

Houston Area HIV Services Ryan White Planning Council

FY2019 EIIHA Workgroup

2:00 p.m., Thursday, July 23, 2018

Meeting Location: 2223 W. Loop South, Room 416

Houston, Texas 77027

AGENDA

I. Call to Order

- A. Moment of Reflection
- B. Adoption of the Agenda
- C. Approval of the Minutes (March 29, 2018)
- D. Purpose of the Meeting

Nancy Miertschin and
Nettie Johnson, Co-chairs

II. Public Comment

(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/AIDS 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/AIDS 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 with HIV/AIDS", 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. Review HRSA FY19 EIIHA Guidance for EIIHA

Amber Harbolt,
Office of Support

IV. Select FY19 EIIHA Plan Target Populations

- A. Adopt Criteria for Selecting FY19 EIIHA Populations
- B. Review Target Populations Selection Matrix Data
- C. Select Target Populations for FY19 EIIHA Plan

V. Next Steps

- A. EIIHA Workgroup motion(s) are sent out to Council and other community stakeholders for review and feedback directly after today's meeting.
- B. Comprehensive HIV Planning Committee will meet on Monday, July 30th at 10:30 a.m. in Room 532 to review the motion, discuss any feedback received from Council and the community stakeholders, and vote to approve the motion.
- C. Stakeholders who would like to review and provide feedback on a draft version of the FY19 Part A grant application in its entirety can pick up hard copies in our office on Friday, August 24th. See Tori for more details.

Nancy Miertschin and
Nettie Johnson, Co-chairs

VI. Announcements

VII. Adjourn

Houston Area HIV Services Ryan White Planning Council**FY2018 EIIHA Workgroup**

9:00 a.m., Thursday, March 23, 2017

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

MINUTES

MEMBERS PRESENT		OTHERS PRESENT
Nettie Johnson, Co-Chair		Amber Harbolt, Office of Support
Nancy Miertschin, Co-Chair		Tori Williams, Office of Support
Steven Vargas		

Call to Order: Nettie Johnson, Co-Chair, called the meeting to order at 12:22 p.m. and asked for a moment of reflection. She welcomed everyone.

Amend the Agenda: **Motion #1:** *it was moved and seconded (Vargas, Miertschin) to make one change to the agenda: add approval of the minutes.* **Motion approved unanimously.**

Adoption of the Agenda: **Motion #2:** *it was moved and seconded (Vargas, Miertschin) to approve the agenda.* **Motion approved unanimously.**

Adoption of the Minutes: **Motion #3:** *it was moved and seconded (Vargas, Miertschin) to approve the minutes.* **Motion approved unanimously.**

Purpose of the Meeting: Harbolt reminded workgroup members that they meet annually in March to review current EIIHA requirements and discuss data requests that may need to be made.

Public Comment: None.

Overview of EIIHA: See attached PowerPoint presentation. Since those attending the meeting have served on the workgroup for a number of years, they agreed by consensus that reviewing the presentation verbally was not necessary.

Criteria for Selecting EIIHA Target Populations: The workgroup reviewed the criteria used for Fiscal Year 2018, see attached.

Data Requests for FY2019: Harbolt reminded the members that she now asks data to be released that separates those who are 13 – 17 years of age from those who are 18 – 24 years of age. Johnson stated that her clinic can test and treat adolescents below the age of 18 for some infectious diseases. In her experience, Federally Qualified Health Centers in the Houston area will not treat someone for HIV without parental consent. Vargas asked that we start using the term PWID, which stands for people who inject drugs. Miertschin stated that it would be helpful if the Houston EMA could get data on the number of people on PrEP. Harbolt will see if she can get this data, as well as PrEP related seroconversion rates and demographic cross tables on linkage and maybe on all of the criteria used. She will also try to get trends data.

Next Meeting: Harbolt announced that the next meeting is likely to be in June or July, depending upon when the grant guidance is released.

Announcements: Vargas stated that there will be an All Task Force meeting on April 7, 2018.

Adjournment: The meeting was adjourned at 1:23 p.m.

Submitted by:

Approved by:

Amber Harbolt, Office of Support Date

Committee Chair Date

Early Identification of Individuals with HIV/AIDS (EIIHA) Planning Process and Requirements

Purpose of the EIIHA Strategy:

The purpose of this section is to describe the data and information associated with ensuring that individuals who are unaware of their HIV status are identified, informed of their status, referred to supportive services, and linked to medical care if HIV positive. The goals of the EIIHA initiative are to present a strategy for:

- 1) identifying individuals with HIV who do not know their HIV status;*
- 2) making such individuals aware of such status and enabling such individuals to use the health and support services; and*
- 3) reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities. (HRSA-19-033)*

Role of EIIHA Workgroup:

To review existing epidemiologic and other data and suggest three (3) distinct populations for inclusion in the EIIHA section of the HRSA grant application.

Considerations:

- **Additional populations may be selected, but three (3) distinct populations must be selected for inclusion in the EIIHA section of the HRSA grant application.**
- Selection of target populations must be data-driven and pertinent to the goals of the strategy. Sufficient data must exist for each selected population to allow staff to discuss why each target population was chosen and how data support that decision.
- Traditionally, the Council has allowed the Comprehensive HIV Planning Committee to have final approval of the three (3) populations to be included in the EIIHA section of the HRSA grant application, pending distribution to Planning Council members for review and input.

Timeline for the EIIHA Planning Process:

July 2018

Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23 EIIHA Workgroup identifies selection criteria and selects FY 2019 EIIHA target populations Office of Support distributes FY 2019 EIIHA target populations to Planning Council members for input	24	25	26	27	28
29	30 9 a.m. – All Council input due to Office of Support Comprehensive HIV Planning Committee reviews Planning Council input and approves FY 2019 EIIHA target populations.	31				

Fiscal Year 2019
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Criteria Worksheet

Type of Data	Possible Criterion	Definition	Suggested Thresholds	Selected
Epidemiological	1. HIV diagnosis rate*	Number of new diagnoses of HIV disease within the population after accounting for population size (per 100,000)	Rate > EMA rate	
	2. HIV prevalence rate	Number of HIV diagnosed people within the population after accounting for population size (per 100,000)	Rate > EMA rate	
	3. Unaware estimates*	Number of people in each population group estimated to be HIV+ and unaware of their status using the CDC estimate (17.3%)	Comprises largest # of status-unaware within demographic category	
Care Continuum	4. Linked proportion*	Percent of population that was linked to HIV medical care within 3 months** of diagnosis	% < EMA %	
	5. Unmet need/out of care proportion*	Percent of diagnosed persons in the population with <u>no</u> evidence of HIV medical care in the previous 12 months per HRSA definition	% > EMA %	
Planning	6. Special populations	Population is designated as a “special population” in the Comprehensive HIV Plan	Yes/No	
	7. FY18 EIIHA Target Group*	Population was included in the FY18 EIIHA Matrix as a Target Group	Yes/No	
Other	8. Late diagnosis*	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of initial HIV diagnosis	% > EMA %	

*Criteria used in selection of FY 2018 EIIHA target populations

**Linkage within 1 month not available by population

Fiscal Year 2019
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Selection Matrix

DRAFT

 = meets criteria

	1. HIV Diagnosis Rate	2. HIV Prevalence Rate	3. Unaware Estimates	4. Linked Proportion	5. Unmet Need / Out of Care Proportion	6. Special Populations	7. FY18 EIIHA Target Group	8. Late Diagnosis	Total # Criteria
Houston EMA	21.9	446.0	5,653	82%	24%	--	--	20%	8
Sex									
Male	34.5	658.3	4,237	81%	25%	Y	Y	20%	7
Female	9.4	218.7	1,416	84%	23%	Y	Y	21%	3
Race/Ethnicity									
White	8.6	243.8	1,106	89%	22%	N	N	15%	0
Black / African American	57.7	1,232.7	2,767	79%	25%	Y	Y	18%	7
Hispanic	20.4	324.1	1,557	83%	26%	Y	Y	25%	4
Other	5.0	70.8	77	78%	28%	N	N	26%	3
Unknown	--	--	146	89%	12%	N	N	20%	1
Age									
0 - 1	1.1	2.1	1	100%	--	N	N	--	0
2 - 12	0.1	6.2	13	100%	13%	N	N	25%	1
13 - 24	28.4	128.7	272	80%	21%	Y	N	8%	3
25 - 34	56.1	587.5	1,141	82%	24%	N	Y	15%	3
35 - 44	26.9	747.9	1,347	81%	26%	N	Y	32%	6
45 - 54	24.4	969.1	1,580	87%	23%	Y	Y	32%	5
55+	7.1	482.3	1,299	82%	26%	Y	Y	35%	5
Risk Category									
MSM	d	d	3,205	82%	23%	Y	Y	18%	3
IDU	d	d	487	83%	28%	Y	N	23%	3
MSM/IDU	d	d	224	77%	23%	Y	N	17%	2
Heterosexual contact	d	d	1,662	83%	25%	Y	N	25%	3
Perinatal. transmission	d	d	70	100%	27%	N	N	13%	1
Adult other risk	d	d	4	--	22%	N	N	--	1

Notes	1. HIV Diagnosis Rate	2. HIV Prevalence Rate	3. Unaware Estimates	4. Linked Proportion	5. Unmet Need / Out of Care Proportion	6. Special Populations	7. FY16 EIIHA Target Group	8. Late Diagnosis
Definition of selection criterion	Number of new diagnoses of HIV disease within a population while accounting for population size (rate is the number of new HIV cases per 100,000 population)	Number of HIV diagnosed people within the population after accounting for population size (rate is the number of HIV + HIV stage 3 cases per 100,000 population)	Number of people in each population group estimated to be HIV+ and unaware of their status using the CDC estimate (17.3%)	Percent of population that was linked to HIV medical care within 3 months of diagnosis	Percent of diagnosed persons in the population with <u>no</u> evidence of HIV medical care in the previous 12 months per HRSA definition	Population is designated as a “special population” in the Comprehensive HIV Plan	Population was included in the FY17 EIIHA Matrix	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of HIV diagnosis. **Denominator is new diagnoses ONLY.**
Threshold for prioritization	Rate > EMA rate	Rate > EMA rate	Comprises largest # of status-unaware within demographic category	% < EMA %	% > EMA %	Yes/No	Yes/No	% > EMA %
Data source	DSHS, New diagnoses 2016. Released 9/14/17	DSHS, Prevalence 2016. Released 9/14/17	DSHS, HIV Undiagnosed 2016 Released 9/14/17	DSHS, Linkage to care 2016. Released 9/14/17	DSHS, Unmet need 2016. Released 9/14/17	2017 Comprehensive Plan Special Populations	FY17 Houston EMA EIIHA Target Populations, approved by the Comprehensive HIV Planning Committee on 9/15/16	DSHS, Late Diagnosis by population 2015. Released 9/14/17
Explanations and additional background	Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk	HIV+HIV stage 3 (total HIV disease prevalence) Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk	Estimates have been extrapolated using a national approximation of status unaware. No local estimates are available.	Linked proportion not available for risk category Adult Other	Unmet need proportion numerator for age range 0-1 was 1 individual Additional categories: First Diag Date Not in Texas = 23% Before 2005 = 26% 2006-2010 = 27% 2011-2015 = 21% 2016 = 116%	--	Target Groups for FY18 EIIHA Plan were: • African Americans • Hispanics/Latinos age 25 and over • Men who have Sex with Men (MSM)	Late diagnosis proportion not available for age range 0-1; risk category Adult Other Numerator for age range 2 – 12 is 1 case

Comprehensive HIV Planning Committee – FINAL APPROVAL FY 2018 EIIHA Target Populations - 09/29/2017

The EIIHA Workgroup met on September 21, 2017. Participants included representatives from prevention and care, community members, and consumers. The Workgroup reviewed the FY 2018 guidance from HRSA, adopted selection criteria, and selected the FY 2018 target populations.

Item: FY 2018 EIIHA Plan Target Populations

Recommended Action: **FYI: (Committee provided final approval):** Approve the following target populations for the FY 2018 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 HIV and aging in the EIIHA section of the HRSA application.

Recommended Action: **FYI: (Committee provided final approval):** Office of Support is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data is not sufficient 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.

The only change from the FY 2017 EIIHA Plan target populations is the inclusion of Hispanics/Latinos ages 25-34 into the second populations, which was formerly Hispanics/Latinos age 35 and over. The EIIHA Workgroup determined this inclusion was necessary as, while ages 35 and over were indicated through late diagnosis data, individuals within this data element likely acquired HIV in the 25-34 age range. Creating and supporting initiatives intended to reduce late diagnoses and increase early identification would need to include this age range as well.

The Comprehensive HIV Planning Committee will meet on Thursday, September 28, 2017 at 11:00 a.m. to review and approve the FY 2018 EIIHA Plan target populations.

All are welcome to provide public comment at the September 28th Comprehensive HIV Planning Committee meeting. Those unable to attend are encouraged to provide input via phone, email or fax to Amber Harbolt no later than Thursday, September 28, 2017 at 9:00 a.m. Those submitting input via email or fax are encouraged to call to confirm receipt.

Input can be submitted via:

Phone: (713) 572-3724
Email: amber.harbolt@cjo.hctx.net
Fax: (713) 572-3740