

Houston Area HIV Services Ryan White Planning Council

2021 EIIHA Workgroup

12:00 p.m., Thursday, March 23, 2021

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/88245659217>

Meeting ID: 882 4565 9217

Password: 709720

To join via telephone call: (346) 248-7799

AGENDA

- I. Call to Order
- A. Moment of Reflection
- B. Adoption of the Agenda
- C. Purpose of the Meeting
- Nancy Miertschin and
Nettie Johnson, Co-chairs
- Tori Williams, Director
RW Office of Support
- 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 or video taped by the Office of Support for use in creating the meeting minutes. The recording 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 living 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. Overview of EIIHA
- Ricardo Mora, Health Planner
RW Office of Support
- IV. Criteria for Selecting FY22 EIIHA Target Populations
- A. Review the Criteria Used to Select FY21 Populations
- B. Discuss Data Requests for FY22
- V. Next Steps
- A. Next Meeting(s): Likely June/July
- B. Agenda Items to include:
1. Review HRSA FY22 HRSA Guidance for EIIHA
 2. Adopt Criteria for Selecting FY22 EIIHA Populations
 3. Review Target Populations Selection Matrix Data
 4. Select Target Populations for FY22 EIIHA Plan
- Nancy Miertschin and
Nettie Johnson, Co-chairs
- VI. Announcements
- VII. Adjourn

No One Left Behind: Houston's Strategy to Link People to HIV Care

“At the end of 2018, an estimated 1.2 million Americans were living with HIV.”

↪ Centers for Disease Control and Prevention, November 2020

Background

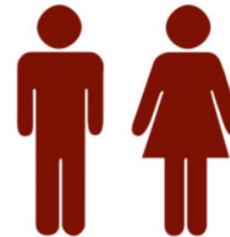
- People who are living with HIV but unaware of their status may unknowingly transmit HIV to others, and do not benefit from HIV care.
- The 2009 Ryan White HIV/AIDS Treatment Extension Act requires Planning Councils to develop a strategy for the identification, diagnosis, and referral to care of all those who are unaware of their HIV status in their local jurisdiction.
- The Health Resources and Services Administration (HRSA) has named this initiative **EIIHA**, which stands for the **Early Identification of Individuals with HIV/AIDS**. It is a collaborative effort between HIV prevention and care.
- The EIIHA Plan outlines activities to identify, inform, refer, and link people to care, and names 3 populations to monitor over the next fiscal year.

HIV Status Unaware in Houston

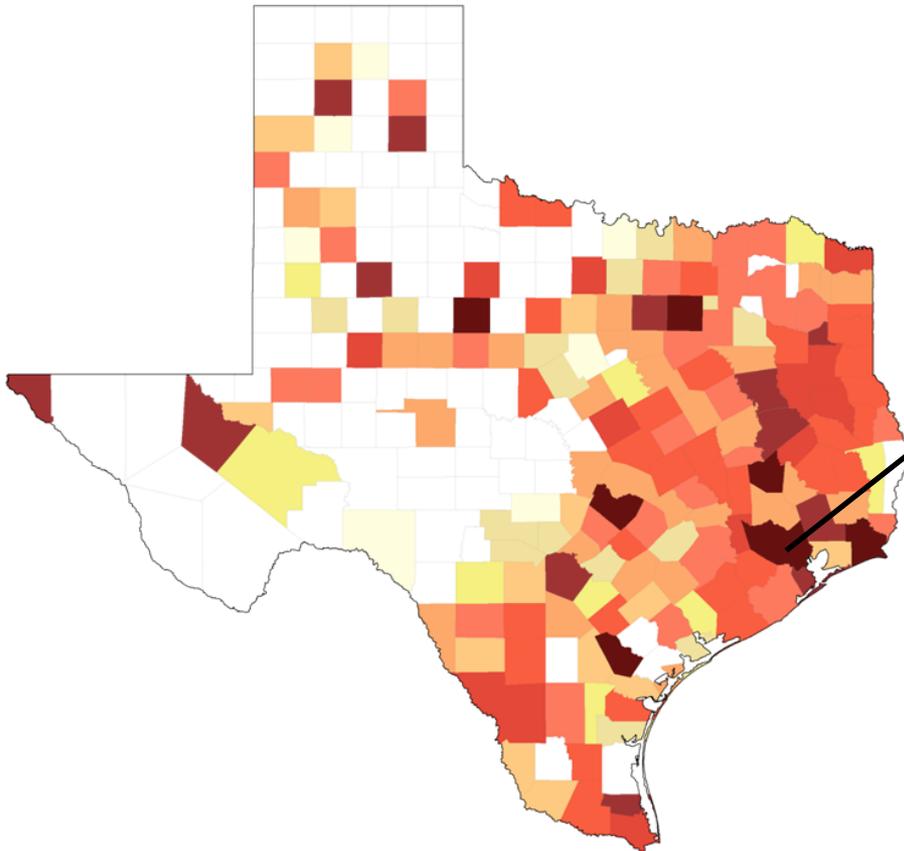
In the Houston EMA
(2018):



**PLWH Who Have
Been Diagnosed
= 35,903**

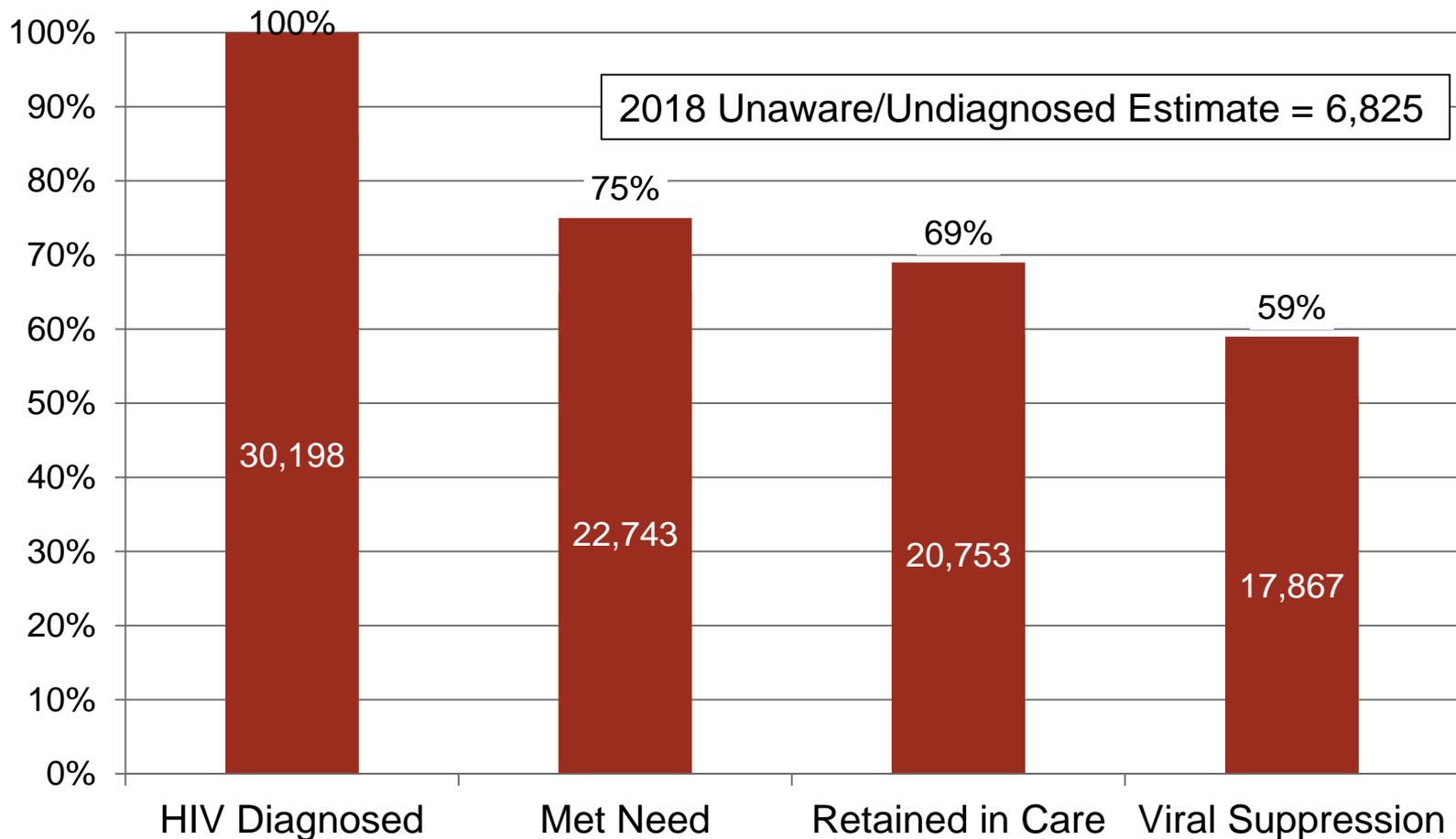


**PLWH Who Are
Unaware of their HIV
Status
= 6,825**



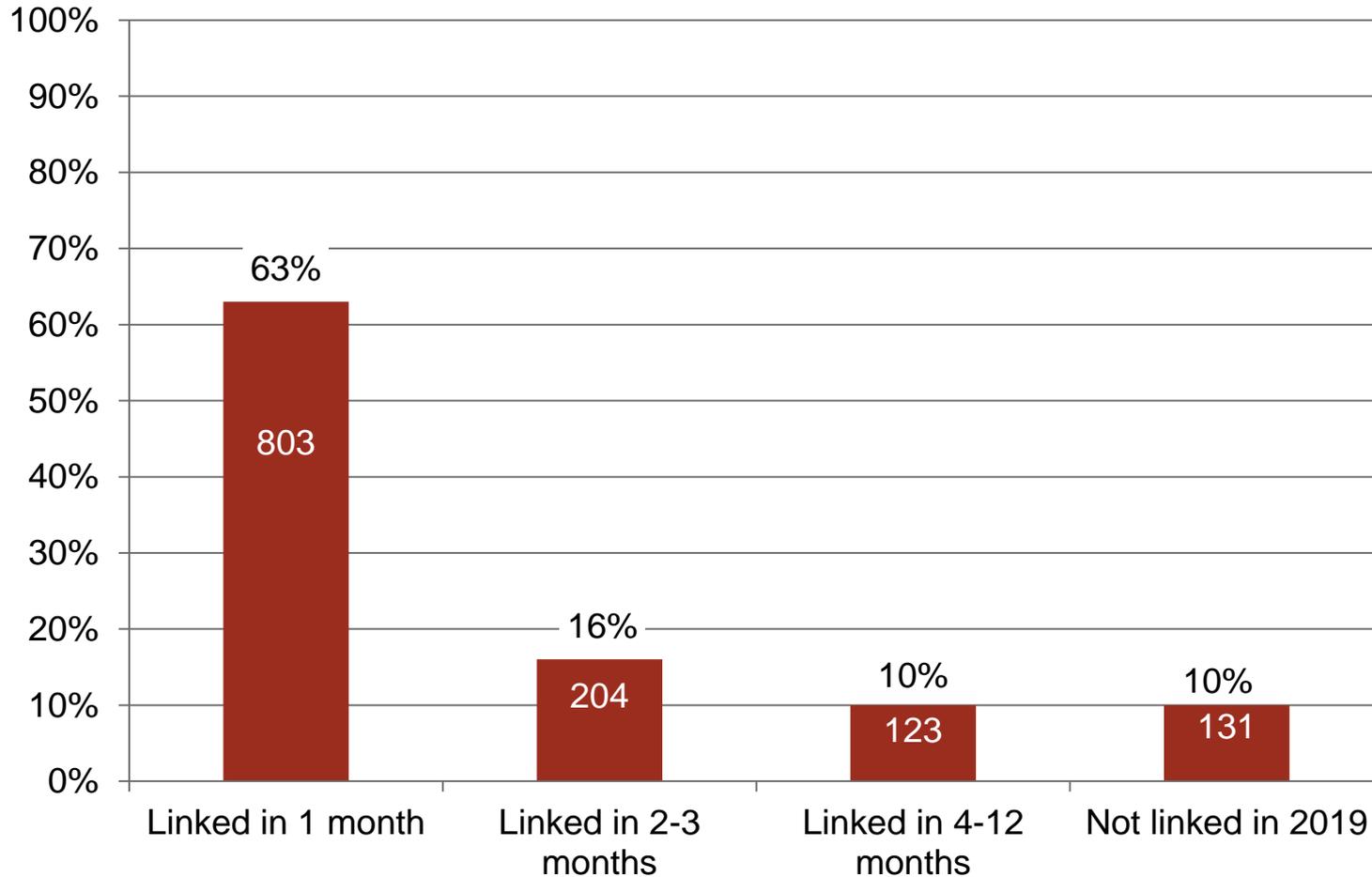
Houston HIV Care Continuum

Houston EMA HIV Care Continuum, 2019



Linkage in Houston

Houston EMA Linkage to Care, 2015



Goals for the Status Unaware

HIV

National Strategic Plan
A Roadmap to End the Epidemic
for the United States | 2021–2025



- ❖ **Prevent new HIV transmissions**
- ❖ **Improve HIV-related health outcomes of people living with HIV**
- ❖ **Reduce HIV-related disparities and health inequities**
- ❖ **Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and stakeholders**

Houston's Approach

- Create multiple and diverse convenient opportunities for status-unaware individuals to **test for HIV**, receive post-test counseling, and become aware of status
- Provide multiple “points of entry” into the HIV care system as well as proactive comprehensive **service linkage** for the newly-diagnosed to become engaged in HIV care
- Implement **structural interventions** (e.g., mass testing, social marketing) that establish HIV testing as a “community norm”
- **Target services** to populations with documented high-risk, high-prevalence, and low rates of engagement in HIV care to ensure efforts are reaching those in greatest need
- Conduct **joint planning**, service integration, data sharing, and monitoring to help create a culturally competent and seamless system of identification and early entry into HIV care

Steps for Reaching the Status Unaware in Houston

Identify

HIV+ individuals unaware of their status

1

- ✓ Social Marketing
- ✓ Routine HIV Testing
- ✓ Targeted HIV Testing
- ✓ Mass Testing Events
- ✓ Community Mobilization

Inform

unaware individuals of their HIV+ status

2

- ✓ Disease Investigation
- ✓ Partner Services

Refer

the newly diagnosed to HIV medical care and services

3

- ✓ Point of Entry Agreements
- ✓ Service Linkage Workers
- ✓ HIV Resource Guides (Blue Book & Mini-Blue Book)
- ✓ Re-Linkage Efforts

Link

and assure access to HIV medical care

4

- ✓ Case Management
- ✓ Verification Efforts
- ✓ Data Management
- ✓ Re-Linkage Efforts

EIIHA Target Populations

1 ALL Individuals Who Have Not Been Diagnosed

2 Tested as Recommended
(Status-Aware Negative)

Not Tested as Recommended
(Status Unaware)

3 Selection Criteria

- HIV Diagnosis Rate > 20.0 cases per 100,000 pop.
- Unaware Estimates Highest proportion in each demographic category
- Unmet Need > 25%
- Late Diagnosis >22%
- FY21 Target Population Selected for FY21 EIIHA Plan

4 FY21 EIIHA Plan Target Populations

African Americans	Hispanics/Latinos (HL) Age 35 & Up	Men who have Sex with Men (MSM)
Criteria Met: 7/8	Criteria Met: HL = 3/8 ; 35+ = 21/32	Criteria Met: Males = 5/8 ; MSM = 4/6
<ul style="list-style-type: none"> • HIV diagnosis rate • HIV prevalence rate • Undiagnosed estimate • Linked proportion • Unmet Need / Out of care • Special Population • FY20 EIIHA target population 	<ul style="list-style-type: none"> • HIV diagnosis rate: 35-54 • HIV prevalence rate: 35-54 • Unmet Need: 35-44, & 65+ • Late diagnosis: 35-65+ • FY21 EIIHA Target Population 	<ul style="list-style-type: none"> • HIV diagnosis rate: Males • HIV prevalence rate: Males • Unaware estimate: Males & MSM • FY21 EIIHA Target Population

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:

June 2020

Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3 2 p.m. – EIIHA Workgroup identifies selection criteria and selects FY 2022 EIIHA target populations Office of Support distributes FY 2022 EIIHA target populations to Planning Council members for input	4	5
6	7	8	9 5 p.m. – All Council input on FY2021 EIIHA target populations is due to Office of Support	10 2 p.m. - Comprehensive HIV Planning Committee reviews Planning Council input and approves FY 2021 EIIHA target populations.	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

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. FY20 EIIHA Target Group*	Population was included in the FY20 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.