Houston Area HIV Services Ryan White Planning Council

FY2018 EIIHA Workgroup
11:00 a.m., Thursday, September 21, 2017
Meeting Location: 2223 W. Loop South, Room 532
Houston, Texas 77027

AGENDA

I. Call to Order   Nancy Miertschin and
   A. Moment of Reflection   Nettie Johnson, Co-chairs
   B. Adoption of the Agenda
   C. Purpose of the Meeting

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 FY18 EIIHA Guidance for EIIHA   Amber Harbolt,
                                                 Office of Support

IV. Adopt Criteria for Selecting FY18 EIIHA Populations

V. Review Target Populations Selection Matrix Data

VI. Select Target Populations for FY18 EIIHA Plan

VII. Next Steps   Nancy Miertschin and
   A. EIIHA Workgroup motion(s) are sent out to Council   Nettie Johnson, Co-chairs
       and other community stakeholders for review and feedback
       directly after today's meeting.
   B. Comprehensive HIV Planning Committee will meet on
       Thursday, September 28th at 11:00 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 FY18 Part A grant
       application in its entirety can pick up hard copies in
       our office starting Friday 10/13. Written comments
       are due back to Tori Williams before noon the following
       Thursday (10/19).

VIII. Announcements

IX. 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	MEMBERS ABSENT	OTHERS PRESENT
Nettie Johnson, Co-Chair	Nancy Miertschin, excused	Cecilia Ross, RWPC Chair
Allen Murray	Amana Turner	Amber Harbolt, Office of Support
Ardry Boyle	Amy Leonard, excused	Diane Beck, Office of Support
Evelio Escamilla, via phone	Brenda Booker	
Isis Torrente	C. Bruce Turner	
Steven Vargas	David Benson	
Tracy Gorden	Ella Collins-Nelson	
	Herman Finley, excused	
	J. Hoxi Jones	
	Osaro Mgbere	
	Maggie White, excused	
	Peta-gay Ledbetter	
	Shital Patel	

Call to Order: Nettie Johnson, Co-Chair, called the meeting to order at 9:15 a.m. and asked for a moment of reflection. She welcomed everyone and called for introductions.

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

Public Comment: None.

Overview of EIIHA: See attached PowerPoint. Harbolt said that EIIHA stands for the Early Identification of Individuals with HIV/AIDS. The EIIHA plan is included in the Ryan White Part A Grant Application and a progress report is submitted the following year on the populations that were selected. There is no funding tied to the populations selected for the EIIHA plan. Today we will review the criteria for selection populations that were used last year; we will not have the criteria for this year until the grant guidance is received in July or August.

Criteria for Selecting EIIHA Target Populations: The workgroup reviewed the criteria used for Fiscal Year 2017, see attached.

Data Requests for FY2018: The workgroup reviewed the List of Data that DSHS Typically Provides for Part A Grant Applications and the expanded Target Populations Selection Matrix, see attached. The workgroup would like to keep the expanded matrix table and have actual number and rates of new diagnoses, late diagnosis data for all ethnicities by gender and age.

Next Meeting: The next meeting was tentatively set for Thursday, July 20, 2017 in the afternoon

or the morning of August 17, 2017; items to be discussed include review of FY18 EIIHA guidance, adopt criteria for selection of the FY18 EIIHA populations, review target population selection matrix data and selection of the target populations for the FY18 EIIHA plan.

Announcements: Johnson said the Baylor College of Medicine Teen Health Clinic is having a health fair at 10:00 a.m. on April 1st at The Tejano Center for Community Concerns. They are also planning an event for Youth HIV Awareness at Madison High School on April 24th. Murray said that there will be a youth testing event at the Ensemble Theatre on April 11th from 6:30 p.m. to 9 p.m.

Adjournment: The meeting was adjourned at 11:05 a.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-18-066)

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.
- Comprehensive HIV Planning Committee has 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:

September 2017

Sun	Mon	Tue	Wed	Thur	Fri	Sat
			1	1		2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21 11 a.m. – EIIHA Workgroup identifies selection criteria and selects FY 2018 EIIHA target populations Office of Support distributes FY 2018 EIIHA target populations to Planning Council members for input	22	23
24	25	26	27	28 9 a.m. – All Council input due to Office of Support 11 a.m. – Comprehensive HIV Planning Committee reviews Planning Council input and approves FY 2018 EIIHA target populations.	29	30

Fiscal Year 2018
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. **FY17 EIIHA Target Group***	Population was included in the FY15 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 2017 EIIHA target populations

**Linkage within 1 month not available by population

Fiscal Year 2017
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. FY16 EIIHA Target Group	8. Late Diagnosis	Total # Criteria
Houston EMA	22.6	437.0	5,448	81%	24%	--	--	20%	8
Sex									
Male	35.2	658.3	4,075	80%	25%	Y	Y	20%	7
Female	10.1	218.7	1,373	85%	22%	Y	Y	21%	3
Race/Ethnicity									
White	9.3	247.1	1,117	88%	21%	N	N	15%	0
Black / African American	61.2	1211.1	2,661	77%	25%	Y	Y	18%	7
Hispanic	20.3	312.3	1,465	84%	26%	Y	Y	25%	4
Other	5.3	68.5	72	85%	30%	N	N	26%	2
Unknown	--	--	132	89%	13%	N	N	26%	1
Age									
0 - 1	1.7	1.7	--	100%	--	N	N	--	0
2 - 12	0.4	6.5	14	100%	12%	N	N	25%	1
13 - 24	32.2	134.9	284	79%	21%	Y	N	8%	3
25 - 34	51.3	559.9	1070	78%	25%	N	N	15%	4
35 - 44	31.1	742.0	1,324	86%	25%	N	Y	31%	5
45 - 54	22.2	967.9	1,561	85%	23%	Y	Y	32%	5
55+	8.8	459.2	1,195	84%	25%	Y	Y	36%	5
Risk Category									
MSM	d	d	3,033	79%	24%	Y	Y	18%	4
IDU	d	d	492	79%	26%	Y	N	24%	4
MSM/IDU	d	d	222	85%	23%	Y	N	20%	1
Heterosexual contact	d	d	1,627	85%	24%	Y	N	25%	3
Perinatal. transmission	d	d	69	100%	26%	N	N	14%	0
Adult other risk	d	d	4	--	29%	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 no 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 FY16 EIIHA Matrix	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of HIV diagnosis
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 2015. Released 8/24/16	DSHS, Prevalence 2015. Released 8/24/16	DSHS, Undiagnosed infection 2015. Released 8/24/16	DSHS, Linkage to care 2015. Released 8/25/16	DSHS, Unmet need 2015. Released 8/25/16	2017 Comprehensive Plan Special Populations	FY16 Houston EMA EIIHA Target Populations, approved by the Comprehensive HIV Planning Committee on 9/24/15	DSHS, Late Diagnosis by population 2015. Released 8/25/16
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. Unaware estimate not available for age range 0-1	Linked proportion not available for risk category Adult Other	Unmet need proportion not available for age range 0-1 Additional categories: First Diag Date Not in Texas = 22% Before 2005 = 26% 2006-2010 = 27% 2011-2014 = 22% 2015 = 14% No HIV/STD coinfection = 25% HIV/STD coinfection = 10%	--	Target Groups for FY16 EIIHA Plan were: • African Americans • Hispanics/Latinos age 35 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

FY 2017 EIIHA Target Populations

The EIIHA Workgroup met on September 12, 2016. Participants included representatives from prevention and care, community members, and consumers. The Workgroup reviewed the FY 2017 guidance from HRSA, adopted selection criteria, and recommended the following FY 2017 target populations. Per Council instructions, staff distributed this information to all Council and External Committee members with an invitation to provide input. On September 15, 2016, the Comprehensive HIV Planning Committee provided final approval of the following motions:

Item: FY 2017 EIIHA Plan Target Populations

Recommended Action: Motion: Approve following target populations for the FY 2017 EIIHA Plan:

1. African Americans
2. Hispanics/Latinos age 35 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: Motion: Office of Support is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data do not portray the need for testing, referral, and linkage in at-risk populations such as among those who are transgender, intersex, homeless, or those released from incarceration.