*
Perinatal transmission	**	**	*

[a] Source: Texas eHARS, new HIV diagnoses in the Houston EMA between 1/1/2020 and 12/31/2020.

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

[d]Age group 0-12 years was combined with 13-24 years because 0-12 years category had less than 5 cases and could not be reported.

**Data has been suppressed to meet cell size limit of 5.

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

PEOPLE LIVING WITH HIV IN THE HOUSTON EMA

At the end of calendar year 2020, there were 30,988 people living with HIV in the Houston EMA, a 3% increase from 2019 (30,198 cases). The rate of HIV prevalence also increased in 2020 to 496 PLWH for every 100,000 people in the Houston EMA, up from 478 in 2019.

Noticeable increases in prevalence rates in 2020 compared to 2019 occurred among all groups, except for Other/Multiracial and people ages 45 to 54.

Black/African Americans comprised the highest proportion of PLWH in 2020 at 48%, followed by Hispanic/Latinx at 30%. MSM accounted for the majority of transmission risk at 59%, followed by Sex with male/Sex with female at 28%.

People Living with HIV in the Houston EMA by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2020[a]

	Diagnosed PLWH		
	Cases	**%**	**Rate[c]**
Total	30,988	100.0%	496.28
Sex assigned at Birth			
Male	23,440	75.64	757.34
Female	7,548	24.36	239.69
Race/Ethnicity			
White	5,163	16.66	246.01
Black/African American	14,765	47.65	1371.76
Hispanic/Latinx	9,448	30.49	392.82
Other/Multiracial	1,612	5.20	242.83
Age			
0 - 24	1,198	3.87	53.46
25 - 34	6,251	20.17	659.08
35 - 44	7,174	23.15	802.56
45 - 54	7,427	23.97	935.12
55 - 64	6,409	20.68	932.75
65+	2,529	8.16	372.32
Transmission Risk[b]			
Male-male sexual contact (MSM)	18,395	59.36	*
Person who injects drugs (PWID)	2,411	7.78	*
MSM/PWID	1,270	4.10	*
Sex with male/Sex with female	8,579	27.68	*

[a] Source: Texas eHARS, diagnosed PLWH in the Houston EMA between 1/1/2020 and 12/31/2020.
[b] Cases with unknown transmission risk have been redistributed based on historical patterns of risk ascertainment and reclassification; information for perinatal transmission risk and other adult risk is not available.
[c] Rate per 100,000 population. Source: American Community Survey, 2020 5-year estimates Houston EMA Population Denominators.
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

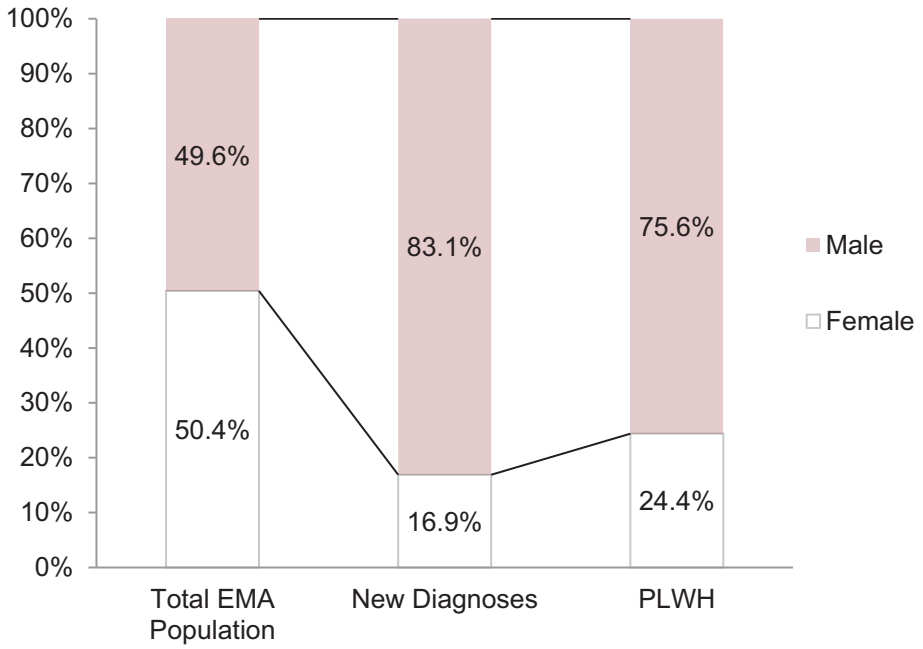
COMPARISON OF THE HOUSTON EMA POPULATION TO THE POPULATION LIVING WITH HIV

By Sex assigned at Birth: In 2020, the Houston EMA population was divided almost equally between males and females. However, more males than females were both newly diagnosed with HIV (83% vs. 17%) and living with HIV (76% vs. 24%) at the end of 2020.

By Race/Ethnicity: Black/African Americans, Hispanic/Latinx, and people of other or multiple races account for 66% of the total Houston EMA population, while these groups comprised 87% of all new HIV diagnoses in 2020 and 83% of all PLWH at the end of 2020. Black/African Americans account for 17% of the total Houston EMA population but comprised 47% of new HIV diagnoses in 2020 and close to half of all PLWH (48%) in the region at the end of 2020.

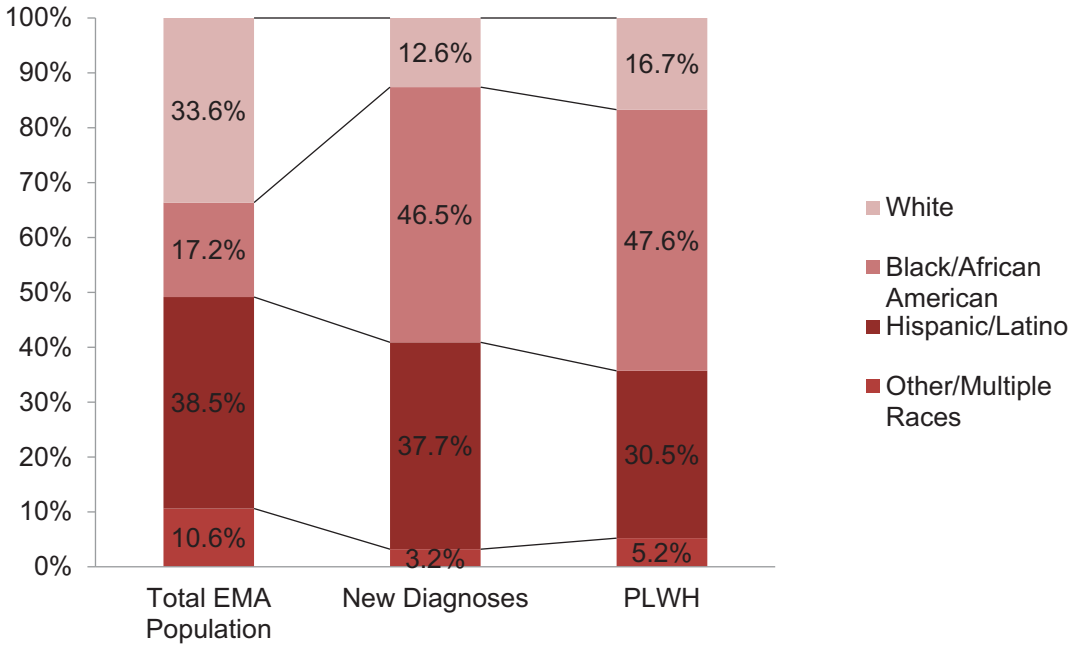
By Age: People ages 25 to 34 accounted for a much larger proportion of new HIV diagnoses (37%) than their share of the Houston EMA population (15%) in 2020. Similarly, people ages 45 to 54 accounted for a much larger proportion of those living with HIV (24%) at the end of 2020 than their share of the population (13%).

Comparison of Total Population[a] in the Houston EMA to People Living with HIV[b] by Sex assigned at Birth,[c] 2020



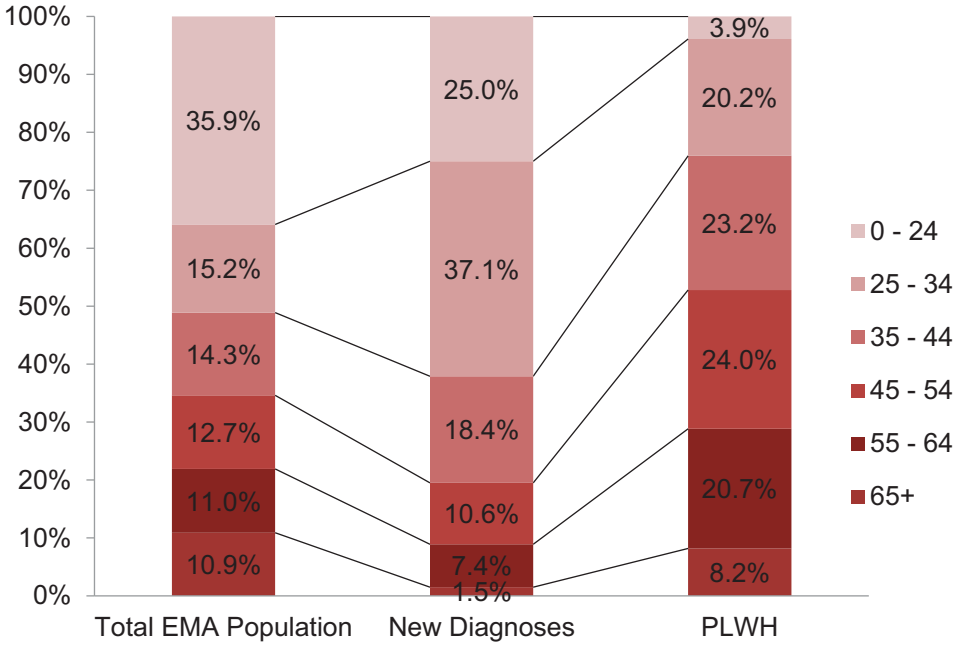
[a]Source: American Community Survey, 2020 5-year estimates
[b]Texas eHARS, Diagnosed PLWH in the Houston EMA as of 12/31/2020; new HIV diagnoses in the Houston EMA between 1/1/2020 and 12/31/2020.
[c]Transgender people are reflected in data by sex assigned at birth due to underreporting.

Comparison of Total Population[a] in the Houston EMA to People Living with HIV[b] by Race/Ethnicity, 2020



[a]Source: American Community Survey, 2020 5-year estimates
[b]Texas eHARS, Diagnosed PLWH in the Houston EMA as of 12/31/2020; new HIV diagnoses in the Houston EMA between 1/1/2020 and 12/31/2020.

Comparison of Total Population[a] in the Houston EMA to People Living with HIV[b] by Age, 2020



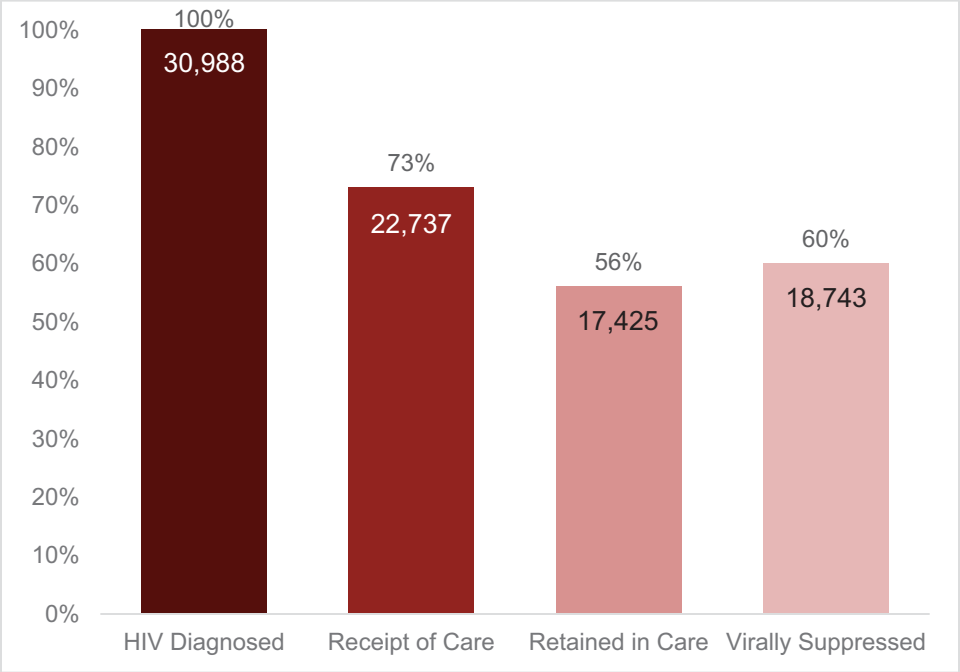
[a]Source: American Community Survey, 2020 5-year estimates
[b]Texas eHARS, Diagnosed PLWH in the Houston EMA as of 12/31/2020; new HIV diagnoses in the Houston EMA between 1/1/2020 and 12/31/2020.
[N]Data suppressed as case number was fewer than 5.

THE HOUSTON EMA HIV CARE CONTINUUM

The Houston EMA HIV Care Continuum depicts the number and percentage of PLWH in Harris, Fort Bend, Waller, Montgomery, Liberty and Chambers counties at each stage of HIV care, from being diagnosed with HIV to viral suppression then linkage to care. Stakeholders use this analysis to measure the extent to which PLWH have community-wide access to care and identify potential service gaps. The methodology follows the CDC definition for a diagnosis-based HIV care continuum.

Among 30,988 HIV-diagnosed individuals in the Houston EMA in 2020, 73% had receipt of care (at least one CD4/VL test in year); 56% were retained in HIV care (at least two CD4/VL tests in year, at least three months apart); and 60% maintained or reached viral load suppression (≤200 copies/mL).

The Houston EMA HIV Care Continuum, 2020



Methodology of CDC diagnosis-based HIV Care Continuum:
HIV Diagnosed: No. of HIV-diagnosed people residing in the Houston EMA, 2020.
Receipt of Care: No. of HIV-diagnosed people who had a care visit as documented by a CD4 or viral load in 2020.
Retained in Care: No. of HIV-diagnosed people who had at least two care visits documented by a CD4 or viral load at least 90 days apart in 2020
Virally Suppressed: No. of HIV-diagnosed people whose last viral load test of the year was ≤200 copies/mL.
Source: TDSHS HIV Unmet Need Project (incl. eHARS, ELR, ARIES, ADAP, Medicaid, private payer data)
Linked to care data is not available.

ADDENDUM

To provide up-to-date findings, we include 2021 data of Houston/Harris County as an addendum to our existing report for comparison since 2021 data of EMA is not available.

NEW HIV DIAGNOSES IN HOUSTON/HARRIS COUNTY (H/HC)

In 2021, 1,182 new diagnoses of HIV disease (including stage 3 HIV/formerly AIDS) were reported in Houston/Harris County, an 24% increase from 2020 (2020 total = 951). Data for the year 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and surveillance activities in state/local jurisdictions. The rate of new HIV and stage 3 HIV diagnoses in Houston/Harris County increased from 19.9 to 24.9, while the rate of stage 3 HIV remained approximately 6 new diagnoses for every 100,000 residents. When compared to 2020, increases in new HIV rates occurred among all groups.

Proportionally, Black/African Americans made up the majority of new HIV diagnoses in 2021 at 46%, followed by Hispanic/Latinx at 40%. Male-to-male sexual contact or MSM accounted for the most transmission risk at 72%, followed by Sex with male/Sex with female (formerly heterosexual) at 20%.

New Diagnoses of HIV and Stage 3 HIV in Houston/Harris County by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2021[a]

	New HIV [b]			New stage 3 HIV		
	Cases	%	Rate[c]	Cases	%	Rate[c]
Total	1182	100.0	24.90	303	100.0	6.38
Sex assigned at Birth						
Male	961	81.30	40.64	237	78.22	10.02
Female	221	18.70	9.28	66	21.78	2.77
Race/Ethnicity						
White	117	9.90	8.77	25	8.25	1.87
Black/African American	544	46.02	61.10	127	41.91	14.26
Hispanic/Latinx	469	39.68	22.69	140	46.20	6.77
Other/Multiracial	52	4.40	11.42	11	3.63	2.42
Age at Diagnosis						
0 - 24[d]	277	23.43	16.25	37	12.21	2.17
25 - 34	445	37.65	59.64	104	34.32	13.94
35 - 44	213	18.02	31.07	71	23.43	10.36
45 - 54	131	11.08	22.11	43	14.19	7.26
55 - 64	85	7.19	16.61	34	11.22	6.64
65+	31	2.62	6.12	14	4.62	2.77
Transmission Risk[e]						
Male-to-male sexual contact (MSM)	846.8	71.64	*	198.8	65.61	*
Person who injects drugs (PWID)	67	5.67	*	21	6.93	*
MSM/PWID	30.3	2.56	*	7.1	2.34	*
Sex with male/Sex with female	236.9	20.04	*	76.1	25.12	*
Perinatal transmission	**	**	*	0	0	*

[a]Source: Texas eHARS, analyzed by the Houston Health Department
[b]HIV = People diagnosed with HIV, regardless of stage 3 HIV status, with residence at diagnosis in Houston/Harris County
[c]Rate per 100,000 population. Source: 2021 American Community Survey 5-Year Estimates and 2020 U.S. Decennial Census
[d]Age group 0-12 years was combined with 13-24 years because 0-12 years category had less than 5 cases and could not be reported.
[e]People with no risk reported were recategorized into standard categories using the multiple imputation program of the Centers for Disease Control and Prevention (CDC).
**Cases less than 5 are suppressed.
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

PEOPLE LIVING WITH HIV IN HOUSTON/HARRIS COUNTY (H/HC)

Data on the total number of people living with HIV (**PLWH**) in Houston/Harris County are available as of the end of calendar year 2021. At that time, there were 29,139 PLWH (regardless of progression) in Houston/Harris County. This is a prevalence rate of 614 PLWH for every 100,000 people in the jurisdiction.

Of those living with HIV in Houston/Harris County, 76% are male, 48% are Black/African Americans, 76% are people ages 35 and older, and 61% report MSM as their primary transmission risk.

People Living with HIV in Houston/Harris County by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2021[a]

	Cases[b]	%	Rate[c]
Total	29139	100.0	613.83
Sex assigned at Birth			
Male	22282	76.47	942.36
Female	6857	23.53	287.79
Race/Ethnicity			
White	4380	15.03	328.33
Black/African American	14012	48.09	1573.73
Hispanic/Latinx	9196	31.56	444.84
Other/Multiracial	1551	5.32	340.54
Current Age (as of 12/31/2021)			
0 - 24	1145	3.93	67.17
25 - 34	5944	20.40	796.64
35 - 44	6746	23.15	983.90
45 - 54	6680	22.92	1127.19
55 - 64	6050	20.76	1181.97
65+	2574	8.83	508.39
Transmission Risk[d]			
Male-to-male sexual contact (MSM)	17654.8	60.59	*
Person who injects drugs (PWID)	2163.1	7.42	*
MSM/PWID	1192.6	4.09	*
Sex with male/Sex with female	7812.5	26.81	*
Perinatal transmission[e]	242	0.83	*
Other adult risk	13	0.04	*

[a]Source: Texas eHARS analyzed by the Houston Health Department
[b]PLWH at end of 2021 = People living with HIV, regardless of stage 3 HIV status
[c]Rate per 100,000 population. Source: 2021 American Community Survey 5-Year Estimates and 2020 U.S. Decennial Census
[d]Patients with no risk reported were recategorized into standard categories using the multiple imputation or risk program of the Centers for Disease Control and Prevention (CDC).
[e]Perinatal transmission doesn't include perinatal exposure w/HIV age 13+ years.
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

Worksheet for Determining SMART goals for 2022 Integrated HIV Prevention and Care Plan

Name: _____ Email: _____ Date:_____

The SMART method provides a way to measure your progress and be accountable for your success. Setting SMART goals allow you to realistically evaluate what you are trying to achieve by assessing what actions to take to reach your goal. For example, you might set a goal to "get better" at typing. However, upon evaluating this goal using the SMART method, you see that your goal is quite vague. By restating your goal in quantifiable terms, such as "be able to type more words per minute," you have a SMART goal that can be obtained. The characteristics of this goal can then be further detailed to reflect the remaining traits of the SMART goal process.

GOAL & ACTIVITY	**Specific** Narrow for more long-term planning	**M**easurable What evidence will prove you are making progress	**A**ttainable Make sure you can reasonably accomplish your goal	**R**elevant align with your values & long-term objectives	**T**ime-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
EXAMPLE 1 (HHD): Goal 1A: Increase individual knowledge of HIV status by diagnosing at least 90% of the estimated individuals who are unaware of their status within five (5) years.	Increase individual knowledge of HIV status	by diagnosing at least 90%	of the estimated individuals who are unaware of their status		within five (5) years.	
EXAMPLE 2 (NHAS): Goal 5C: Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%.	who report an unmet need for services from a mental health professional	Decrease by 50%	the proportion of people with diagnosed HIV		from a 2017 baseline of 24.2%.	
Pillar 1: Diagnose						
Goal 1B: Improve HIV-Related Health Outcomes of All People Being Tested for HIV Goal 1B REV.: Using the status neutral approach, develop X number of Rapid Start programs in order to increase the capacity of the public health healthcare delivery systems and healthcare workforce in order to improve HIV-	Ensure all Ryan White-funded medical care and treatment programs have Rapid Start		By using lessons learned during pilot phase and funding similar efforts	And prioritizing populations that least benefitted, accessed	Within five (5) years.	

GOAL & ACTIVITY	**Specific** Narrow for more long-term planning	**M**easurable What evidence will prove you are making progress	**A**ttainable Make sure you can reasonably accomplish your goal	**R**elevant align with your values & long-term objectives	**T**ime-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
related health outcomes of the individuals being tested.						
Goal 1C: Increase Knowledge and Understanding of HIV *Activity: Establish a Houston Area HIV Education Council.* Goal 1C REV: Establish a Houston Area HIV Education Council by reaching out to college, consumers, needing in-person educators, youth, and professional healthcare workers in partnership with AETCs, RW, and CPG to increase consumer input and participation into science-based health education.	Establish a Houston Area HIV Education Council	By reaching out to college, consumers, needing in-person educators, youth, and professional healthcare workers	In partnership with AETCs, RW and CPG	Increase consumer input and participation into science-based comprehensive sexual health education	Within five (5) years.	Development of a curriculum and pre- and post- tests
Pillar 2: Treat						
Goal 2B: Increase Access to Care and Medication *Activity: Increase access to services that replace or provide identification documents.* Goal 2B REV: Increase access to services that replace or provide identification documents so that lack of identification as a barrier will decrease regardless of immigration or legal status by working with identification providers including CBOs, NGOs, and government agencies.	Increase access to services that replace or provide identification documents.	Lack of identification as a barrier will decrease	By working with identification Providers inc. CBOs, NGOs and governmental agencies	Regardless of immigration or legal status	For five (5) years.	Increased number of IDs dispensed ID will not be listed as a main barrier to care in our Needs Assessments

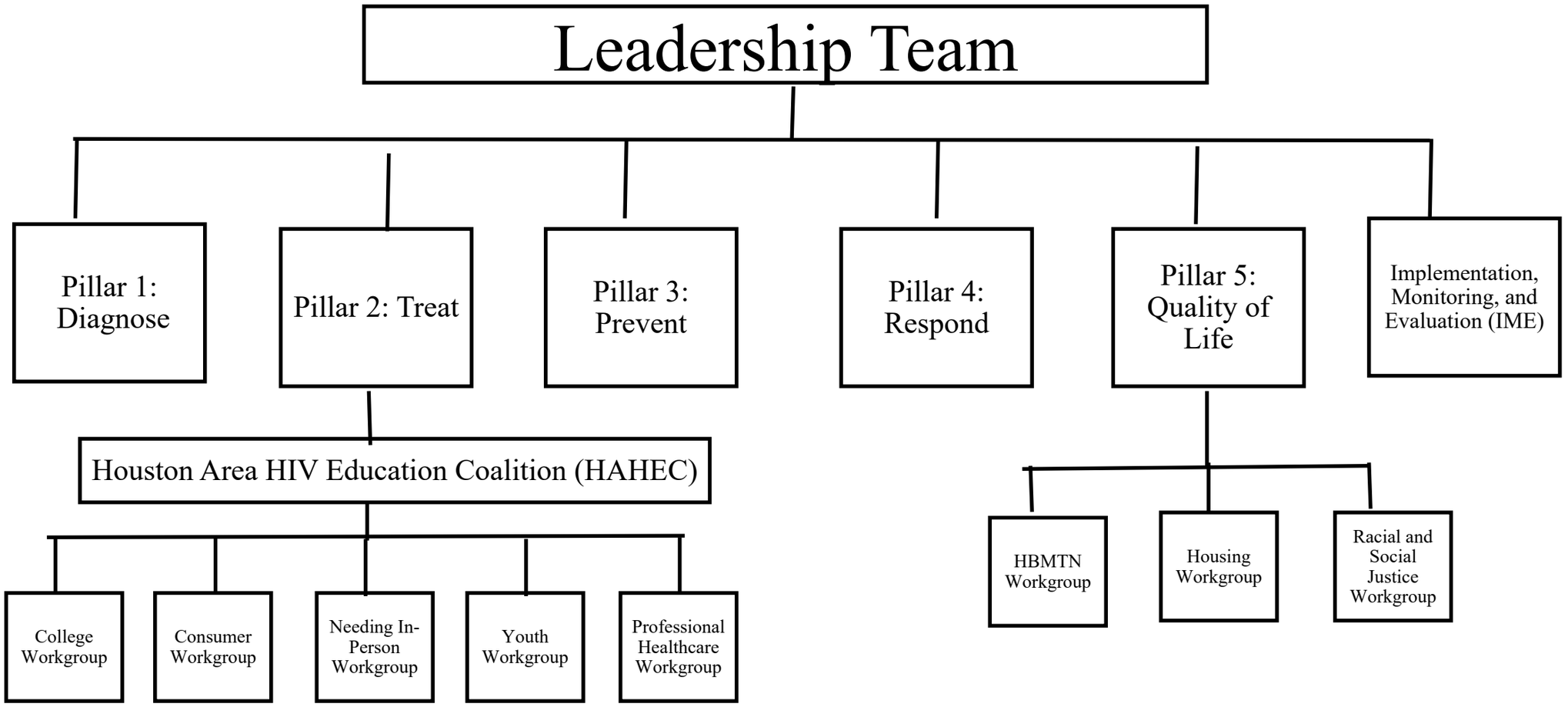
GOAL & ACTIVITY	**Specific** Narrow for more long-term planning	**M**easurable What evidence will prove you are making progress	**A**ttainable Make sure you can reasonably accomplish your goal	**R**elevant align with your values & long-term objectives	**T**ime-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
Goal 2C: Increase access to HIV education, prevention and care services among priority populations. Goal 2C REV: Create a CM job description and fund the position so that less will be lost to care for people with a history of sexual offenses by working with street outreach workers, harm reduction teams and others experienced working with people with a history of sexual offense by prioritizing a historically underserved population.	Create a CM job description and fund the position	Less lost to care for people with a history of sex offenses; linkages to care & support svcs	By working with street outreach workers, Harm Reduction teams and others experienced working with people with a history of sexual offense	By prioritizing an historically underserved population	For five (5) years	A caseload develops, linkage to care
Goal 2D: Increase access to care and medication by tying the distribution of prepaid cell phones for clients to pharmacies, making the phone a medical necessity (not an incentive). *Activity: Meet with representatives of Ryan White-funded agencies to determine if this would resolve the issue of giving consumers prepaid phones.* Goal 2D Rev: Gather information from RW-funded pharmacists, case managers, executive directors, and Coalition for the Homeless to create ease of access via phone provision for historically underserved communities and to mitigate challenges towards maintaining care. Have 2-3 meetings to develop pros and cons and to synthesize information to develop a consensus decision by December 2023. The goal will be for 5	1. Gather information from RW-funded pharmacists, Case Managers, EDs 2. Invite Coalition for the Homeless (info on Houston Community Voicemail)	1. 2-3 number of meetings 2. Develop pros & cons 3. synthesize info to dev. a consensus decision	By December 2023	Create ease of access via phone provision for historically underserved communities, mitigate challenges towards maintaining care	For four (4) years; The 5th year will be to investigate how to include in the next Integrated Plan	1. 2-3 number of meetings 2. Develop pros & cons 3. synthesize info to dev. a consensus decision

GOAL & ACTIVITY	**Specific** Narrow for more long-term planning	**M**easurable What evidence will prove you are making progress	**A**ttainable Make sure you can reasonably accomplish your goal	**R**elevant align with your values & long-term objectives	**T**ime-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
years, the fifth year to investigate how to include in the next Integrated Plan.						
Pillar 3: Prevent						
Goal 3A: Prevent new HIV Infections by increasing knowledge of HIV among people, communities and the health workforce; with particular emphasis on priority populations and non-Ryan White funded agencies with expertise in areas that intersect with HIV. *Activity: Establish a Houston Area HIV Education Council.* Goal 3A REV: Establish a Houston Area HIV Education Council to increase consumer input and participation into developing a science-based comprehensive sexual health education program by including populations more vulnerable to acquiring HIV and HIV prevention providers & educators By reaching out to college, consumers, needing in-person educators, youth, and professional healthcare workers, CPG funded HIV education & prevention providers and in partnership with AETCs, HISD Sexual Health Advisory Council (SHAC), and RW and CPG funded organizations.	Establish a Houston Area HIV Education Council, populations more vulnerable to acquiring HIV and HIV prevention providers & educators	By reaching out to college, consumers, needing in-person educators, youth, and professional healthcare workers, CPG funded HIV education & prevention providers	In partnership with AETCs, HISD Sexual Health Advisory Council (SHAC), RW and CPG funded organizations	Increase consumer input and participation into developing a science-based comprehensive sexual health education	Within five (5) years.	Development of a curriculum and pre- and post- tests • Review CPG plan for this goal
Goal 3C: Gather data both for and against policy changes related to the following issues with the goal of making data driven decisions regarding support for: Condom	1. Condom Distribution: Gather information from SIRR members,	1. 2-3 number of meetings 2. Develop pros & cons	By March 2024	1. Increased protective factors against HIV acquisition for	For four (4) years; The 5th year will be to investigate how to	1. 2-3 number of meetings 2. Develop pros & cons

GOAL & ACTIVITY	**Specific** Narrow for more long-term planning	**M**easurable What evidence will prove you are making progress	**A**ttainable Make sure you can reasonably accomplish your goal	**R**elevant align with your values & long-term objectives	**T**ime-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
distribution in jails and prisons and Texas becoming a Medicaid Expansion state *Activity: Gather and review data related to policy changes.* <u>Goal 3C REV:</u> Gather data from SIRR members, people returning from incarceration, SME, pharmacists, and case managers related to policies both for and against condom distribution in jails and prisons and synthesize information into a consensus decision. Also, gather information from Texas Strike Force, HIV advocacy groups, HINAC (HIV is Not A Crime) related to making Texas a Medicaid expansion state to increase access to more comprehensive medical care and treatment for people aging with HIV.	returning from incarceration programs, SME input, pharmacists, Case Managers 2. Medicaid Expansion: gather information from Texas Strike Force, HIV advocacy groups, HINAC (HIV IS Not A Crime)	3. synthesize info to dev. a consensus decision		incarcerated populations 2. Increase access to more comprehensive medical care & treatment for people aging with HIV	include in the next Integrated Plan	3. synthesize info to dev. a consensus decision
Pillar 4: Respond						
All EHE goals.						
Pillar 5: Quality of Life						
<u>Goal 5A:</u> Improve Quality of Life for Persons Living with HIV *Activity: Develop tools which planning bodies can use to design or strengthen HIV Prevention and Care services that improve the quality of life for people living with HIV.*						
No need to revise the following as SMART goals.						

GOAL & ACTIVITY	**Specific** Narrow for more long-term planning	**M**easurable What evidence will prove you are making progress	**A**ttainable Make sure you can reasonably accomplish your goal	**R**elevant align with your values & long-term objectives	**T**ime-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
Goal 5B: Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%. *Activity: To be determined (TBD) by RWHAP Quality Management staff.*						
Goal 5C: Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%. *Activity: TBD by RW Quality Management staff.*						
Goal 5D: Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%. *Activity: TBD by RW Quality Management staff.*						
Goal 5E: Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%. *Activity: TBD by RW Quality Management staff.*						
Goal 5F: Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%.						

GOAL & ACTIVITY	**Specific** Narrow for more long-term planning	**M**easurable What evidence will prove you are making progress	**A**ttainable Make sure you can reasonably accomplish your goal	**R**elevant align with your values & long-term objectives	**T**ime-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
Activity: TBD by RW Quality Management staff.						
<u>Goal 5G:</u> Increase coordination and cooperation among Houston area institutions, universities and agencies that collect HIV related data *Activity: Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to: 1.) learn about different data being collected; 2.) create and maintain an inventory of HIV and Quality of Life data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV.*						


Leadership Team
Pillar 1: Diagnose
Pillar 2: Treat
Pillar 3: Prevent
Pillar 4: Respond
Pillar 5: Quality of Life
Implementation, Monitoring, and Evaluation (IME)
Houston Area HIV Education Coalition (HAHEC)
College Workgroup
Consumer Workgroup
Needing In-Person Workgroup
Youth Workgroup
Professional Healthcare Workgroup
HBMTN Workgroup
Housing Workgroup
Racial and Social Justice Workgroup