

Houston Area HIV Services Ryan White Planning Council

FY2021 EIIHA Workgroup
2:00 p.m., Thursday, June 16, 2020

Meeting Location: Online or via phone – **Please do not come in person**
Join Zoom Meeting by clicking on this link: <https://us02web.zoom.us/j/81035711790>
Meeting ID: 825 2113 6909
Password: 061959
To join via telephone call: (346) 248-7799

AGENDA

- I. Call to Order Nancy Miertschin and
Nettie Johnson, Co-chairs
 - A. Welcome and Introductions
 - B. Moment of Reflection
 - C. Adoption of the Agenda
 - D. Approval of the Minutes (July 30, 2019)
 - E. Purpose of the Meeting

- II. Public Comment

- III. Review HRSA FY21 Guidance for EIIHA* Amber Harbolt,
Office of Support

- IV. Select FY21 EIIHA Plan Target Populations
 - A. Adopt Criteria for Selecting FY21 EIIHA Populations
 - B. Review Target Populations Selection Matrix Data**
 - C. Select Target Populations for FY21 EIIHA Plan**

- V. Next Steps Nancy Miertschin and
Nettie Johnson, Co-chairs
 - 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 via Zoom on Thursday, July 23rd at 3:00 p.m. to review the motion, discuss any feedback received from Council and the community stakeholders, and vote to approve the motion.

- VI. Announcements

- VII. Adjourn

*The Early Identification of Individuals with HIV/AIDS, or EIIHA, is a national HRSA initiative to increase the number of individuals who are aware of their HIV positive status and link them to medical care. Each year, the Ryan White Planning Council hosts a collaborative process of HIV prevention and care strategies and stakeholders to develop an EIIHA plan for the Houston Area.

**As of 7/09/20, data typically reviewed for the target population selection process is current through 12/31/2018 (late diagnoses are current through 12/31/17). If the Texas Department of State Health Services (TDSHS) releases 2019 data by noon Wednesday, July 15th, an updated selection matrix will be provided at the EIIHA Workgroup meeting.

Houston Area HIV Services Ryan White Planning Council

FY 2020 EIIHA* Workgroup

2:00 p.m., Tuesday, July 30, 2019

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

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Nancy Miertschin, Co-Chair	Ardry Boyle, excused	Amber Harbolt, Office of Support
Ronnie Galley	Ryan Clark	Diane Beck, Office of Support
Eddie Givens	Johnny Deal	
Allen Murray	Herman Finley	
Cecilia Oshingbade	Nettie Johnson, excused	
Donte Smith	Tana Pradia	
Steven Vargas	Isis Torrente	

Call to Order: Nancy Miertschin, Co-Chair, called the meeting to order at 2:07 p.m. and asked for a moment of reflection. She welcomed everyone and asked them to introduce themselves.

Adoption of the Agenda: **Motion #1:** *it was moved and seconded (Vargas, Galley) to approve the agenda. Motion approved unanimously.*

Adoption of the Minutes: **Motion #2:** *it was moved and seconded (Vargas, Murray) to approve the July 23, 2018 minutes. Motion approved.* Abstentions: Smith, Oshingbade.

Purpose of the Meeting: Harbolt reviewed the EIIHA Planning Process and Requirements, see attached. There have been no changes to the HRSA guidance for the EIIHA section of the grant application.

Public Comment: None.

Adopt Criteria for Selecting FY20 EIIHA Target Populations: The workgroup reviewed the criteria worksheet and EIIHA Trends data, see attached. Data typically reviewed for the target population selection process is current through 12/31/2017. If the Texas Department of State Health Services (TDSHS) releases 2018 data, an updated selection matrix will be provided at the Comprehensive HIV Planning Committee meeting. Miertschin asked the workgroup if they felt they did a good job selecting the populations last year. Vargas said yes, and since the data is the same then the populations would be the same. The committee reviewed the target populations criteria worksheet, see attached. **Motion #3:** *it was moved and seconded (Vargas, Oshingbade) to use the same criteria for FY 2020 as in FY19. Motion carried unanimously.*

Review Target Populations Selection Matrix Data and Select Target Populations for FY20 EIIHA Plan: The workgroup reviewed the selection matrix worksheet and FY 2019 EIIHA Target Populations, see attached. After much discussion, the workgroup kept the same populations. **Motion #4:** *it was moved and seconded (Vargas, Givens) 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)*

Motion carried unanimously.

Motion #5: *it was moved and seconded (Boyle, Deal) to have the Office of Support include information on HIV and aging and the uptick in late diagnosis in our area in the EIIHA section of the HRSA application and also include a statement recognizing that currently available epidemiologic data fails 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 or among adolescents ages 13 to 17 and young adults ages 18 to 24. Motion carried unanimously.*

Next Steps: The EIIHA Workgroup motions are sent out to Council and other community stakeholders for review and feedback directly after today’s meeting. The Comprehensive HIV Planning Committee will meet on Thursday, August 8th at 2:00 p.m. in Room 532 to review the motion, discuss any feedback received from Council and the community stakeholders, and vote to approve the motion.

Announcements: None.

Adjournment: The meeting was adjourned at 3:33 p.m.

Submitted by:

Approved by:

Amber Harbolt, Office of Support Date

Committee Chair Date

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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-21-055)*

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 2020

Sun	Mon	Tue	Wed	Thur	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16 2 p.m. – EIIHA Workgroup identifies selection criteria and selects FY 2021 EIIHA target populations Office of Support distributes FY 2021 EIIHA target populations to Planning Council members for input	17	18
19	20	21	22 5 p.m. – All Council input on FY2021 EIIHA target populations is due to Office of Support	23 3 p.m. - Comprehensive HIV Planning Committee reviews Planning Council input and approves FY 2021 EIIHA target populations.	24	25
26	27	28	29	30	31	

Fiscal Year 2021
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. FY19 EIIHA Target Group*	Population was included in the FY19 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 2020 EIIHA target populations

**Linkage within 1 month not available by population

**Fiscal Year 2021
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Selection Matrix**

DRAFT – ALL CRITERIA

■ = meets criteria

	1. HIV Diagnosis Rate	2. HIV Prevalence Rate	3. Undiagnosed Estimate	4. Linked Proportion	5. Unmet Need / Out of Care Proportion	6. Special Populations	7. FY20 EIIHA Target Group	8. Late Diagnosis	Total # Criteria
Houston EMA	21.6	464.6	6825	79%	25%	--	--	20%	8
Sex									
Male	34.1	703.3	5,124	79%	25%	Y	Y	17%	5
Female	9.2	229.7	1,701	82%	24%	Y	Y	21%	3
Race/Ethnicity									
White	8.1	236.3	1,199	84%	21%	N	N	13%	0
Black / African American	44.4	1,259.3	3,296	75%	26%	Y	Y	16%	7
Hispanic	20.7	350.2	1,993	82%	26%	Y	Y	27%	4
Other	6.8	73.1	96	92%	25%	N	N	33%	1
Multi-race	--	--	241	75%	17%	Y	N	12%	2
Age									
0 - 1	--	0.0	0	--	---	N	N	--	0
2 - 12	0.2	5.2	13	--	15%	N	N	--	0
13 - 24	29.8	113.3	275	81%	23%	Y	N	8%	2
25 - 34	51.3	629.8	1,405	80%	24%	N	Y	18%	3
35 - 44	27.8	754.4	1,585	79%	26%	N	Y	25%	5
45 - 54	23.9	952.2	1,782	80%	24%	Y	Y	36%	6
55 - 64	14.2	806.6	1,310	77%	23%	Y	Y	31%	4
65+	2.1	285.2	456	65%	31%	Y	Y	20%	4
Risk Category									
Male-Male Sexual Contact	d	d	3,948	79%	24%	Y	Y	20%	3
PWID	d	d	530	77%	28%	Y	N	26%	4
MSM/PWID	d	d	280	75%	24%	Y	N	21%	3
Sex with Female/Sex with Male	d	d	1,985	81%	25%	Y	N	21%	2
Perinatal	d	d	80	--	30%	N	N	--	1
Adult other risk	d	d	4	--	35%	N	N	--	1

Notes	1. HIV Diagnosis Rate	2. HIV Prevalence Rate	3. Undiagnosed Estimate	4. Linked Proportion	5. Unmet Need / Out of Care Proportion	6. Special Populations	7. FY20 EIIHA Target Group	8. Late Diagnosis
Definition of selection criterion	Number of new diagnoses of HIV 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 living with HIV and unaware of their status using the CDC estimate (19.0%)	Percent of newly diagnosed individuals linked to HIV medical care within 3 months of diagnosis	Percent of diagnosed people living with HIV 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 FY20 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 2018. Released 8/8/19	DSHS, Prevalence 2018. Released 7/31/19	DSHS, HIV Undiagnosed 2018. Released 8/9/19	DSHS, Linkage to care 2018. Released 8/9/19	DSHS, Unmet need 2018. Released 8/9/19	2017 Comprehensive Plan Special Populations	FY19 Houston EMA EIIHA Target Populations, approved by the Comprehensive HIV Planning Committee on 7/30/18	DSHS, Late Diagnosis by population 2017. Released 8/7/19
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 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	---	--	Target Groups for FY20 EIIHA Plan were: <ul style="list-style-type: none"> • 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 There were no late diagnoses observed among age range 2 – 12.

FY 2020 EIIHA Plan

For the past few years, the Council approved the following motion regarding the EIIHA Strategy. Staff suggests that the Comprehensive HIV Planning Committee recommend an updated version of this same motion in 2019 for the FY 2020 EIIHA Plan.

Item: FY 2020 EIIHA* Plan

Recommended Action: Motion: In order to meet HRSA grant application deadlines, request the Planning Council to allow the Comprehensive HIV Planning Committee to have final approval of the FY 2020 EIIHA Plan target populations, provided that:

- The FY 2020 EIIHA Plan is developed through a collaborative process that includes stakeholders from prevention and care, community members, and consumers; and
- The recommended FY 2020 EIIHA Plan target populations are distributed to Planning Council members for input prior to final approval from the Comprehensive HIV Planning Committee.

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