

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL

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STEERING COMMITTEE

AGENDA

12 noon, Thursday, November 1, 2018
2223 W. Loop South, Suite 240
Houston, Texas 77027

- I. Call to Order Cecilia Oshingbade, Chair
RW Planning Council
- A. Welcoming Remarks
 - B. Moment of Reflection
 - C. Select the Committee Co-Chair who will be voting today
 - D. Adoption of the Agenda
 - E. Adoption 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. 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. Reports from Committees
- A. Comprehensive HIV Planning Committee Ted Artiaga and
Steven Vargas, Co-Chairs
 - Item:* Update on PrEP and Data to Care Campaigns
 - Recommended Action:* FYI: Denis Kelly reported that the Marketing Workgroup would meet October 18th to review videos for the campaigns. All marketing materials are projected to be complete by World AIDS Day.
 - Item:* Social Determinants of Health Special Study
 - Recommended Action:* **Motion:** Approve the attached HIV and Social Determinants of Health in Houston/Harris County summary report. Please see the attached PowerPoint with summary data.
 - B. Affected Community Committee Rodney Mills and
Tana Pradia, Co-Chairs
 - Item:* FY 2019 Standards of Care & Performance Measures
 - Recommended Action:* FYI: See the attached Response for the Council from The Resource Group.

Item: Road 2 Success

Recommended Action: FYI: The Council is partnering with the Houston Health Department, Harris County Public Health Ryan White Grant Administration, Harris County Office of Emergency Management and The Resource Group to provide *Emergency Preparedness Training for the Houston HIV Community*. To date, the Committee has trained over 267 individuals. Evaluations continue to show that those who have attended have found the activities and handouts to be useful and fun.

Item: Community Events

Recommended Action: FYI: See the attached list of 2018 Community Events.

Item: Greeters

Recommended Action: FYI: See the attached list of 2018 greeters.

- C. Quality Improvement Committee
No report

Denis Kelly and
Gloria Sierra, Co-Chairs

- D. Priority and Allocations Committee

Peta-gay Ledbetter and
Bruce Turner, Co-Chairs

Item: Reports from RW Administrative Agent – Part A/MAI

Recommended Action: FYI: See the attached:

- FY18 Procurement Report – Part A/MAI, dated 10/25/18
- FY18 Service Utilization Report – Part A/MAI, dated 09/18/18
- FY17 WICY Expenditure Report

Item: Reports from RW Administrative Agent – Part B/SS

Recommended Action: FYI: See the attached reports:

- FY18/19 Procurement – Part B, dated 10/09/18
- FY17/18 Procurement – DSHS State Services (SS), dated 10/09/18
- FY17/18 Health Insurance Assistance Program, dated 10/08/18
- FY17/18 Health Insurance Assistance Program, dated 09/10/18

Item: FY 2018 RW Part A and MAI Funding Increases

Recommended Action: **Motion:** Per the attached chart, reallocate \$399,996 in RW Part A and \$172,541 in Minority AIDS Initiative (MAI) funds.

Item: FY 2018 Unspent Funds

Recommended Action: **Motion:** In the final quarter of the FY 2018 Ryan White Part A, Part B and State Services grant years, after implementing the year end Council-approved reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, Ryan White Grant Administration (RWGA) may reallocate any remaining unspent funds as necessary to ensure the Houston EMA has less than 5% unspent Formula funds and no unspent Supplemental funds. The Resource Group (TRG) may reallocate any remaining unspent funds as necessary

to ensure no funds are returned to the Texas Department of State Health Services. RWGA and TRG must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.

Item: Ryan White Part A - FY 2018 Carryover Funds

Recommended Action: **Motion:** If there are FY 2018 Ryan White Part A carryover funds, it is the intent of the committee to recommend allocating the full amount to Outpatient/Ambulatory Primary Medical Care.

Item: Quarterly Committee Report

Recommended Action: FYI: See the attached 2018 Quarterly Committee Report.

F. Operations Committee

Item: Public Comment

Recommended Action: **Motion:** After reviewing the attached written public comment, dated 09/24/18, Committee members agreed to continue including task force and other reports from non-Ryan White groups because it is important to have information on a regular basis from non-Ryan White entities included as part of Ryan White decision-making data.

Ella Collins-Nelson and
Johnny Deal, Co-Chairs

Item: Slate of Nominees for Officers of the 2019 Ryan White Council

Recommended Action: **Motion:** Approve the attached slate of nominees for officers of the 2019 Ryan White Planning Council.

IV. Report from Ryan White Office of Support

Tori Williams, Director

V. Report from Ryan White Grant Administration

Carin Martin, Manager

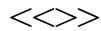
VI. Report from The Resource Group

Sha'Terra Johnson-Fairley,
Health Planner

VII. Announcements

VIII. Adjournment

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



STEERING COMMITTEE

MINUTES

12 noon, Thursday, October 4, 2018
2223 W. Loop South, Suite 240; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Cecilia Oshingbade, Chair	Tana Pradia, excused	<i>The Resource Group</i>
Skeet Boyle, Vice Chair	Ted Artiaga, excused	Sha'Terra Johnson-Fairley
Carol Suazo, Secretary	Peta-gay Ledbetter, excused	
Rodney Mills		<i>Ryan White Grant Administration</i>
Steven Vargas		Carin Martin
Ella Collins-Nelson	OTHERS PRESENT	Samantha Bowen
Johnny Deal	Gregory Hamilton	
Bruce Turner	Ann Robison	<i>Office of Support</i>
Denis Kelly		Tori Williams
Gloria Sierra		Amber Harbolt
		Diane Beck

Call to Order: Cecilia Oshingbade, Chair, called the meeting to order at 12:09 p.m.

During the opening remarks, Oshingbade reminded everyone that that the Planning Council did not meet in September. Hence, the Council agenda next week will include items approved by the Steering Committee in September and October. The speaker next week will be the Manager of Counseling and Advocacy from the Houston Area Women's Center. The topic is Trauma-Informed Care, a subject with which HRSA would like us to be familiar.

After calling for a Moment of Reflection, Oshingbade invited committee co-chairs to select the co-chair who would be voting on behalf of their committee at today's meeting. Those selected to represent their committee were: Mills for Affected Community, Vargas for Comprehensive HIV Planning, Collins-Nelson for Operations, Turner for Priority and Allocations and Kelly for Quality Improvement.

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

Approval of the Minutes: *Motion #2:* *it was moved and seconded (Boyle, Deal) to approve the September 6, 2018 minutes. Motion carried.* Abstentions: Collins-Nelson, Deal, Kelly.

Public Comment and Announcements: None.

Reports from Committees

Comprehensive HIV Planning Committee: Steven Vargas, Co-Chair, reported on the following: *Achieving Together: A Community Plan to End the HIV Epidemic:* The Committee reviewed a final draft of *Achieving Together: A Community Plan to End the HIV Epidemic in Texas.* This is the Department of

State Health Services (DSHS) plan for ending the HIV epidemic across the state of Texas. *Achieving Together* will be formally launched at the Texas HIV/STD Conference in Austin on November 27-29, 2018. See the attached slides from the Achieving Together overview presentation. Please help yourself to copies of the full draft of the plan at the sign-in table.

Social Determinants of Health Special Study: Dr. Osaro Mgbere submitted Houston Medical Monitoring Project data on social determinants of health to the Office of Support. Staff are working to summarize primary findings.

Out of Care Special Study: The Office of Support is beginning final data collection for the Out of Care Special Study. Eight interviews are still needed to reach the sampling goal. Candidates for the study have a history of two or more periods of 12 months or longer during which they did not receive HIV medical care. The final eight interviews should consist mostly of women and transgender individuals, though qualified candidates of any gender will be accepted. See and broadly share the attached study flyer. See the Houston Ryan White Planning Council Facebook page or Diane Beck for an electronic copy to share broadly online and through social media.

Epidemiological Profile: The Office of Support is working closely with Houston Health Department (HHD) surveillance and epidemiology staff to complete the next full joint Epidemiological Profile for the Houston Area. Completion is set for the end of the 2018 calendar year.

Comprehensive Plan Year 1 Evaluation: The Comprehensive Plan Evaluation Workgroup completed its review of Year 1 (2017) implementation in September, and responsible parties for the 2017 joint Comprehensive Plan submitted final data for 2017 benchmarks last week. Staff are working to draft the Year 1 implementation report, complete with modified recommendations from the 2018 Project LEAP class project.

African American MSM 2016 Needs Assessment Profile: The Office of Support is working to create a profile of service needs and barriers among African American men who have sex with men (MSM) using data collected in the 2016 Consumer Needs Assessment. The profile will reflect the needs and barriers of cis-gender MSM, as a similar profile of transgender individuals was completed in 2017 and is available on the Houston RWPC website.

2019 Needs Assessment: Data collection for the next Consumer Needs Assessment will take place in 2019. See the attached proposed Needs Assessment timeline. The first meeting of the Needs Assessment Group will tentatively take place in November 2018. See Diane Beck to be added to the Needs Assessment Group meeting and email list.

Affected Community Committee: Rodney Mills, Co-Chair, reported on the following:

FY 2019 Standards of Care & Performance Measures: Members of the Affected Community Committee hosted a consumer-only workgroup to provide input into how Ryan White funded services can be strengthened or improved.

Community Events: See the attached list of 2018 Community Events.

Road 2 Success: The Council is partnering with the Houston Health Department, Harris County Public Health Ryan White Grant Administration, Harris County Office of Emergency Management and The Resource Group to provide *Emergency Preparedness Training for the Houston HIV Community*. To date, the Committee has hosted ten presentations, with plans to host at least four additional training sessions. See Tori or Rod if you wish to participate in a training since most are open to the public. Those who have attended have found the activities and handouts to be useful and fun.

Greeters: See the attached list of 2018 greeters.

Quality Improvement Committee: Gloria Sierra, Co-Chair, reported on the following:

Reports from the Administrative Agency – Part A: See the attached:

- FY 2018 Part A and MAI Procurement Report, dated 09/18/18
- FY 2018 Part A and MAI Service Utilization Report, dated 09/18/18

Reports from the Administrative Agency – Part B: See the attached:

- FY 18/19 Part B Procurement Report, dated 09/10/18
- FY 17/18 DSHS State Services Procurement Report, dated 09/10/18
- FY 17/18 DSHS State Services REBATE Procurement Report, dated 09/10/18
- Health Insurance Assistance Service Utilization Report 9/1/17-7/31/18, dated 09/10/18
- Health Insurance Assistance Service Utilization Report 9/1/17-5/31/18, dated 08/06/18

FY 2019 How To Best Meet the Need: Non-Medical Case Management Targeting Substance Use Disorder: **Motion #3:** *Approve the attached FY 2019 Non-Medical Case Management service definition that targets Substance Use Disorder.* **Motion Carried.** Abstentions: Kelly, Vargas.

Priority and Allocations Committee: No report.

Operations Committee: Johnny Deal, Co-Chair, reported on the following:

Alternative Ryan White Meeting Times and Days: Turner suggested that the Affected Community Meeting hold several meetings in the evening just to see if the public would participate more often. **Motion #4:** *Based upon the attached survey results, continue to schedule Ryan White Planning Council and Committee meetings during regular daytime hours, Monday through Friday.* **Motion Carried.** Abstentions: Mills, Turner.

Legislative Updates: **Motion #5:** *Remove legislative updates from the Planning Council’s agendas and encourage members to discuss these important issues during their personal time.* **Motion Carried.**

Report from Office of Support: Tori Williams, Director, summarized the attached report.

Report from Ryan White Grant Administration: Carin Martin, Manager, summarized the attached report.

Report from The Resource Group: Sha’Terra Johnson-Fairley, Health Planner, summarized the attached report. Vargas thanked Patrick Martin for the work on the Non-Medical Case Management targeting Substance Use Disorders service definition.

Announcements: Deal said that Collins-Nelson was selected for a scholarship to attend the 2018 DSHS Conference. Vargas said that tonight at 7:00 p.m. there will be a community discussion on aging among LGBTQ communities of color at The Truth Project Midtown Arts Center.

Adjournment: The meeting adjourned at 12:56 p.m.

Submitted by:

Approved by:

Tori Williams, Director Date

Committee Chair Date

2018 Steering Committee Voting Record for Meeting Date 10/04/18

C = Chaired the meeting, JA = Just arrived, LM = Left the meeting, VP = Participated via telephone, nv = Non-voting member

Aff - Affected Community Committee, Comp - Comprehensive HIV Planning Committee, Op - Operations Committee,
PA - Priority and Allocations Committee, QI - Quality Improvement Committee

MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Non-Medical CM targeting SUD Service Definition Carried				Motion #4 RWPC Meeting Times/Days Carried				Motion #5 Legislative Updates Carried			
	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain
Cecilia Oshingbade, Chair				C				C				C				C				C
Skeet Boyle, Vice Chair		X				X				X				X				X		
Carol Suazo, Secretary		X				X				X				X				X		
Rodney Mills, Aff		X				X				X					X			X		
Steven Vargas, Comp		X						X				X		X				X		
Ella Collins-Nelson, Op		X				X				X				X				X		
Bruce Turner, PA		X				X				X					X			X		
Denis Kelly, QI		X						X				X		X				X		
<i>Non-voting members at the meeting:</i>																				
Johnny Deal, Op																				
Gloria Sierra, QI																				
<i>Absent members:</i>																				
Tana Pradia, Aff																				
Ted Artiaga, Comp																				
Peta-gay Ledbetter, PA																				

**Comprehensive HIV
Planning Committee
Report**

2017-2018 Special Study:

HIV and Social Determinants
of Health in Houston/Harris
County

Comprehensive HIV Planning Committee
October 11, 2018

Special Study Recap

- Special Studies complement and contextualize information gathered through the Needs Assessment process, and bridge the gap in data between full Needs Assessments
- The Comprehensive HIV Planning Committee directed the Office of Support to collaborate with the Houston Health Department (**HHD**) to Bureau of Epidemiology Disease Prevention and Control Division to conduct a Special Study using data from the Houston Medical Monitoring Project (**HMMP**).

Filling in the Gaps

BIG QUESTIONS:

- How do social determinants of health affect PLWH in the Houston area?
- How can services be designed to improve HIV care in light of social determinants?

Special Study Recap

- In August 2018, HHD staff provided these data in a complementary report titled *Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection in Houston/Harris County, Texas — Houston Medical Monitoring Project, 2009-2014 Cycles*.
- Office of Support staff created a report summarizing key findings from the requested HMMP data to provide a portrait of general social determinants of health that PLWH in the Houston Area.

Methodology & Limitations

- Population
- Data Collection
 - *Structured Interviews*
 - *Medical Records*
- Methods
- Limitations
- Data Analysis
 - *Cleaning*
 - *Weighting*
 - *SAS*
- Summarization of Findings
 - *HMMP Data*
 - *2016 Needs Assessment Data*
 - *Considerations for 2019 Needs Assessment*

Social Determinants of Health



Source: U.S. Dept of Health and Human Services – Office of Disease Prevention and Health Promotion – Healthy People 2020



Economic Stability

- Employment
 - 41% employed for wages, 24% not working due to disability
 - Cross-tabulation with insurance may indicate lack of employer sponsored health insurance
- Food Insecurity
 - 10% reported needing meal or food services, but did not receive those services
- Housing Instability
 - 9% reported currently living homeless, mostly living on street
 - 9% reported needing housing services, but did not receive those services
- Poverty
 - 72% reported combined yearly household incomes \geq \$19,999
 - 52% below 100% FPL



Economic Stability

- Considerations for 2019 Needs Assessment:
 - Forms of employment including unreported employment
 - Persistent food insecurity *NEW*



Education

- Enrollment in Higher Education and High School Graduation
 - 55% enrolled in higher education at some point
 - 28% high school diploma/GED
 - 22% some high school or less
- Language
 - 9% reported English proficiency lower than “I speak English well”
 - 20% speak a language other than English at home
- General Literacy
 - 21% reported experiencing difficulty learning about their medical condition due to difficulty understanding written information
 - 28% low confidence filling out medical forms without assistance
 - 22% have someone assist them with reading hospital materials



Education

- Considerations for 2019 Needs Assessment:
 - Types of higher education and completion/reasons for not completing
 - Changes in methodology and questions regarding non-English/non-Spanish languages spoken *NEW*
 - Linguistic isolation *NEW*



Social and Community Context

- Civic Participation
 - Not reflected in HMMP data
 - 2016 Needs Assessment: social support through civic participation like HIV-related programs, community groups, advocacy/activism groups, serving on a board, and fundraising
- Discrimination (Stigma)
 - 65% difficult to tell people about their positive HIV status
 - 28% felt having a positive HIV status made them feel in some way contaminated
 - 36% they felt guilty and ashamed for having a positive HIV status
 - 25% having a positive HIV status sometimes made them feel worthless
 - 64% hid their positive HIV status from others
 - 15% had been treated with hostility or a lack of respect in a medical environment
 - 10% given less attention in a medical environment than other patients
 - 7% refused service

Most often, discrimination was attributed to HIV status (77%), sexual orientation (33%), or race/ethnicity (20%)



Social and Community Context

- Incarceration
 - 6% were incarcerated for longer than 24 hours within the past 12 months
- Social Cohesion
 - 87% satisfied with the overall support they get from friends and family members
 - 55% reported no help from friends and family members to remember medications
 - 2016 Needs Assessment: social support and belonging through social networks like family, friends, partner(s), faith communities, support groups, sobriety groups, mentoring, and co-workers



Social and Community Context

- Considerations for 2019 Needs Assessment:
 - Fuller picture of other types civic participation (e.g. volunteering, engaging in collective activities) within purview *NEW*
 - In-depth linkage, retention, and service navigation following release from incarceration (possible Special Study) *NEW*
 - Other aspects of social cohesion (resource sharing and navigation, shared social identity) *NEW*



Health and Healthcare

- Access to Healthcare
 - Health Insurance
 - 65% had health insurance at least part of the past 12 months; 38% had no continuous coverage
 - 45% had some type of public insurance
 - 38% had no insurance
 - 16% had private health insurance only
 - Most often, HMMP participant receive coverage for HIV-related medications through: ADAP (47%), OOP (18%), Medicaid (17%), and Medicare (14%)



Health and Healthcare

- Access to Healthcare (*continued*)
 - Accommodation for varying levels of ability
 - 46% of HMMP participants reported receiving some form disability-related income
 - Among HMMP participants who reported ability or mobility requiring accommodation:
 - 24% reported cognitive difficulty concentrating, remember, or making decision
 - 20% reported difficulty walking or climbing stairs
 - 16% reported experiencing blindness or difficulty seeing
 - 11% reported experiencing deafness or difficulty hearing
 - 10% reported experiencing difficulty doing errands such as attending medical visits without assistance
 - 5% reported experiencing difficulty dressing or bathing
 - Average travel time to their usual primary care facility was 35 minutes



Health and Healthcare

- Access to Primary Care
 - General Primary Care
 - 3% had 2-4 ER or urgent care visits 2-4 times
 - 4% had one hospital admission
 - Gynecological, obstetric, and contraceptive care for those assigned female at birth:
 - 34% received HIV care at a gynecological clinic
 - 73% received a Pap Smear test
 - 72% had a pelvic exam
 - 51% became pregnant at least once following their HIV diagnosis
 - Most common birth control and contraceptive methods were:
 - » 50% male condoms
 - » 44% abstinence
 - » 28% female surgical sterilization



Health and Healthcare

- Access to Primary Care (*continued*)
 - HIV Prevention-Related Primary Care
 - Most common transmission risk factors prior to initial HIV diagnosis were:
 - Having sex with a male partner (76%), particularly a male partner living with HIV
 - Having sex with a female partner (47%), particularly a female partner with injection drug use
 - Working in a health care or laboratory setting with risk of potential exposure (8%)
 - Injection drug use (8%)
 - Serosorting and TasP:
 - 17% were more likely to not use condoms when a partner says they are also living with HIV
 - 14% were more likely to not use condoms when they have an undetectable viral load
 - HIV prevention services received in the past 12 months:
 - 54% received informational/educational materials
 - 46% received free condoms
 - 39% had a one-on-one conversation with a health care provider



Health and Healthcare

- Access to Primary Care (*continued*)
 - HIV Prevention-Related Primary Care (*continued*)
 - The most common testing sites at which HMMP participants received their HIV diagnosis were primary care clinics/community health centers (20%), private doctor's office (19%), inpatient hospital (18%), and correctional facilities (17%)
 - Most common motivations for HIV testing were due to another non-sexually transmitted illness (31%), suspected transmission through sexual contact (20%), and other reasons (20%).
 - 65% were offered partner notification services; 17% asked that none of their partners be notified
 - Among those currently sexually active, in the past 12 months:
 - 60% received syphilis testing
 - 23% received chlamydia testing
 - 22% received gonorrhea testing



Health and Healthcare

- Access to Primary Care (*continued*)
 - HIV Primary Care
 - Regardless of current health status, 71% HMMP participants never progressed past Stage 1/acute HIV, 19% progressed to Stage 2/chronic HIV, and 10% progressed to Stage 3 HIV.
 - Medical records indicated CD4 counts and viral load tests that match typical progression for PLWH in HIV medical care
 - 84% had a most recent viral load test below the level of detection, and 70% experienced durable viral suppression with all viral load tests below 200 copies/mL for the preceding 12 months
 - 90% were receiving ART; 5% had not taken ART medication within the preceding 12 months
 - The most common reason reported for not taking ART was that their doctor advised to delay treatment (33%).
 - 88% reported little to no recent ART side effects
 - 9% of participants had ever taken a planned break (“drug holiday”) from ART, with the most common reasons of other/unspecified (38%), being tired of taking medications (22%), feeling poorly from side effects (20%), and being on vacation (15%)
 - The most common reasons for a recently missed dose of ART were:
 - 43% forgot to take their medication
 - 24% had problems with a prescription or refill



Health and Healthcare

- Access to Primary Care (continued)
 - Mental Health Care
 - Symptoms of emotional and psychological distress:
 - 54% feeling tired or having little energy
 - 49% having trouble falling or staying asleep, or sleeping too much
 - 42% feeling apathetic
 - 41% feeling down, depressed, or hopeless
 - 36% experiencing over-eating/under-eating
 - 29% having feelings of low self-worth
 - 27% having difficulty concentrating
 - 19% noticeably moving slowly or restlessly
 - 33% experienced diagnosed mental health conditions, the most common of which were depression (29%), generalized anxiety disorder (8%), and bipolar disorder (5%).
 - 60% reported needing mental health services but who did not receive mental health services and also had a record of a diagnosed mental health condition.
 - 4% admitted to an inpatient mental health care facility in the past 12 months



Health and Healthcare

- Access to Primary Care (continued)
 - Substance Use and Access to Substance Use Disorder Treatment
 - Alcohol and Tobacco
 - 32% identified as current cigarette smokers, and 26% reported smoking cigarettes daily
 - 58% reported any alcohol use in the past 12 months, with 34% using alcohol before/during sex
 - 17% reported weekly alcohol use, and 5% reported daily alcohol use.
 - 14% reported recent binge drinking, and 5% reported recent heavy drinking
 - Substance Use
 - 14% indicated some form of substance use in the past 12 months
 - 6% reported stimulant use, 14% reported non-injection substance use, and 0.5% reported injection substance use. Of those reporting non-injection substance use, 9% reported that they used non-injection substances before/during sex, and 8% indicated using more than one non-injection substance at a time.
 - 2% admitted to a substance use disorder treatment facility in the past 12 months
 - Health Literacy
 - Among the 10% of HMMP participants who were not taking ART medications at the time of interview, 10% indicated that they felt healthy and believed they did not need ART medications
 - 95% taking ART felt sure they would be able to take all or most of their medications as directed, and 94% felt sure that ART would have a positive effect on their health



Health and Healthcare

- Considerations for 2019 Needs Assessment:
 - Reasons for lapses in health care coverage
 - Motivation for requesting or declining partner notification
 - Questions more fully exploring health literacy needs *NEW*



Neighborhood and Built Environment

- Considerations for 2019 Needs Assessment:
 - Access to foods that support healthy eating patterns
 - Community crime and violence
 - Environmental conditions
 - Quality of housing, including overcrowding

HIV and Social Determinants of Health in Houston/Harris County

A Collaborative Special Study of the Houston Area Ryan White Planning Council and the Houston
Health Department Houston Medical Monitoring Project
Approval Pending

Acknowledgments

The Houston Area HIV Services Ryan White Planning Council would like to thank the following individuals and agencies for their contribution to this Special Study.

2017-2018 Comprehensive HIV Planning Committee Members

Ted Artiaga (2017-2018)
Quality Analyst, Legacy Community Health; and 2018 Co-Chair, Comprehensive HIV Planning Committee

Taneisha Broaddus (2017)
Facility Manager, Wood Group Mustang

Ryan Clark (2017-2018)
Assistant, Brandon Bartell Cleaning

Cynthia Deverson (2018)
Clinical Research Manager, Baylor College of Medicine

Elizabeth Drayden (2018)
Receptionist, Marshall Management Group

Evelio Salinas Escamilla (2017)
Independent Consultant

Herman Finley (2017-2018)
Health Education Risk Reduction Coordinator, St. Hope Foundation, Inc.

Eddie Gonzalez (2018)
Co-founder, Grupo de Teatro Índigo

Tracy Gorden (2017)
Member, City of Houston Community Development Advisory Council; and 2017 Vice Chair, Ryan White Planning Council

Dawn Jenkins (2018)
Sr. Operations Manager, Thomas Street Health Center

Daphne L. Jones (2018)
Senior Public Health Investigator, Houston Health Department

Denis Kelly (2018)
2018 Co-Chair, Quality Improvement Committee

Cristina Martinez, (2017-2018)
CEO, Cristina E. Martinez Consulting

Osaro Mgbere, PhD (2017-2018)
Epidemiologist, Houston Health Department

Nancy Miertschin (2018)
HIV Projects Manager, Thomas Street Health Center; and Co-Chair, Comprehensive HIV Planning Committee

Rodney Mills (2017-2018)
2017-2018 Co-Chair, Affected Community Committee

Allen Murray (2017)
2018 Co-Chair, Project LEAP Advisory Committee

Robert Noble (2018)
Case Manager, AIDS Healthcare Foundation

Esther Ogunjimi (2017-2018)
Case Manager, Texas Department of State Health Services

Oluseyi Orija (2017-2018)
External Committee Member, Comprehensive HIV Planning Committee

Shital Patel, MD (2017-2018)
Assistant Professor, Baylor College of Medicine

Faye Robinson (2018)
Senior Public Health Investigator Manager, Houston Health Department

Crystal Starr (2018)
External Committee Member, Comprehensive HIV Planning Committee

Kris Sveska (2017)
External Committee Member, Comprehensive HIV Planning Committee

Isis Torrente (2017-2018)
2017 Co-Chair, Comprehensive HIV Planning Committee

Amana Turner (2017-2018)
Program Coordinator, Change Happens

Steven Vargas (2017-2018)
Program Coordinator, Association for the Advancement of Mexican Americans; and 2017-2018 Co-Chair, Comprehensive HIV Planning Committee

David Watson (2017)
Service Linkage Worker, Houston Health Department

Maggie White (2017)
Nurse Practitioner, Gordon Crofoot MD

Larry Woods (2017-2018)
Prevention Manager, St. Hope Foundation

Staff

Ryan White Planning Council

Office of Support

Tori Williams
Amber Harbolt
Diane Beck
Rodriga Avila

Houston Health Department

Center for Community Health Services

Disease Prevention and Control Division

Marlene McNeese
Camden Hallmark

Houston Medical Monitoring Project (HMMP)

Osaro Mgbere, PhD, MS, MPH

Funding Acknowledgments

The development of this document was made possible by funding from the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Data reported are based, in part, on contributions by Medical Monitoring Project (MMP) participants, facilities, community and provider advisory boards, interviewers, and abstractors; the Data Coordinating Center for HIV Supplemental Surveillance at ICF International; and members of the Clinical Outcomes Team, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC, Atlanta, Georgia.

The MMP for which this report is based was conducted between 2009 and 2014 by the Houston Health Department in collaboration with the Centers for Disease Control and Prevention (CDC) and funded by CDC under the Cooperative agreement number PS09-937. The

CDC conceived the project, developed associated materials including data collection instrument and provided oversight on the survey implementation in Houston/Harris County, Texas, and other 22 participating sites in the United States

Participants in the MMP were offered an incentive gift card for their participation ranging in value from \$25-50.

Suggested Citations

Source/Complementary Report Citation:

Houston Health Department. Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection in Houston/Harris County, Texas — Houston Medical Monitoring Project, 2009-2014 Cycles. HIV Surveillance Special Report, August, 2018. 55 pp.

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HIV and Social Determinants of Health in Houston/Harris County.

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Background

The Houston Area Ryan White Planning Council (**RWPC**) is a volunteer planning group comprised of 38 appointed community members charged with planning, designing, and allocating funding for HIV medical care and support services for people living with HIV (**PLWH**) in the six-county Houston Eligible Metropolitan Area (**EMA**), and the 10-county Houston Health Service Delivery Area (**HSDA**). To inform these processes, the RWPC conducts a community needs assessment every three years that measures and describes the HIV medical care and support service needs of the local HIV community, most recently in 2016. In addition to capturing data related to service needs and barriers, the Houston Area HIV Consumer Needs Assessment serve as a tool to evaluate consumer knowledge about services, engagement along the HIV Care Continuum (including a profile of those with unmet need), and co-occurring medical conditions and social determinants of health. The Needs Assessment Group (**NAG**) streamlined the 2016 Needs Assessment survey tool to allow for faster data collection and to meet a completion deadline to incorporate the data gathered into the joint 2017-2021 Houston Area Comprehensive HIV Prevention and Care Services Plan. The NAF trimmed thirty questions from the survey tool with the caveat that the Comprehensive HIV Planning Committee would prioritize a Special Study exploring HIV and social determinants of health in the Houston area.

The RWPC's Comprehensive HIV Planning Committee commissions Special Studies to complement and contextualize the wealth of information gathered through the community needs assessment process, and to bridge the gap in data between community needs assessments. Past Special Studies have examined service needs among special demographic populations such as people living with HIV (**PLWH**) in the Houston EMA who are transgender/gender non-conforming, youth, or incarcerated/recently released. Special Studies conducted in 2014 examined consumer needs and experiences related to specific service categories such as the Health Insurance Assistance Program following the first Affordable Care Act Health Insurance Marketplace Open Enrollment period. In 2017, the Comprehensive HIV Planning Committee directed the RWPC Office of Support to collaborate with the Houston Health Department (**HHD**) to Bureau of Epidemiology Disease Prevention and Control Division to conduct a Special Study using data from the 2009-2014 Houston Medical Monitoring Project (**HMMP**). HHD and RWPC Office of Support staff met in August 2017 to identify data elements in the HMMP that reflected the social determinants of health questions removed from the 2016 Needs Assessment survey tool. In August 2018, HHD staff provided these data in a complementary report titled *Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection in Houston/Harris County, Texas — Houston Medical Monitoring Project, 2009-2014 Cycles*. This report details key findings from the requested HMMP data to provide a portrait of general social determinants of health that PLWH in the Houston Area. Where HMMP data are not available, RWPC Office of Support staff attempted to provide other relevant needs assessment data to fill the gaps.

Introduction

As a division of the U.S. Department of Health & Human Service (**HHS**), the Office of Disease Prevention and Health Promotion (**ODPHP**) sets national health goals and objectives, and supports programs, services, and education activities aimed to improve the health of all Americans. One such project, Healthy People 2020, envisions America as a society in which all people live long, healthy lives by striving to:

- Identify nationwide health improvement priorities
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress
- Provide measurable objectives and goals that are applicable at the national, State, and local levels, with a completion year of 2020,
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge, and
- Identify critical research, evaluation, and data collection needs.¹

Healthy People 2020 provides a framework for describing the economic, educational, sociocultural, healthcare, and physical environments of individuals and communities that co-occur with, influence, and are shaped by individual and community-wide health and quality of life. These environments, called social determinants of health, can help explain and contextualize why low-income and low educational attainment areas, communities of color, marginalized, oppressed, or isolated groups, those without regular access to quality, affordable, and affirming healthcare, and people living in adverse physical environments with low access to healthy food, quality housing, reliable transportation, safe neighborhoods, and freedom from pollution and other environmental insults have significantly poorer health indicators than other groups and communities. This is especially true for HIV, in which new HIV diagnoses, HIV prevalence, barriers to HIV prevention and care services, and poorer HIV-related health outcomes co-occur across a wide variety of demographic groups when substance use disorders and interpersonal or community-level violence are prevalent, known in medical anthropology and public health as the Substance Abuse, Violence, and AIDS (**SAVA**) syndemic.^{2, 3, 4}

Harris County, with over 4.6 million residents distributed across 1,777 square miles of highly ethnically-diverse urban, suburban, and rural communities, presents unique challenges to providing effective HIV prevention and care services to stem new transmissions and ensure that all people have unfettered access to quality HIV care.⁵ Amid questions of how to design and provide effective HIV prevention and care services to a growing and varied population, this Special Study was commissioned to describe the social determinants of health PLWH in Houston/Harris County experience.

Methodology

As with many past Special Studies, this Special Study includes aggregate client-level data, however most of data presented in this document were collected external to the RWPC through HMMP cycles 2009-2014. HHD compiled these data into tables available in the complementary report to this document titled *Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection in Houston/Harris County, Texas — Houston Medical Monitoring Project, 2009-2014 Cycles*. Technical notes on methodology from the complementary report are paraphrased below:

Population

For HMMP data collection cycles 2009 through 2014, the population sampled was diagnosed PLWH aged 18 years and over receiving care from known outpatient HIV medical care providers in the Houston/Harris County at any point between January 1 and April 30 of each project year from 2009 through 2014. Individuals with previous participation in HMMP during the current data collection cycle were ineligible to participate twice.

Data Collection

HMMP or provider staff enrolled eligible participants, depending on clinic needs, project area needs, local institutional review board requirements, and the number of patients sampled from a particular facility. When HMMP staff enrolled participants, facilities provided local HMMP staff with contact information for patients. When provider staff enrolled participants, the provider contacted selected clients—in person, by telephone, or by mail—with follow-up from HMMP staff. A trained interviewer conducted structured participant questionnaires in English or Spanish through either computer-assisted in-person interview in a private location (e.g., at home or in a clinic), or telephone administration of the questionnaire. The interview (approximately 45 minutes) included questions about demographics, healthcare use, service gaps, sexual behavior, mental health concerns, gynecologic and reproductive history (women only), drug and alcohol use, and use of HIV prevention services. HMMP staff offered each participant one gift card ranging in value from \$25 to \$50 as token of appreciation, depending on the cycle year. After data collection was complete, HMMP staff used a Centers for Disease Control and Prevention (CDC) electronic application to abstract information from participant medical records, including diagnoses of Stage 3 HIV (formerly AIDS)-defining conditions, prescription of antiretroviral treatment (ART), laboratory results, and healthcare use in the 24 months prior the interview.

Methods

HMMP staff applied sampling, nonresponse analysis, and weighting methods to account for non-representative sampling probabilities and nonresponse. The sample comprised 1,181 records covering the period 2009-2014 with 40 strata, 1,030 clusters, and a weighted sum of 11,469. HMMP staff made a small number of updates to sampling and weighting procedures the study years with no significant impact on the prevalence estimates from previous cycles. Medical record data used for estimates in the complementary report were limited to data recorded in the 12 months preceding the interview (except where otherwise noted) to facilitate comparability with previously published estimates. HMMP staff adjusted the interview questionnaire between 2009 and 2014 to measure patient ethnicity, health insurance type(s), and income more precisely.

Data Analysis

HMMP staff conducted statistical analysis of questionnaire and medical record abstraction using SAS 9.4 (SAS Institute, Cary, NC, USA) software. HHMP staff used the SAS PROC SURVEYFREQ procedure to produce aggregate frequency and cross-tabulation tables. HMMP staff excluded following data from final analysis:

- Values with a coefficient of variation $\geq 30\%$
- “Don’t know” responses, and
- Skipped (missing) responses.

The analysis produced frequency, weighted frequency, row and column percent, standard errors of percent and the 95% confident intervals reflected in the complementary report. HHMP staff suppressed frequencies below a threshold of five in the complementary report to protect confidentiality.

Summarization of Findings

RWPC Office of Support staff reviewed the HMMP staff complementary report to provide a summarization of findings for use in HIV planning. For social determinants of health data among PLWH not presented in the complementary HMMP report, RWPC Office of Support staff used data collected for the 2016 Consumer Needs Assessment.^a This document presents summarized findings within the six major domains of social determinants of health as outlined by Healthy People 2020:⁶

- Economic Stability
- Education
- Social and Community Context
- Health and Healthcare
- Neighborhood and Built Environment

Topics for which there are no HMMP or Needs Assessment data available are noted to be considered for inclusion in the 2019 Consumer Needs Assessment.

^a The full 2016 Consumer Needs Assessment report, including methodology and limitations, is available on the RWPC website: http://www.rwpc-houston.org/Publications/2016_NA/2016%20Needs%20Assessment.htm

Limitations

As the HMMP identified the sample population as diagnosed adult PLWH receiving HIV medical care at known providers, and interviews were administered in English or Spanish, the following populations may be unrepresented or underrepresented in the social determinants of health data discussed in this document:

- Those living with HIV who are undiagnosed
- Children and youth under 18 years old
- Individuals who were out of care at the time of participant selection^b
- Houston/Harris County residents receiving HIV medical care outside of Houston/Harris County
- Individuals with limited English or Spanish proficiency

Data collected through HMMP are representative of the sample population, and summarized findings are generalizable only to Houston/Harris County. Data collected through the 2016 Consumer Needs Assessment are also only representative of diagnosed PLWH over the age of 18 who were proficient in spoken or written English or Spanish at the time of survey, though results are generalizable to the 6-county Houston EMA and the 10-county Houston HSDA.

HMMP data presented in this document are intended to show trends in social determinant of health among PLWH, but do not reflect the experiences of PLWH in the Houston area after 2014. Needs Assessment data discussed in the document reflect the experiences of PLWH in the Houston EMA/HSDA in 2016.

Finally, some topics within the six Healthy People 2020 social determinants of health domains have no correlative data collected in the *Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection in Houston/Harris County, Texas — Houston Medical Monitoring Project, 2009-2014 Cycles* or the 2016 Consumer Needs Assessment for which to draw conclusions about social determinants of health specific to PLWH in the Houston area. Such topics in this document are noted under the pertinent domain, and will be considered for inclusion in the 2019 Consumer Needs Assessment.

^b An additional RWPC Special Study of those with a history of unmet need/out of care will be completed in 2018 and will be available on the RWPC website: <http://www.rwpchouston.org/>

Findings

Economic Stability

Communities that experience greater economic stability are more likely to have access to tools and medications that prevent new HIV transmissions and assist PLWH to reach viral suppression. A community with economic stability reflects higher levels of gainful employment, households with available financial resources for food, persistent access to affordable quality housing free of overcrowding, and access to financial resources adequate to cover necessities. Communities that experience lower economic stability, and thereby greater vulnerability to new HIV transmissions and barriers to HIV care, may reflect higher levels of unemployment, under-employment, or unreported employment, households with a lack of available financial resources for food, unstable access to affordable quality housing free of overcrowding, and financial resources that may not adequately to cover necessities.

Employment

(See HMMP **Tables 4, 14, and 33**)

Forty-one percent (41%) of HMMP participants reported being employed for wages at the time of interview. Following employed for wages, 24% were unable to work due to disability, 11% were out of work for more than one year, 8% were out of work for less than one year, and 7% were self-employed. Fewer than 5% each were students, retired, or homemakers.

Among those employed for wages, no specification was offered as to the proportions of full-time vs. part-time employment, but cross-tabulation of the association between employment status and healthcare coverage revealed that 31% of employed participants were insured, while 33% of unemployed participants were insured. This may indicate that PLWH and those vulnerable to new transmissions may be employed for wages, but without access to benefits like employer-sponsored health insurance. An additional 13% of employed participants had no insurance, but accessed Ryan White or the AIDS Drug Assistance Program (**ADAP**) for medication coverage, while 10% of unemployed uninsured participants accessed Ryan White or ADAP.

Unreported employment in general was not addressed in the complementary report, though 3% of HMMP participants reported engaging in sex work in exchange for resources like food shelter, transportation, money, or drugs.

Food Insecurity

(See HMMP **Table 30**)

Food insecurity differs from hunger, in that any individual may experience hunger may be experienced by any individual independent of access to resources. Households that are food insecure regularly lack of available financial resources for food. Ten percent (10%) of HMMP participants reported needing meal or food services, but did not receive those services. No indication as to why needed meal or food services was presented in the complementary report, but 2016 Consumer Needs Assessment found that 25% of participants who reported needing food pantry services had difficulty accessing food pantry. This was most often due to education and

awareness barriers such lack of knowledge about service availability, location, and appropriate staff contact. Though food pantry is not currently a Ryan White funded service in the Houston area, questions regarding persistent food insecurity may be considered for inclusion in the 2019 Consumer Needs Assessment.

Housing Instability

(See HMMP **Tables 2 and 33**)

HHS provides a firm definition for homelessness as a living condition in which an individual “lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.”⁷ Nine percent (9%) of HMMP participants experienced homelessness at the time of survey, and were most often living on the street (5%). This was followed by other homeless living conditions such as living in a shelter (4%), living in a single room occupancy hotel (4%), or living in a car (3%).

Housing instability describes conditions in which an individual’s housing situations may be subject to change rapidly, or present challenges to affordability, quality, or overcrowding. This can include a situation in which an individual is living with friends or family, but may have no legal protection or right to remain in the habitation. Compared to individuals with persistent stable housing, individuals who are unstably housed may be more vulnerable to experiencing homelessness, and may experience interpersonal violence, intimate partner violence (**IPV**), or difficulty keeping medications safe. Nine percent (9%) of HMMP participants reported needing shelter or housing services, but did not receive those services. No indication as to why needed housing or shelter services were not received was presented in the complementary report, but 2016 Consumer Needs Assessment found that 32% of participants who reported needing housing services had difficulty accessing housing. This was most often due to education and awareness barriers such as lack of knowledge about service availability, service location, appropriate staff contact, and service definition, or wait-related issues such as placement on a waiting list, being told a wait list was full/unavailable, and long durations between housing resource application and approval.

Poverty

(See HMMP **Tables 1 and 4**)

Seventy-two percent (72%) of HMMP participants reported combined yearly household incomes of \$19,999 or less. This was followed by 18% with annual incomes of \$20,000 to \$39,999, 7% with incomes \$40,000 to \$74,999, and 4% with incomes of \$75,000 or higher. Just over half of HMMP participants (52%) had annual incomes that fell below 100% of the U.S. federal poverty level (**FPL**) at the time of survey. A quarter (25%) had annual incomes at 139-400%, 16% had incomes at 100-139% of FPL, and 7% had incomes over 400% FPL.

Most often, HMMP participants reported their primary source of income as salary or wages (40% of participants) or Supplemental Security Income (**SSI**)/Social Security Disability Insurance (**SSDI**) (37% of HMMP participants). This was followed by 15% of HMMP participants whose primary source of income was money received from family, a partner, or friends. Two percent (2%) of

HMMP participants listed each savings or investments, pension or retirement fund, other public assistance, or no income, or other as their primary source of income.

Education

Communities that experience widespread high levels of education attainment are more likely to have economic stability, encounter fewer challenges with literacy or health literacy, and experience higher levels of self-efficacy, or the belief in one’s capacity to carry out particular interventions, such as medication adherence for pre-exposure prophylaxis (**PrEP**) and HIV treatment. A community with ample resources to support high education attainment reflects greater enrollment in higher education, increased high school graduation rates, less linguistic isolation, and higher general literacy. Communities with fewer resources dedicated to high education attainment may reflect greater vulnerability to new HIV transmissions and barriers to HIV care through economic instability due to lower enrollment in higher education, lower rates of high school graduation, linguistic isolation, and low general literacy.

Enrollment in Higher Education and High School Graduation

(See HMMP **Table 1**)

Fifty percent of HMMP participants enrolled in higher education at some point, attaining greater than a high school education. While HMMP data provided in the complementary report do not offer an in-depth analysis of the types of higher education in which HMMP participants enrolled, questions regarding higher education enrollment may be considered for inclusion in the 2019 Consumer Needs Assessment. Twenty-eight percent (28%) of HMMP participants graduated from high school or achieved their General Education Development (**GED**) test certificate and 22% had some high school education or less.

Language

(See HMMP **Table 8**)

Nine percent (9%) of HMMP participants reported English proficiency lower than “I speak English well”. Twenty percent (20%) of HMMP participants reported that they speak a language other than English at home. While information on specific languages spoken other than English was not included in the complementary report, HMMP participants with limited English proficiency likely reflect primarily Spanish speaking or Spanish monolingual individuals (see **Methodology** and **Limitations**). Changes in methodology and questions regarding non-English/non-Spanish languages spoken and linguistic isolation may be considered for inclusion in the 2019 Consumer Needs Assessment.

General Literacy

(See HMMP **Table 8**)

While language refers to a system of written or verbal communication, literacy refers to one’s ability to effectively interpret and use a language, often in its written format. Individuals with low general literacy may experience difficulty reading written communications or writing. For PLWH who experience low general literacy, this presents additional challenges for completing important enrollment paperwork, or accurately deciphering medically relevant written information such as

referrals or medication instructions. Twenty-one percent (21%) of HMMP participants reported always (5%), often (3%), or sometimes (14%) experiencing difficulty learning about their medical condition due to difficulty understanding written information. When asked how confident they are filling out medical forms without assistance, 28% of HMMP participants reported that being somewhat (13%), a little bit (7%), or not at all confident (9%). Twenty-two percent (22%) of HMMP participants reported that they sometimes (12%), often (4%) or always (6%) have someone assist them with reading hospital materials.

Social and Community Context

Social and community context refers to the collective cultural and interpersonal structures within a community that influence health, access, decision-making, resource navigation, and resilience. Health determinants within this domain include civic participation, discrimination, incarceration, and social cohesion. Communities that experience supportive social and community context are more likely to have active civic participation, fewer instances of discrimination, lower rates of incarceration, and stronger social cohesion, while communities that experience discordant or absent social and community context may experience less civic participation, more instances of discrimination, higher rates of incarceration, and weaker social cohesion.

Civic Participation

Civic participation, including voting, volunteering, and engaging in collective activities gives individuals a higher degree of control and investment in healthcare decisions made within a particular community, facilitates physical activity, and social connectivity for support and resource sharing. An example of civic participation specific to HIV could be volunteering at a clinic or testing event, or attending a city council meeting to help speak on behalf of the HIV community. While the complementary report does not relay data relevant to civic participation, the 2016 Consumer Needs Assessment found that participants derived social support through several types of civic participation, including HIV-related groups or programs (26%), community groups (15%), advocacy/activism groups (13%), serving on a board or committee (9%) and participation in fundraising (9%). Questions regarding other types of civic participation may be considered for inclusion in the 2019 Consumer Needs Assessment

Discrimination

(See HMMP **Table 9**)

Discrimination such as racism, sexism, homophobia, and stigma within social and community context increases vulnerability to new HIV transmissions throughout the community by discouraging regular HIV testing, engagement in PrEP or HIV medical care, and medication adherence to support viral suppression for treatment as prevention (**TaSP**). When asked about experiences with stigma and discrimination, HMMP participants reported the following:

- 65% agreed that it is difficult to tell people about their positive HIV status
- 28% agreed that having a positive HIV status made them feel in some way contaminated
- 36% agreed each that they felt guilty and ashamed for having a positive HIV status
- 25% agreed that having a positive HIV status sometimes made them feel worthless
- 64% stated that they hid their positive HIV status from others

- 15% stated that they had been treated with hostility or a lack of respect in a medical environment
- 10% reported that they had been given less attention in a medical environment than other patients
- 7% reported that they had been refused service

Of HHMP participants who reported experiences of any type of discrimination:

- 77% reported that the discrimination occurred because of their positive HIV status
- 13% reported that the discrimination occurred because of their gender
- 33% reported that the discrimination occurred because of their sexual orientation or behaviors
- 20% reported that the discrimination occurred because of their race or ethnicity
- 3% reported that the discrimination occurred because of their injection drug use

Incarceration

(See HHMP **Table 2**)

High rates of incarceration are linked to increased vulnerability to new HIV transmissions, lower entry and retention in care following release from incarceration, and restricted access to resources such as housing and employment opportunities particularly when compounded by recidivism and re-incarceration.⁸ Six percent (6%) of HHMP participants reported that they were incarcerated for longer than 24 hours within the past 12 months. Questions regarding experiences with linkage, retention, and service navigation following release from incarceration may be considered for inclusion in the 2019 Consumer Needs Assessment.

Social Cohesion

(See HHMP **Table 11**)

Social cohesion describes the tendency of strong social networks that share support, knowledge, and resources through social capital and a shared sense of social identity. This cohesion influences community health in general and HIV-related issues in particular through informational support through peer navigation, resource sharing, emotional support, and support for positive health behaviors such as retention in care and engaging in exercise. While the complementary report does not relay data general data on social cohesion, it does describe social support in relation to HIV medication adherence. Eighty-seven percent of HHMP participants were satisfied with the overall support they get from friends and family members, but 55% reported that friends and family members do not help them remember to take their medications at all.

The 2016 Consumer Needs Assessment found that participants derived social support and belonging through social networks, including family (75%), friend (69%), partner(s) (45%), faith communities (45%), support groups (26%), sobriety groups (18%), having or being a mentor (16-17%), and co-workers (16%). Questions regarding other types of social cohesion may be considered for inclusion in the 2019 Consumer Needs Assessment.

Health and Healthcare

Health and healthcare structures within the context of social determinants of health may be most effectively discussed in terms of access to healthcare, access to primary care, and health literacy. Communities with strong health and healthcare structures are more likely to have readily accessible general and HIV-specific health resources, regular primary care including HIV prevention and care services, and reflect high health literacy. Communities with weakened or absent health and healthcare structures are more likely to have limited access to general and HIV-specific health resources, irregular or no receipt of primary care including HIV prevention and care services, and reflect difficulties with low health literacy.

Access to Healthcare

(See HMMP **Tables 3, 4, 13, 21, 28** and **Figure 3**)

Access to healthcare describes the presence healthcare structures and institutions within a community that is easily accessible to all people. In the U.S., financial access to healthcare is most often achieved with assistance through health insurance or other types of health care coverage. While 65% of HMMP participants reported having any kind of health insurance in the past 12 months at the time of interview, this proportion dropped to 56% for continuous coverage throughout the year. Over a third (38%) reported having no continuous health insurance or coverage. Questions regarding reasons for lapses in health care coverage may be considered for inclusion in the 2019 Consumer Needs Assessment. For type of health insurance, 45% of HMMP participants reported they had some type of public insurance, followed by over third (38%) with no insurance (38%), and 16% with private health insurance only. Of combinations of health insurance coverage reported by HMMP participants, the most common combinations were:

- 21% with Ryan White/ADAP only
- 15% with private health insurance only
- 12% with Medicaid only
- 8% with no insurance
- 7% with an unspecified health insurance combination
- 6% each with other public insurance and Ryan White/ADAP; Medicaid and Medicare; and other public only.

Most often, HMMP participant receive coverage for HIV-related medications through:

- 47% ADAP
- 18% out of pocket payment
- 17% Medicaid
- 14% Medicare

Accommodation for varying levels of ability also influences access to healthcare. Forty-six percent (46%) of HMMP participants reported receiving some form disability-related income. Among HMMP participants who reported ability or mobility requiring accommodation:

- 24% reported cognitive difficulty concentrating, remember, or making decision
- 20% reported difficulty walking or climbing stairs
- 16% reported experiencing blindness or difficulty seeing
- 11% reported experiencing deafness or difficulty hearing

- 10% reported experiencing difficulty doing errands such as attending medical visits without assistance
- 5% reported experiencing difficulty dressing or bathing

Proximity and travel time to medical facilities shape access to healthcare, particularly for those with transportation difficulties. The mean travel time for HMMP participants to their usual primary care facility was 35 minutes, though travel times ranged from two to 240 minutes.

Access to Primary Care

Access to primary care differs from access to healthcare in that it describes regular interactions with healthcare providers and facilities rather than the community presence of healthcare structures. This includes access to general primary care as well as primary care for HIV prevention, HIV care, mental health care, and treatment for substance use disorders.

Access to General and HIV Prevention-Related Primary Care

(See HMMP **Tables 5, 6, 14, 19, 20, 22, 23, 28, and 31**)

An important indicator of restricted access to preventive medicine and primary care is use of emergency or urgent care facilities, hospital admissions, and inpatient care for mental health and substance use concerns. In the 12 months preceding interview, HMMP participants reported:

- 3% visited an emergency department or urgent care clinic 2-4 times, and 1% five or greater times
- 4% had one hospital admission, 2% had 2-4 hospital admissions

Seventy-five percent (75%) of HMMP participants reported receiving an influenza vaccination, and 4% reported participating in an HIV clinical trial in the 12 months prior to interview.

Gynecological and contraceptive care also reflect access to general preventive primary care for individuals who were assigned female at birth. Of HMMP participants who received gynecological, obstetric care:

- 34% received HIV care at a gynecological clinic
- 73% received a Pap Smear test
 - 12% with abnormal results, and of those 89% received medical follow-up
- 72% received a pelvic exam
- Over half (51%) became pregnant once (31%), twice (11%), or 3+ (9%) following their HIV diagnosis

Among HMMP participants who were assigned female at birth, the most common birth control and contraceptive methods were:

- 50% used male condoms
- 44% abstained from sex
- 28% had female surgical sterilization (tubal ligation or hysterectomy)
- 8% used female condoms
- 5% used oral hormonal contraception
- 4% practiced withdrawal

- 4% used a spermicidal substance
- 3% used injectable hormonal contraception

Access to primary care reduces community and individual vulnerability to HIV transmission when it supports HIV prevention including discussion of behaviors linked to transmission and risk reduction strategies, as well as access to HIV/STI testing and disease investigation specialist (DIS) services. For sexual contact and gender identity:

- 42% of cis-gender men reported any male-to-male sexual contact
- 27% of cis-gender men reported exclusive male-to-female sexual contact
- 27% of cis-gender women reported any male-to-female sexual contact
- 2% identified as transgender individuals

The following proportions of HMMP participants reported experiencing transmission risk factors prior to their initial HIV diagnosis:

- Having sex with a male partner (76%), particularly a male partner living with HIV
- Having sex with a female partner (47%), particularly a female partner with injection drug use
- Working in a health care or laboratory setting with risk of potential exposure (8%)
Injection drug use (8%)

For the 2009-2014 HMMP cycle, serosorting appears to have been more widely practiced than using TaSP/viral load suppression:

- 17% agreed that they are more likely to not use condoms when a partner says they are also living with HIV
- 12% agreed that they do not need to use condoms when a partner says they are also living with HIV
- 14% agreed that they are more likely to not use condoms when they have an undetectable viral load
- 7% agreed that they do not have to worry about using condoms when they have an undetectable viral load

In the 12 months preceding interview, HMMP participants received the following HIV prevention services:

- 54% received informational/educational materials
- 46% received free condoms
 - 62% from a medical office or clinic
 - 26% from a community-based organization (CBO)
 - 11% from a social venue
- 39% had a one-on-one conversation with a health care provider
- 25% had a one-on-one conversation with an outreach worker, counselor, or prevention program worker
- 18% received free cleaning kits for injection equipment

The most common testing sites at which HMMP participants received their HIV diagnosis were:

- 20% were tested at a primary care clinic or community health center
- 19% were tested at a private doctor's office
- 18% were tested at an inpatient hospital
- 17% were tested in a correctional facility
- 10% were tested at a health department

The most common motivations for receiving an HIV test were:

- 31% due to another non-sexually transmitted illness
- 20% transmission risk through sexual contact
- 20% other/not specified
- 8% personal initiative to get routine HIV testing
- 8% as part of STI screening or due to another STI diagnosis

Sixty-five percent (65%) of HMMP participants reported that they were offered partner notification services. Among those offered partner notification services, 61% asked that all their partners be notified, while 17% asked that none of their partners be notified. Questions regarding motivation for requesting or declining partner notification may be considered for inclusion in the 2019 Consumer Needs Assessment.

Among HMMP participants who reported being sexually active, the following proportions had STI testing reflected in their medical records:

- 60% received syphilis testing
- 23% received chlamydia testing
- 22% received gonorrhea testing

Access to HIV Primary Care

(See HMMP **Tables 7, 10, 12, 15, and 27**)

The complementary HMMP report contains data on stages of HIV progression, lab values, and medication adherence as these components of access to HIV primary were excluded from the 2016 Consumer Need Assessment survey tool. A full reporting of the access and barriers to HIV care services in the Houston area is available in the 2016 Consumer Needs Assessment document on the RWPC website at:

http://www.rwpchouston.org/Publications/2016_NA/2016%20Needs%20Assessment.htm

Regardless of current health status, 71% HMMP participants never progressed past Stage 1/acute HIV, 19% progressed to Stage 2/chronic HIV, and 10% progressed to Stage 3 HIV. Of those who experienced Stage 3 HIV, 24% presented with at least one opportunistic infection. Medical records indicated CD4 counts and viral load tests that match typical progression for PLWH in HIV medical care, with the highest proportion of HMMP participants:

- 28% had a first CD4 count of 500 or more cells/ μ L
- 37% had a lowest CD4 count of 199 or less cells/ μ L
- 61% had a most recent CD4 count of 500 or more cells/ μ L

- 84% had a most recent viral load test below the level of detection
- 70% experienced durable viral suppression with all viral load tests below 200 copies/mL for the preceding 12 months

Medical records indicated that 20% of HMMP participants were prescribed *Pneumocystis pneumonia* prophylaxis, and 9% were prescribed *mycobacterium avium* complex prophylaxis.

Ninety percent (90%) of HMMP participants were receiving antiretroviral therapy (**ART**) at the time of interview, though only 5% had not taken ART medication within the preceding 12 months. The most common reason HMMP participants reported for not taking ART was that 33% that their doctor advised to delay treatment. Eighty-eight percent (88%) reported that ART sides effects never (73%) or rarely (15%) troubled them over the preceding 20 days. Only 9% of participants had ever taken a planned break (“drug holiday”) from ART, with the most common reasons of other/unspecified (38%), being tired of taking medications (22%), feeling poorly from side effects (20%), and being on vacation (15%). Twenty-nine percent (29%) of HMMP participants had recent difficulty taking ART according to schedule, 27% had difficulty taking ART according to instructions, and 15% had difficulty taking ART according to medication does. Recent adherence to medication adherence to schedule. The most common reasons for a recently missed dose of ART were:

- 43% forgot to take their medication
- 24% had problems with a prescription or refill

Mental Health Care

(See HMMP **Tables 25, 26, and 32**)

The 2016 Consumer Needs Assessment revealed that symptoms of emotional and psychological distress occur more frequently among PLWH than is indicated with a formal mental health condition diagnoses. The data presented in the complementary report indicate this finding as well, with the following proportions of HMMP participants who experienced several days or more of:

- 54% feeling tired or having little energy
- 49% having trouble falling or staying asleep, or sleeping too much
- 42% feeling apathetic
- 41% feeling down, depressed, or hopeless
- 36% experiencing over-eating/under-eating
- 29% having feelings of low self-worth
- 27% having difficulty concentrating
- 19% noticeably moving slowly or restlessly

Thirty-three percent (33%) of HMMP participants had diagnoses of mental health conditions noted in their medical records, the most common of which were depression (29%), generalized anxiety disorder (8%), and bipolar disorder (5%). Sixty percent (60%) of HMMP participants who reported needing mental health services but who did not receive mental health services and had a record of a diagnosed mental health condition. No indication as to why needed mental health services were not received was presented in the complementary report, but the 2016 Consumer Needs Assessment found the most commonly reported barriers to mental health services were both administrative such as inconvenient hours of operation, complex administrative paperwork and

processes, and staff changes without notification to the client, and wait-related including placement on a waitlist. Four percent (4%) of HMMP participants admitted to an inpatient mental health care facility in the 12 months preceding interview.

Substance Use and Access to Substance Use Disorder Treatment

(See HMMP **Tables 15, 16, 17, and 18**)

Thirty-two percent (32%) of HMMP participants identified as current cigarette smokers, with another 18% identified as former cigarette smokers. Twenty-six percent (26%) of HMMP participants reported smoking cigarettes daily. Fifty-eight percent (58%) of HMMP participants reported any alcohol use in the preceding 12 months, with 34% of HMMP participants using alcohol before or during sex. Seventeen percent (17%) of HMMP reported weekly alcohol use, and 5% reported daily alcohol use. Within the 30 days preceding interview, 48% reported alcohol used, 14% reported binge drinking, and 5% reported heavy drinking.

Within the 12 months preceding interview, 14% of participants indicated some form of substance use. Six percent (6%) reported stimulant use, 14% reported non-injection substance use, and 0.5% reported injection substance use. Of those reporting non-injection substance use, 9% reported that they used non-injection substances before or during sex, and 8% indicated using more than one non-injection substance at a time. Two percent (2%) of HMMP participants admitted to a substance use disorder treatment facility in the 12 months preceding interview.

Health Literacy

(See HMMP **Tables 10 and 11**)

Health literacy describes an individual's ability to decipher, understand, and communicate medically relevant information, with the goal of making informed decisions about one's healthcare. While general and health literacy may overlap for written medical communications, health literacy refers more to one's proficiency in either written or verbal medical communications. The complementary report did not relay much data on health literacy, but questions regarding health literacy may be considered for inclusion in the 2019 Consumer Needs Assessment. Among the 10% of HMMP participants who were not taking ART medications at the time of interview, 10% indicated that they felt healthy and believed they did not need ART medications. Ninety-five percent of HMMP participants taking ART felt sure would be able to take all or most of their medications as directed, and 94% felt sure that ART would have a positive effect on their health.

Neighborhood and Built Environment

One gap in knowledge identified during this Special Study was the lack neighborhood and built environment data on the Houston HIV community. While partners in HHD monitor new HIV diagnoses by zip code, to date no Consumer Needs Assessment data are gather on neighborhood or other physical environment conditions experienced by PLWH in the Houston area. Questions regarding access to foods that support healthy eating patterns, community crime and violence, environmental conditions such as chemical, light, or noise pollution, and quality of housing may be considered for inclusion in the 2019 Consumer Needs Assessment.

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HOUSTON HEALTH DEPARTMENT

RYAN WHITE PLANNING COUNCIL DATA REQUEST

Summary Report

Houston Medical Monitoring Project (HMMP)
Grants, Research and Special Projects (GRSP)
Bureau of Epidemiology
Disease Prevention and Control Division



The Medical monitoring Project (MMP) for which this report is based was conducted between 2009 and 2014 by the Houston Health Department in collaboration with the Centers for Disease Control and Prevention (CDC) and funded by CDC under the Cooperative agreement number PS09-937. The CDC conceived the project, developed associated materials including data collection instrument and provided oversight on the survey implementation in Houston/Harris County, Texas, and other 22 participating sites in the United States

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August 2018

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Table 1: Characteristics of People living with HIV in Houston/Harris County, Texas — Medical Monitoring Project, 2009-2014

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Overall	1,180	11,461	100	[10,845-12,077] ^β
Gender at Birth				
<i>Male</i>	835	8,200	71.5	68.1-74.9
<i>Female</i>	346	3,268	28.5	25.1-31.9
Current Gender				
<i>Male</i>	816	8,000	69.8	66.2-73.3
<i>Female</i>	344	3,232	28.2	24.7-31.6
<i>Transgender ^e</i>	21	237	2.1	1.2-2.9
Age Group (Years)				
18-29	120	1,262	11.0	9.1-12.9
30-39	241	2,402	20.9	18.1-23.8
40-49	399	3,929	34.3	31.3-37.2
50+	421	3,876	33.8	31.0-36.6
Race/Ethnicity				
<i>White (non-Hispanic)</i>	255	2,659	23.2	19.8-26.6
<i>Black (non-Hispanic)</i>	598	5,667	49.4	46.0-52.8
<i>Hispanic or Latino ^f</i>	306	2,929	25.5	22.9-28.2
<i>Other</i>	22	214	1.9	1.1-2.6
Educational Level				
< <i>High School</i>	257	2,484	21.7	18.8 - 24.6
<i>High School Diploma or GED</i>	336	3,244	28.3	25.5 - 31.1
> <i>High School</i>	587	5,733	50.0	45.9 - 54.1
Sexual Orientation ^g				
<i>Homosexual, gay, or lesbian</i>	307	3,179	33.6	29.3-37.8
<i>Heterosexual or straight</i>	537	5,348	56.5	52.0-61.0
<i>Bisexual</i>	84	811	8.6	6.6-10.5
<i>Other/unclassified</i>	13	128	1.4	0.6-2.1
Time since HIV diagnosis (Years)				
< 5	294	3,120	27.3	24.6-30.0
5 – 9	264	2,454	21.4	19.0-23.9
≥ 10	621	5,869	51.3	48.1-54.5
Country of Birth				
United States	929	9,092	79.3	76.8-81.8
Mexico	135	1,288	11.2	9.4-13.1
Other	117	1,089	9.5	7.7-11.3
Years Living in the United States				
< 5	9	85	3.6	1.2-5.9
5 – 10	42	408	17.2	12.3-22.0
11 - 15	45	428	18.0	13.2-22.8
16 - 20	53	504	21.2	15.9-26.5
20 ⁺	103	952	40.1	33.7-46.5
Poverty Level ^h				
<i>Above Poverty Level</i>	540	5,355	47.9	44.5-51.3

<i>At or below poverty level</i>	613	5,834	52.1	48.7-55.5
% of Federal Poverty Level (FPL)				
<100% FPL	613	5834	52.1	48.7-55.5
>=100% - <139% FPL	180	1785	16.0	13.6-18.3
>=139% - <400% FPL	280	2774	24.8	21.7-27.9
>=400% FPL	80	796	7.1	5.3-8.9

Abbreviations: CI, confidence interval; GED, general educational development;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e Patients were classified as transgender if sex at birth and gender reported by the patient were different, or if the patient chose transgender in response to the question about self-identified gender.

^f Hispanics or Latinos might be of any race. Patients are classified in only 1 race/ethnicity category.

^g Self-identified sexual orientation.

^h Level of Poverty based on yearly income and number of household dependents; Poverty guidelines as defined by the Department of Health and Human Services was used.

ⁱ % of FPL categories based on midpoint of yearly income and HH Size.

^β Confident interval based on weighted numbers.

Table 2: Housing and Living Conditions of Persons Living with HIV in Houston/Harris County, Texas - Houston Medical Monitoring Project, 2009 - 2014

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Incarcerated >24 hours ^e				
No	1,103	10,731	93.6	92.1-95.0
Yes	78	738	6.4	5.0-7.9
Homelessness Status				
Not Homeless	1,080	10,488	91.4	89.7-93.2
Homeless	101	981	8.6	6.8-10.3
Lived on the Street				
No	1,126	10,905	95.1	93.6-96.6
Yes	55	563	4.9	3.4-6.4
Lived in a Shelter				
No	11.2	10,983	95.8	94.5-97.0
Yes	49	486	4.2	3.0-5.5
Lived in a Single Room Occupancy Hotel				
No	1,132	11,020	96.1	94.9-97.2
Yes	49	449	3.9	2.8-5.1
Lived in a Car				
No	1,152	11,182	97.5	96.5-98.4
Yes	29	287	2.5	1.6-3.5

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e In the past 12 months, arrested and put in jail detention or prison

Table 3: Types of Health Insurance and Health Insurance Combinations used by PLWH in Houston/Harris County, Texas – Houston Medical Monitoring Project 2009-2014

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Any Kind of Health Insurance in the past 12 months				
<i>No</i>	389	3,983	34.8	31.7-37.8
<i>Yes</i>	791	7,478	65.2	62.2-68.3
Continuous Insurance in the past 12 months (excluding Ryan White)				
<i>Continuous insurance/coverage</i>	687	6,457	56.4	53.2-59.6
<i>Lapsed Insurance/coverage</i>	65	632	5.5	4.1-7.0
<i>No insurance/coverage</i>	426	4,354	38.0	34.9-41.2
Health Insurance Type				
<i>Private Only</i>	191	1,869	16.3	13.5-19.1
<i>Any Public</i>	560	5,208	45.4	42.4-48.5
<i>No Insurance/coverage</i>	426	4,354	38.0	34.9-41.1
<i>Unknown/unspecified insurance</i>	*	30	0.3	0.0-0.6
Ryan White				
<i>Yes</i>	273	2,494	21.8	19.2-24.4
<i>No</i>	565	5,561	48.6	45.2-52.0
<i>Uninsured</i>	91	954	8.3	6.6-10.1
<i>Uninsured (RW/ADAP only)</i>	249	2,429	21.2	18.8-23.7
Medicaid				
<i>Yes</i>	312	3,001	26.2	23.4-29.0
<i>No</i>	529	5,085	44.3	40.7-47.9
<i>Uninsured</i>	91	954	8.3	6.6-10.0
<i>Uninsured (RW/ADAP only)</i>	249	2,429	21.2	18.7-23.7
Medicare				
<i>Yes</i>	261	2,444	21.3	18.9-23.7
<i>No</i>	580	5,642	49.2	46.3-52.0
<i>Uninsured</i>	91	954	8.3	6.6-10.0
<i>Uninsured (RW/ADAP only)</i>	249	2,429	21.2	18.7-23.7
Tricare or CHAMPUS				
<i>Yes</i>	*	*	01	0.0-0.2
<i>No</i>	840	8,079	70.4	67.7-73.2
<i>Uninsured</i>	91	954	8.3	6.6-10.0
<i>Uninsured (RW/ADAP only)</i>	249	2,429	21.2	18.7-23.7
Veterans Administration				
<i>Yes</i>	--	--	--	--
<i>No</i>	841	8,086	70.5	67.8-73.3
<i>Uninsured</i>	91	954	8.3	6.6-10.0
<i>Uninsured (RW/ADAP only)</i>	249	2,429	21.2	18.7-23.7

Private Health Insurance				
Yes	252	2,528	22.0	18.6-25.4
No	589	5,558	48.5	45.3-51.7
Uninsured	91	954	8.3	6.6-10.0
Uninsured (RW/ADAP only)	249	2,429	21.2	18.7-23.7
Public Health Insurance				
Yes	186	1,762	15.4	12.9-17.8
No	655	6,324	55.1	51.8-58.5
Uninsured	91	954	8.3	6.6-10.0
Uninsured (RW/ADAP only)	249	2,429	21.2	18.7-23.7
Other unspecified Health Insurance				
Yes	18	171	1.5	0.8-2.2
No	823	7,915	69.0	66.3-71.7
Uninsured	91	954	8.3	6.6-10.0
Uninsured (RW/ADAP only)	249	2429	21.2	18.7-23.7
No Insurance (anytime past 12 months)				
No	721	6,804	91.2	89.0-93.4
yes	68	656	8.8	6.6-11.0
Health Insurance Combinations				
Private insurance only	169	1,701	14.8	12.3-17.4
Medicaid only	144	1,428	12.4	10.4-14.5
Medicare only	56	534	4.7	3.4-5.9
Medicaid + Medicare	72	685	6.0	4.5-7.5
Ryan White/ADAP only	249	2,429	21.2	18.7-23.7
Any Veteran Administration	*	7	0.1	0.0-0.2
Other public	72	693	6.0	4.5-7.5
Private + Ryan White/ADAP	37	341	3.0	2.0-4.0
Medicaid + Ryan White/ADAP	43	400	3.5	2.4-4.6
Medicare + Ryan White/ADAP	63	550	4.8	3.6-6.0
Medicaid + Medicare + Ryan White/ADAP	21	189	1.6	0.9-2.4
Other public + Ryan White/ADAP	77	717	6.3	4.8-7.7
Uninsured	91	954	8.3	6.6-10.0
Other	86	841	7.3	5.3-9.4

Abbreviations: CI, confidence interval; PLWH, People living with HIV; ADAP, AIDS Drug Assistance Program; CHAMPUS, Civilian Health and Medical Program of the Uniformed Services; SSI, Supplemental Security Income; SSDI, Social Security Disability Insurance.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

* Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 4: Employment Status and Yearly Household Income and Sources – Houston Medical Monitoring Project, 2009-2014

Characteristics	No.^a	Wt. No.^b	%^c	95% CI^d
Current Employment Status				
<i>Employed for wages</i>	185	1,577	41.4	36.6-46.1
<i>Self-employed</i>	32	262	6.9	4.6-9.2
<i>Out of work for more than 1 year</i>	50	399	10.5	7.7-13.3
<i>Out of work for less than 1 year</i>	34	284	7.5	5.0-9.9
<i>Homemaker</i>	8	60	1.5	0.5-2.6
<i>Student</i>	18	153	4.0	2.1-5.9
<i>Retired</i>	20	164	4.3	2.5-6.1
<i>Unable to work (Disability)</i>	110	916	24.0	20.0-28.0
Combined yearly household income (US\$)^e				
<i>\$0 to \$19,999</i>	833	8,072	72.1	68.9-75.4
<i>\$20,000 to \$39,999</i>	199	1,957	17.5	15.3-19.7
<i>\$40,000 to \$74,999</i>	75	727	6.5	4.7-8.3
<i>\$75,000 and more</i>	46	433	3.9	2.7-5.1
Source of Money				
<i>Salary or wages</i>	465	4,550	39.8	36.7-42.8
<i>Savings or investments</i>	23	250	2.2	1.3-3.1
<i>Pension or retirement fund</i>	12	126	1.1	0.4-1.8
<i>Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)</i>	441	4,225	36.9	34.1-39.8
<i>Other public assistance (welfare)</i>	20	202	1.8	0.9-2.6
<i>Family, partner, or friend(s)</i>	171	1,672	14.6	12.4-16.9
<i>No income or financial support</i>	21	203	1.8	1.0-2.6
<i>Other</i>	21	211	1.8	1.0-2.7
Any Disability				
<i>Yes</i>	211	1,728	45.5	40.8-50.1
<i>No</i>	244	2,072	54.5	49.9-59.2

Abbreviations: CI, confidence interval; SSI, Supplemental Security Income; SSDI, Social Security Disability Insurance.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e Income from all sources, before taxes, in the last calendar year.

Table 5: HIV Test Location and Main Reasons for Testing – Houston Medical Monitoring Project, 2009-2014

Characteristics	No.^a	Wt. No.^b	Percentage^c	95% CI^d
Test Location				
<i>Private doctor's office</i>	52	553	18.5	13.6-23.3
<i>Primary care clinic or community health center</i>	55	590	19.7	15.0-24.4
<i>Health department</i>	28	293	9.8	5.9-13.7
<i>OB/GYN or family planning clinic</i>	7	62	2.1	0.2-3.9
<i>Emergency Room</i>	19	194	6.5	3.6-9.3
<i>Inpatient Hospital</i>	52	534	17.8	13.7-22.0
<i>Mobile test site</i>	11	127	4.2	1.6-6.9
<i>Correctional facility</i>	11	125	4.2	1.7-6.6
<i>Other</i>	50	518	17.3	12.5-22.1
Main Reason for Testing				
Exposure through sexual contact	55	607	20.2	15.4-25.0
Part of STD screening or due to STD diagnosis	23	234	7.8	4.6-10.9
Due to other illness (not STD)	92	922	30.7	25.2-36.1
Due to pregnancy	11	117	3.9	1.1-6.7
Personal initiative to routinely test	24	249	8.3	4.9-11.6
Provider recommendation as part of routine care	19	182	6.1	3.4-8.7
Requirement (military, court order, or insurance)	9	115	3.8	1.3-6.3
Other	53	580	19.3	14.4-24.2
Partner notification after testing HIV positive				
<i>Yes</i>	182	1,894	64.7	59.0-70.5
<i>No</i>	96	1,031	35.3	29.5-41.0
Response to offering to tell partner				
<i>I asked them not to tell any of my partners</i>	28	308	17.1	11.0-23.3
<i>I asked them to tell only some of my partners</i>	19	183	10.2	5.7-14.7
<i>I asked them to tell all my partners</i>	103	1,096	60.9	54.0-67.9
<i>I told them that I didn't have any partners</i>	22	212	11.8	7.3-16.3
Have Place for Usual HIV Care				
<i>Yes</i>	1,166	11,385	98.6	97.9-99.3
<i>No</i>	15	163	1.4	0.7-2.1
Satisfied with medical care received				
<i>Strongly agree</i>	216	1,794	46.8	42.0-51.7
<i>Agree</i>	208	1,755	45.8	41.0-50.6
<i>Uncertain</i>	17	147	3.8	2.0-5.7
<i>Disagree</i>	10	81	2.1	0.8-3.4
<i>Strongly disagree</i>	7	52	1.4	0.4-2.4
Dissatisfied with medical care received				
<i>Strongly agree</i>	43	351	9.1	6.6-11.8
<i>Agree</i>	96	793	20.8	17.1-24.4
<i>Uncertain</i>	22	194	5.1	3.0-7.2
<i>Disagree</i>	164	1,385	36.2	31.6-40.8
<i>Strongly disagree</i>	132	1,098	28.7	24.5-32.9

Abbreviations: CI, confidence interval;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e Income from all sources, before taxes, in the last calendar year.

Table 6: Emergency Department or Urgent Care Clinic Use and Hospital Admission During the Past 12 months Before the Interview—Houston Medical Monitoring Project, 2009-2014

Characteristics	No. ^a	Wt. No. ^b	Percentage ^c	95% CI ^d
Number of visits to emergency department or urgent care clinic				
0	1,055	10,193	89.0	87.0-91.0
1	81	831	7.3	5.6-8.9
2-4	36	348	3.0	2.0-4.0
≥ 5	8	84	0.7	0.2-1.3
Number of hospital admissions				
0	1110	10,740	93.8	92.2-95.3
1	46	486	4.2	3.0-5.5
2-4	18	182	1.6	0.8-2.4
≥ 5	5	45	0.4	0.0-0.8
Admitted to inpatient mental health facility				
Yes	49	490	4.3	3.1-5.5
No	1132	10,979	95.7	94.5-96.9
Admitted to inpatient drug or alcohol treatment facility				
Yes	28	242	2.1	1.3-2.9
No	1,153	11,227	97.9	97.1-98.7

Abbreviations: CI, confidence interval;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 7: Stage of Disease, CD4 counts, and Viral Suppression During the 12 Months Before the Interview—Houston Medical Monitoring Project, 2009-2014

Characteristics	No.^a	Wt. No.^b	Percentage^c	95% CI^d
Most advanced stage of disease (ever)				
<i>Stage 1</i>	849	8,129	71.2	68.5-73.8
<i>Stage 2</i>	217	2,145	18.8	16.4-21.1
<i>Stage 3 (AIDS)</i>	111	1,149	10.1	8.0-12.1
Geometric mean CD4 count (cells/μL)				
<i>0-199</i>	127	1,333	12.9	10.0-15.3
<i>200-349</i>	188	1,859	18.1	15.3-20.8
<i>350-499</i>	214	2,043	19.8	17.4-22.3
<i>\geq500</i>	540	5,065	49.2	45.9-52.4
Lowest CD4 Count (cells/μL)				
<i>(1)0-199</i>	439	4,180	37.1	34.0-40.1
<i>(2)200-349</i>	282	2,829	25.1	22.2-28.0
<i>(3)350-499</i>	208	1,966	17.4	15.3-19.6
<i>(4) \geq500</i>	236	2,306	20.4	17.5-23.4
First CD4 count (cells/μL)				
<i>(1)0-49</i>	136	1,341	19.9	16.5-23.3
<i>(2)50-99</i>	56	527	7.8	5.5-10.1
<i>(3)100-199</i>	65	660	9.8	7.3-12.2
<i>(4)200-349</i>	123	1,298	19.3	16.2-22.3
<i>(5)350-499</i>	101	1,026	15.2	12.5-18.0
<i>(6)500 or more</i>	196	1,886	28.0	24.5-31.5
Most recent viral load test				
<i>(1)Below the level of detection, undetectable</i>	601	4,844	84.4	81.6-87.2
<i>(2)Detectable but less than 5,000 viral copies/ml</i>	79	652	11.4	8.9-13.8
<i>(3)5,000 to 100,000 viral copies/ml</i>	22	194	3.4	2.0-4.8
<i>(4)Greater than 100,000 viral copies/ml</i>	5	47	0.8	0.1-1.6
Most recent CD4 count (cells/μL)				
<i>(1)0-49</i>	5	35	0.8	0.1-1.5
<i>(2)50-99</i>	6	50	1.1	0.2-2.0
<i>(3)100-199</i>	27	227	5.0	3.1-6.8
<i>(4)200-349</i>	70	568	12.4	9.8-15.1
<i>(5)350-499</i>	114	922	20.2	16.8-23.5
<i>(6)500 or more</i>	342	2,771	60.6	56.3-64.9
Viral suppression				
<i>Most recent viral load documented undetectable or <200 copies/mL</i>	849	7,975	80.2	77.7-82.7
<i>Most recent viral load documented detectable, \geq200 copies/mL, or missing/unknown</i>	195	1,970	19.8	17.3-22.3

Durable viral suppression				
<i>All viral load measurements documented undetectable or <200 copies/mL</i>	736	6,805	68.9	65.9-71.9
<i>Any viral load ≥200 copies/mL or missing/unknown</i>	308	3,090	31.1	28.1-34.1
Clinical AIDS: Any OI Ever				
<i>Yes</i>	180	1,834	24.0	19.3-28.7
<i>No</i>	543	5,805	76.0	71.3-80.7
Clinical AIDS: Any OI during 2-year Surveillance				
<i>Yes</i>	54	471	12.3	9.1-15.5
<i>No</i>	404	3,358	87.7	84.5-90.9
At least 1 viral load test every 6 months				
<i>Did not have at least 1 viral load test every 6 months</i>	497	4,946	43.5	40.0-47.0
<i>Did have at least 1 viral load test every 6 months</i>	673	6,424	56.5	53.0-60.0

Abbreviations: CI, confidence interval; P12M, Past 12 months.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥30%, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 8: Functional Health Literacy and English Fluency Level of PLWH in Houston/Harris County, Texas – Houston Medical Monitoring Project, 2009-2014

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
How Well do you Speak English?				
<i>Very well</i>	326	2,757	72.0	67.7-76.2
<i>Well</i>	89	727	19.0	15.3-22.7
<i>Not Well</i>	23	190	5.0	3.0-6.9
<i>Not at all</i>	20	155	4.0	2.3-5.8
Do you speak a language other than English at home?				
Yes	88	747	19.5	15.8-23.2
No	370	3,082	80.5	76.8-84.2
How often do you have problems learning about your medical condition because of difficulty understanding written information?				
Always	31	245	4.5	2.9-6.2
Often	19	150	2.8	1.5-4.0
Sometimes	90	729	13.5	10.9-16.2
Occasionally	61	504	9.4	7.0-11.7
Never	479	3,761	69.8	66.2-73.4
How confident are you filling out medical forms by yourself?				
<i>Extremely</i>	360	2,855	53.0	49.0-57.0
<i>Quite a bit</i>	124	1,002	18.6	15.5-21.6
<i>Somewhat</i>	89	685	12.7	10.2-15.3
<i>A little bit</i>	45	350	6.5	4.6-8.4
<i>Not at all</i>	62	495	9.2	7.0-11.4
How often do you have someone help you read hospital materials?				
<i>Never</i>	450	3,531	65.6	62.1-69.2
<i>Occasionally</i>	86	690	12.8	10.3-15.4
<i>Sometimes</i>	78	631	11.7	9.2-14.2
<i>Often</i>	26	211	3.9	2.4-5.4
<i>Always</i>	39	316	5.9	4.1-7.7

Abbreviations: CI, confidence interval; PLWH, People living with HIV.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 9: Experiences of Stigma and Discrimination Among PLWH in Houston/Harris County, Texas – Houston Medical Monitoring Project, 2009-2014

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
It is difficult to tell people about my HIV infection				
Disagree	237	1,887	35.5	31.9-39.1
Agree	436	3,435	64.5	60.9-68.1
Being HIV positive makes me feel dirty				
Disagree	490	3845	72.2	68.8-75.8
Agree	183	1478	27.8	24.2-31.4
I feel guilty that I am HIV positive				
Disagree	429	3377	63.7	60.0-67.3
Agree	241	1928	36.3	32.7-40.0
I am ashamed that I am HIV positive				
<i>Disagree</i>	424	3361	63.6	59.9-67.4
<i>Agree</i>	245	1921	36.4	32.6-40.1
I sometimes feel worthless because I am HIV positive				
<i>Disagree</i>	504	3998	74.9	71.6-78.1
<i>Agree</i>	171	1343	25.1	21.9-28.4
I hide my HIV status from others				
<i>Disagree</i>	240	1886	35.6	31.7-39.5
<i>Agree</i>	430	3415	64.4	60.5-68.3
Exhibited hostility or a lack of respect toward you?				
<i>No</i>	745	6070	85.1	82.5-87.6
<i>Yes</i>	136	1067	14.9	12.4-17.5
Given you less attention than other patients?				
<i>No</i>	790	6416	90.2	88.2-92.1
<i>Yes</i>	88	698	9.8	7.9-11.8
Refused you service?				
<i>No</i>	825	6668	93.4	91.8-95.1
<i>Yes</i>	56	469	6.6	4.9-8.2
Did the discrimination occur because of your HIV infection?				
<i>No</i>	37	296	24.4	17.0-31.7
<i>Yes</i>	117	919	75.6	68.3-83.0

Abbreviations: CI, confidence interval; PLWH, People living with HIV.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages.

Table 9: Experiences of Stigma and Discrimination Among PLWH in Houston/Harris County, Texas – Houston Medical Monitoring Project, 2009-2014 (Cont'd)

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Did the discrimination occur because of your gender?				
No	134	1057	86.8	81.1-92.4
Yes	21	161	13.2	7.6-18.9
Did the discrimination occur because of your sexual orientation and practices?				
No	106	821	67.1	59.2-74.9
Yes	49	403	32.9	25.1-40.8
Did the discrimination occur because of your race or ethnicity?				
No	124	981	80.4	74.0-86.8
Yes	31	239	19.6	13.2-26.0
Did the discrimination occur because of your drug injecting habit?				
No	153	1212	96.7	94.1-99.4
Yes	6	41	3.3	0.6-5.9

Abbreviations: CI, confidence interval;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages.

Table 10: Antiretroviral Therapy Use and Side Effects and Reasons for Drug Holiday—Houston Medical Monitoring Project, 2009-2014

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Currently Receiving Antiretroviral Treatment				
<i>No</i>	103	1,141	10.0	8.0-11.9
<i>Yes</i>	1,073	10,274	90.0	88.1-92.0
Reasons not taking antiretroviral medicines				
<i>Doctor advised to delay treatment</i>	12	157	32.6	17.9-47.2
<i>Participant felt healthy and believed he/she didn't need medications</i>	*	48	9.8	0.0-19.8
<i>Due to side effects of medication</i>	6	100	20.6	3.3-37.9
<i>Felt depressed or overwhelmed</i>	*	8	1.6	0.0-4.9
<i>Money or insurance issues</i>	*	45	4.7	0.0-18.5
<i>Other</i>	10	127	8.1	10.2-42.1
During the past 12 months, have you taken antiretroviral medicines				
<i>No</i>	27	366	5.2	2.9-7.4
<i>Yes</i>	826	6,709	94.8	92.6-97.1
During the past 30 days, how troubled were you by side effects from your ART medicines				
<i>Never</i>	802	7,480	72.9	69.7-76.1
<i>Rarely</i>	143	1,563	15.2	12.8-17.7
<i>About half the time</i>	55	522	5.1	3.8-6.4
<i>Most of the time</i>	38	398	3.9	2.5-5.3
<i>Always</i>	29	255	2.5	1.6-3.4
<i>Been on medications less than 30 days</i>	5	49	0.5	0.1-0.9
Ever taken a drug holiday				
<i>Yes</i>	83	881	8.5	6.6-10.3
<i>No</i>	1000	9,510	91.5	89.7-93.4
Main reason for a drug holiday				
<i>Medicine has side effects or makes me feel bad</i>	12	137	19.7	8.9-30.4
<i>Got tired of taking medicines or needed a break</i>	16	154	22.1	12.0-32.3
<i>Was using drugs or alcohol</i>	*	23	3.3	0.0-7.0
<i>Was on vacation</i>	11	101	14.5	6.4-22.6
<i>Felt good</i>	*	19	2.8	0.0-6.8
<i>Other</i>	28	261	37.6	26.5-48.8

Abbreviations: CI, confidence interval;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 11: Beliefs Among Persons Currently Taking Antiretroviral Medications and Support Received — Houston Medical Monitoring Project, 2009-2014

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
How sure are you that you will be able to take all or most of your meds as directed?				
<i>Not at all sure</i>	8	89	0.9	0.2-1.5
<i>Somewhat sure</i>	41	394	3.8	2.6-5.1
<i>Very sure</i>	400	3,692	36.0	32.7-39.2
<i>Extremely sure</i>	623	6,090	59.3	56.1-62.5
How sure are you that your medication will have a positive effect on your health?				
<i>Not at all sure</i>	14	129	1.3	0.6-1.9
<i>Somewhat sure</i>	58	525	5.1	3.7-6.6
<i>Very sure</i>	386	3,626	35.5	32.3-38.6
<i>Extremely sure</i>	609	5,942	58.1	55.0-61.2
How sure if you do not take your meds exactly as instructed, the HIV will become resistant to medications?				
<i>Not at all sure</i>	50	449	4.4	3.1-5.7
<i>Somewhat sure</i>	110	1,058	10.4	8.2-12.6
<i>Very sure</i>	375	3,500	34.3	31.4-37.2
<i>Extremely sure</i>	530	5,195	50.9	47.7-54.1
How satisfied are you with the overall support you get from friends and family members?				
<i>Very dissatisfied</i>	102	937	9.4	7.5-11.3
<i>Somewhat dissatisfied</i>	44	407	4.1	2.9-5.3
<i>Somewhat satisfied</i>	213	2,020	20.3	17.6-22.9
<i>Very satisfied</i>	680	6,597	66.2	63.0-69.4
To what extent do friends or family members help you remember to take your medications?				
<i>Not at all</i>	603	5,632	55.4	52.1-58.8
<i>A little</i>	101	1,007	9.9	7.9-11.9
<i>Somewhat</i>	125	1,219	12.0	9.9-14.1
<i>A lot</i>	234	2,305	22.7	20.0-25.3

Abbreviations: CI, confidence interval;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 12: Reasons for Missing Antiretroviral Therapy Dose, among those Ever Missing a Dose—Houston Medical Monitoring Project, 2009-2014

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
During the past 12 months, did your doctor or other clinic staff ask you whether you missed taking any doses of your antiretroviral medicines or if you had difficulty taking your antiretroviral medicines				
<i>No</i>	79	660	18.4	14.6-22.0
<i>Yes</i>	352	2,933	81.6	78.0-85.3
The last time you missed taking your antiretroviral medicines, what were the reasons? ^e				
<i>Problem with prescription or refill</i>	86	697	23.8	19.4-28.3
<i>Felt sick or tired</i>	33	259	8.9	5.9-11.8
<i>Change in daily routine including travel</i>	38	297	10.2	7.1-13.2
<i>Due to side effects of medications</i>	5	41	1.4	0.9-2.6
<i>Felt depressed or overwhelmed</i>	7	53	1.8	0.5-3.2
<i>Drinking or using drugs</i>	10	74	2.5	1.0-4.1
<i>Money or insurance issues</i>	*	5	0.2	0.0-0.5
<i>Had too many pills to take</i>	*	9	0.3	0.0-0.9
<i>Forgot to take them</i>	157	1,247	42.6	37.5-47.7
<i>Other</i>	40	310	11.2	7.9-14.5

Abbreviations: CI, confidence interval;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e Only those that reported missing taking their antiretroviral medicines. Responses are independent.

Table 13: How Antiretroviral Medications were Paid for During the last 12 Months – Houston medical Monitoring Project, 2009-2014

Payment Source	No.^a	Wt. No.^b	%^c	95% CI^d
Private health care coverage				
<i>No</i>	527	4,148	77.8	74.7-81.0
<i>Yes</i>	108	867	16.3	13.6-18.9
<i>Never took ARV</i>	32	261	4.9	3.2-6.5
<i>Did not take ARV in P12M</i>	6	54	1.0	0.2-1.9
Medicaid				
<i>No</i>	505	4,026	75.5	72.3-78.8
<i>Yes</i>	130	989	18.6	15.6-21.5
<i>Never took ARV</i>	32	261	4.9	3.2-6.5
<i>Did not take ARV in P12M</i>	6	54	1.0	0.2-1.9
Medicare				
<i>No</i>	540	4,289	80.5	77.5-83.4
<i>Yes</i>	95	726	13.6	11.1-16.1
<i>Never took ARV</i>	32	261	4.9	3.2-6.5
<i>Did not take ARV in P12M</i>	6	54	1.0	0.2-1.9
ADAP				
<i>No</i>	322	2,491	46.7	43.1-50.4
<i>Yes</i>	313	2,524	47.4	43.6-51.1
<i>Never took ARV</i>	32	261	4.9	3.2-6.5
<i>Did not take ARV in P12M</i>	6	54	1.0	0.2-1.9
An AIDS service organization				
<i>No</i>	633	4,999	93.8	91.9-95.7
<i>Yes</i>	*	16	0.3	0.0-0.7
<i>Never took ARV</i>	32	261	4.9	3.2-6.5
<i>Did not take ARV in P12M</i>	6	54	1.0	0.2-1.9
At a public clinic				
<i>No</i>	619	4,880	91.6	89.3-93.8
<i>Yes</i>	16	135	2.5	1.3-3.8
<i>Never took ARV</i>	32	261	4.9	3.2-6.5
<i>Did not take ARV in P12M</i>	6	54	1.0	0.2-1.9
Clinical trial/drug study				
<i>No</i>	628	4,963	93.1	91.2-95.1
<i>Yes</i>	7	52	1.0	0.2-1.7
<i>Never took ARV</i>	32	261	4.9	3.2-6.5
<i>Did not take ARV in P12M</i>	6	54	1.0	0.2-1.9
Paid out of pocket				
<i>No</i>	512	4,035	75.7	72.0-79.4
<i>Yes</i>	123	980	18.4	15.2-21.6
<i>Never took ARV</i>	32	261	4.9	3.2-6.5
<i>Did not take ARV in P12M</i>	6	54	1.0	0.2-1.9
Other, Specify				
<i>No</i>	590	4,676	87.7	85.3-90.2
<i>Yes</i>	45	339	6.4	4.6-8.1
<i>Never took ARV</i>	32	261	4.9	3.2-6.5
<i>Did not take ARV in P12M</i>	6	54	1.0	0.2-1.9

Abbreviations: CI, confidence interval; ARV, Antiretroviral; P12M, Past 12 months.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

**Number suppressed because it is below threshold.*

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 14: Sexual Risk Behaviors and Serosorting Practices Among PLWH– Houston Medical Monitoring Project, 2009-2014

Statement	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Have sex in exchange for things like food, shelter, transportation, money or drugs?				
<i>No</i>	140	1,180	96.8	94.0-99.6
<i>Yes</i>	5	39	3.2	0.4-6.0
If my partner tells me he or she is HIV positive, I am more likely to have unprotected sex with him or her				
<i>Strongly disagree</i>	410	3,229	60.9	57.2-64.6
<i>Somewhat disagree</i>	95	745	14.1	11.4-16.7
<i>Neutral/no opinion</i>	50	416	7.8	5.8-9.9
<i>Somewhat agree</i>	61	479	9.0	6.8-11.2
<i>Strongly agree</i>	55	431	8.1	6.1-10.2
If my partner tells me he or she is HIV positive, we don't have to worry about using condoms				
<i>Strongly disagree</i>	467	3,688	64.4	66.0-72.8
<i>Somewhat disagree</i>	89	701	13.2	10.7-15.7
<i>Neutral/no opinion</i>	33	273	5.1	3.4-6.9
<i>Somewhat agree</i>	43	332	6.3	4.4-8.1
<i>Strongly agree</i>	40	320	6.0	4.1-7.9
If I have an undetectable HIV viral load, I am more likely to have unprotected sex				
<i>Strongly disagree</i>	455	3,579	67.4	63.8-71.0
<i>Somewhat disagree</i>	93	736	13.9	11.3-16.5
<i>Neutral/no opinion</i>	30	250	4.7	3.0-6.4
<i>Somewhat agree</i>	43	345	6.5	4.5-8.5
<i>Strongly agree</i>	50	400	7.5	5.4-9.6
Having an undetectable HIV viral load means I can worry less about having to use condoms				
<i>Strongly disagree</i>	509	4,030	76.1	72.8-79.4
<i>Somewhat disagree</i>	85	655	12.4	9.9-14.9
<i>Neutral/no opinion</i>	27	221	4.2	2.5-5.8
<i>Somewhat agree</i>	24	199	3.8	2.2-5.3
<i>Strongly agree</i>	24	190	3.6	2.2-5.0

Abbreviations: CI, confidence interval; PLWH, People living with HIV.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 15. Cigarette Smoking Among PLWH — Houston Medical Monitoring Project, 2009-2014

Characteristics	No.^a	Wt. No.^b	%^c	95% CI^d
Smoked ≥100 cigarettes (lifetime)				
<i>No</i>	591	5,791	50.7	47.6-53.7
<i>Yes</i>	586	5,634	49.3	46.3-52.4
Current smoker				
<i>No</i>	801	7,785	68.1	65.5-70.8
<i>Yes</i>	376	3,639	31.9	29.2-34.5
Smoking status				
<i>Never smoked</i>	591	5,791	50.7	47.6-53.7
<i>Former smoker</i>	210	1,995	17.5	15.1-19.8
<i>Current smoker</i>	376	3,639	31.9	29.2-34.5
Frequency of current cigarette smoking				
<i>Daily</i>	300	2,931	25.7	23.1-28.2
<i>Weekly</i>	36	339	3.0	1.9-4.0
<i>Monthly</i>	10	91	0.8	0.3-1.3
<i>Less than Monthly</i>	30	279	2.4	1.6-3.3
<i>Never</i>	801	7,785	68.1	65.5-70.8

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

Table 16: Alcohol Use During the 12 months Before the Interview—Houston Medical Monitoring Project, 2009-2014

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Any alcohol Use^e				
<i>No</i>	500	4,806	42.0	38.7-45.4
<i>Yes</i>	678	6,627	58.0	54.6-61.3
Alcohol use before or during sex in P12M				
<i>No</i>	468	4,535	66.0	62.3-69.8
<i>Yes</i>	234	2,332	34.0	30.2-37.7
Frequency of alcohol use				
<i>Daily</i>	60	558	4.9	3.6-6.2
<i>Weekly</i>	189	1,894	16.6	14.3-18.8
<i>Monthly</i>	140	1,332	11.7	9.8-13.6
<i>Less than Monthly</i>	289	2,843	24.9	22.0-27.7
<i>Never</i>	500	4,806	42.0	38.7-45.4
Alcohol use^f (during past 30 days)				
<i>No</i>	622	5,958	52.2	48.9-55.4
<i>Yes</i>	554	5,464	47.8	44.6-51.1
Binge drinking^f (during past 30 days)				
<i>No</i>	1,011	9,844	86.3	84.4-88.3
<i>Yes</i>	163	1,558	13.7	11.7-15.6
Heavy drinking^g (during past 30 days)				
<i>No</i>	1,120	10,884	95.3	94.1-96.5
<i>Yes</i>	56	538	4.7	3.5-5.9

Abbreviation: CI, confidence interval; P12M, Past 12 months.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

^e Persons who drank at least 1 alcoholic beverage during the 12 months preceding the interview. Alcoholic beverage was defined as a 12-ounce beer, 5-ounce glass of wine, or 1.5-ounce shot of liquor.

^f Patients who drank, on average, >2 alcoholic beverages (>1 for women) per day during the 30 days preceding the interview.

^g Patients who drank ≥ 5 alcoholic beverages at one sitting (≥ 4 for women) during the 30 days preceding the interview.

Table 17: Estimated Mean Number of Days and Alcoholic Drinks Consumed Per Day During Past 30 Days – Houston Medical Monitoring Project, 2009-2014

Characteristics ^a	No. ^b	Wt. No. ^c	Mean	95% CI ^d	Median	Range
Number of days' alcoholic drinks were consumed	554	5,464	6.1	5.6-6.7	2.7	1-30
Number of alcoholic drinks consumed on a typical day	547	5,417	2.8	2.6-3.0	1.6	1-30
Number of days 4 or more alcoholic drinks were consumed in one sitting	23	197	2.5	1.4-3.7	1.0	1-9
Number of days 5 or more alcoholic drinks were consumed in one sitting	140	1361	4.4	3.5-5.3	1.8	1-30

Abbreviation: CI, confidence interval.

^a Among patients who drank alcohol in the past 30 days.

^b Numbers are unweighted.

^c Numbers are weighted

^d Weighted Confident Intervals in percentages

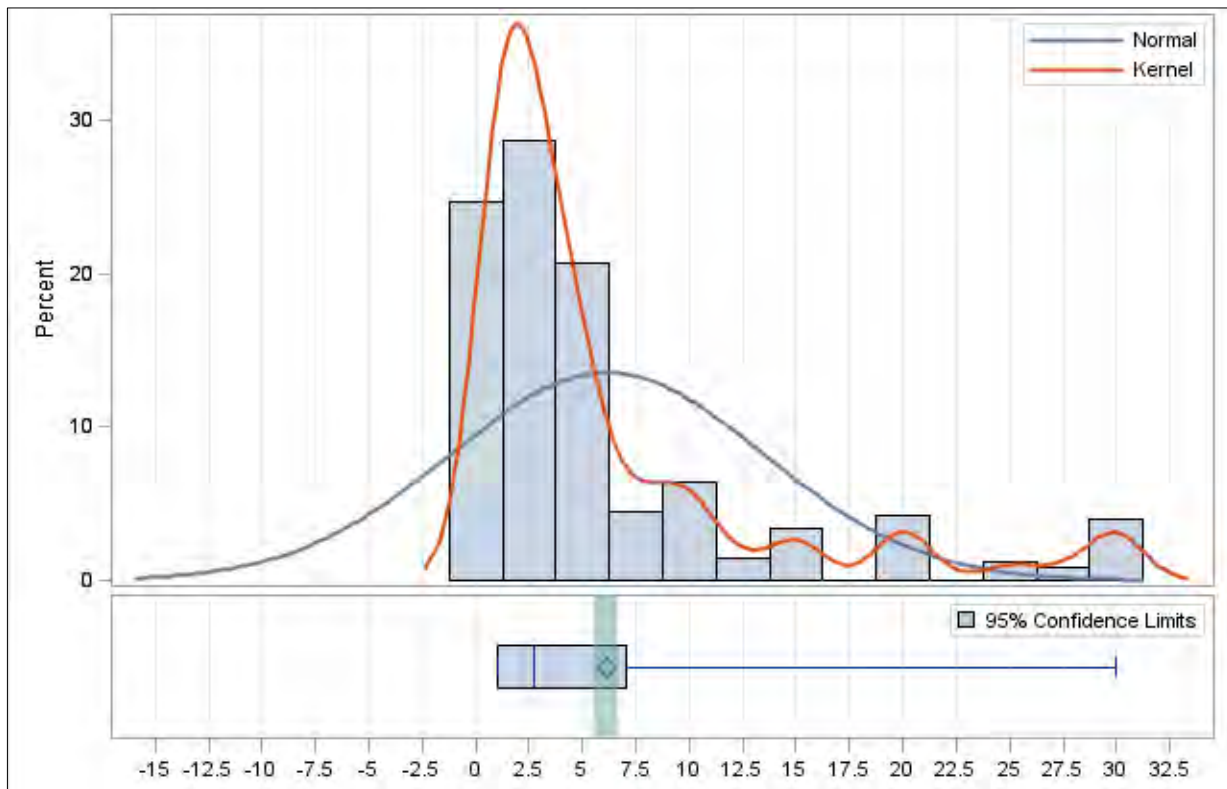


Figure 1: Distribution of Number of Days Alcoholic Drinks were Consumed (estimated numbers during past 30 days)

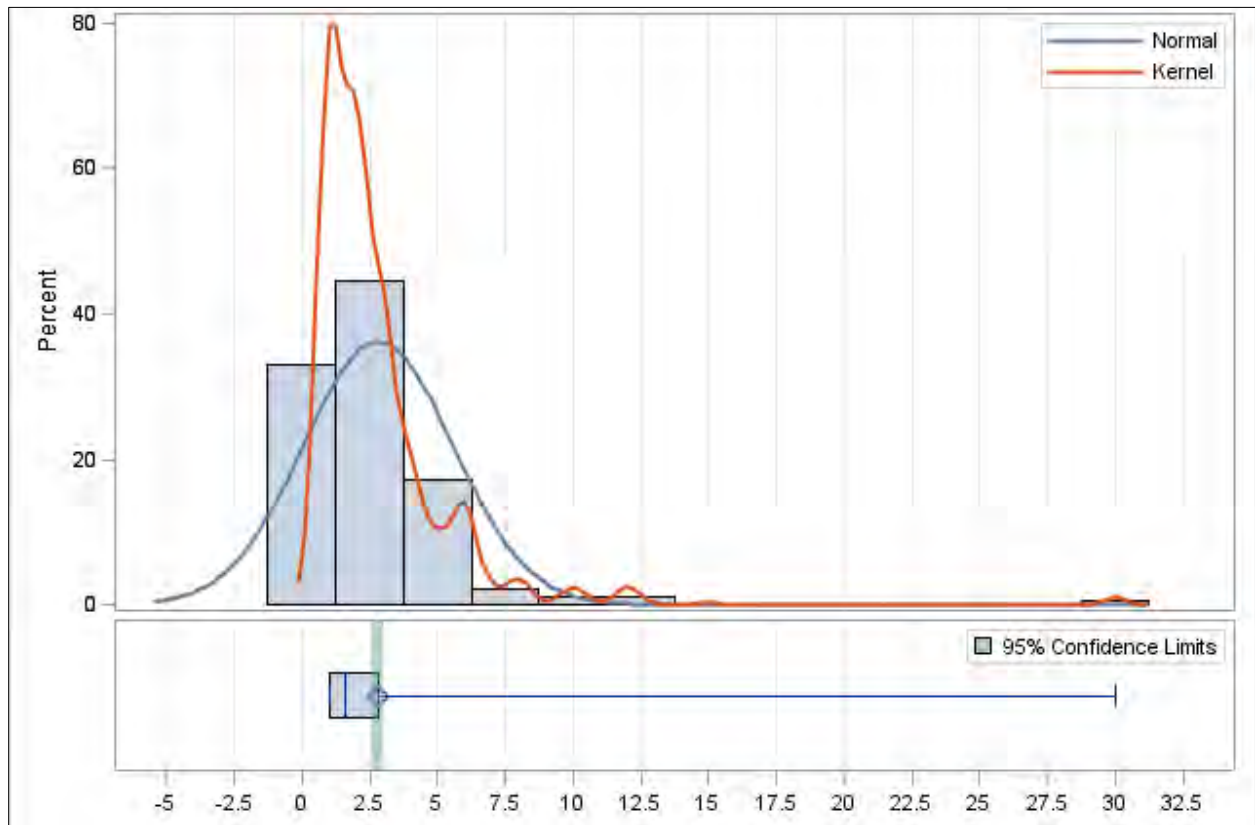


Figure 2: Distribution of Number Alcoholic Drinks Consumed on a Typical Day (estimated numbers during past 30 days)

Table 18: Non-injection and Injection Drug Use during the 12 Months Before the Interview – Houston Medical Monitoring Project, 2009-2014

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Any injection or non-injection drug use in past 12 months				
No	1,002	9,775	85.6	83.4-87.7
Yes	175	1,650	14.4	12.3-16.6
Any stimulant use in past 12 months				
No	1,113	10,774	94.3	92.9-95.7
Yes	64	650	5.7	4.3-7.1
Use of any non-injection drugs				
No	1,004	9,790	85.6	83.5-87.8
Yes	174	1,643	14.4	12.2-16.5
Use of any non-injection drugs before or during sex				
No	638	6,265	91.2	89.0-93.5
Yes	64	601	8.8	6.5-11.0
Poly non-injection drug use				
No	1,093	10,564	92.4	90.7-94.1
Yes	85	869	7.6	5.9-9.3
Ever injected any drugs				
No	437	3,656	95.7	93.9-97.4
Yes	20	166	4.3	2.6 -6 .1
Injected Drugs in the past 12 months				
No	1,170	11,369	99.5	99.1-99.9
Yes	7	56	0.5	0.1-0.9
Use of any Injection drugs before or during sex				
No	698	6,829	99.5	98.9-100.0
Yes	*	36	0.5	0.0-1.1
Poly Injection drug use				
No	1,174	11,403	99.8	99.6-100.0
Yes	*	22	0.2	0.-0.4

Abbreviation: CI, confidence interval; P12M, Past 12 months.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

Table 19: Gynecological Care and Reproductive Health among Women Living with HIV in Houston/Harris County, Texas — Houston Medical Monitoring Project, 2009-2014

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Received HIV care at a gynecological clinic				
<i>No</i>	229	2,145	66.4	61.1-71.7
<i>Yes</i>	115	1,085	33.6	28.3-38.9
Papanicolaou (Pap Smear) test				
<i>No</i>	72	726	26.7	20.6-32.8
<i>Yes</i>	201	1,995	73.3	67.2-79.4
Received pelvic examination				
<i>No</i>	77	779	28.5	22.3-34.8
<i>Yes</i>	197	1,951	71.5	62.2-77.7
Result of Pap Smear Test				
<i>Normal</i>	127	962	88.5	83.1-93.8
<i>Abnormal</i>	17	125	11.5	6.2-16.9
Received follow-up exam or tests for abnormal result				
<i>No</i>	*	13	10.6	0.0-24.6
<i>Yes</i>	15	112	89.4	75.4-100.0
Number of times pregnant after positive HIV diagnosis				
<i>0</i>	104	818	48.6	39.9-57.3
<i>1</i>	54	522	31.0	23.9-38.2
<i>2</i>	21	190	11.3	6.2-16.4
<i>3+</i>	17	153	9.1	4.9-13.3
For your 1st pregnancy since testing positive for HIV, were you trying to get pregnant				
<i>No</i>	25	202	70.6	55.0-86.1
<i>Yes</i>	12	85	29.4	13.9-45.0
1st Pregnancy outcome after testing positive for HIV				
<i>Currently pregnant</i>	*	7	2.6	0.0-7.6
<i>Live birth</i>	29	229	79.8	65.3-94.3
<i>Miscarriage</i>	6	44	15.4	2.1-28.8
<i>Abortion</i>	*	6	2.2	0.0-6.5
Child from 1st pregnancy diagnosed with HIV				
<i>No</i>	21	170	74.3	60.0-88.7
<i>Yes</i>	8	59	25.7	11.3-40.0
For your 2nd pregnancy since testing positive for HIV, were you trying to get pregnant				
<i>No</i>	6	47	42.8	20.2-65.5
<i>Yes</i>	9	63	57.2	34.5-79.8
2nd Pregnancy outcome after testing positive for HIV				
<i>Currently pregnant</i>	*	7	6.7	0.0-19.6
<i>Live birth</i>	9	66	60.3	38.7-81.9
<i>Stillbirth</i>	*	8	7.4	0.0-18.7
<i>Miscarriage</i>	*	28	26.6	6.5-44.8
Child from 2nd pregnancy diagnosed with HIV				
<i>No</i>	8	60	89.6	96.6-100.0
<i>Yes</i>	*	7	10.4	0.0-30.4

Abbreviations: CI, confidence interval.

Note. Patients could report receiving or needing more than one service. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

Table 20: Birth Control and Contraceptives Use Among Women Living with HIV in Houston/Harris County, Texas – Houston Medical Monitoring Project, 2009-2014

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Male condom				
No	72	557	50.4	42.3-58.5
Yes	69	548	49.6	41.5-57.7
Female condom				
No	131	1,023	92.5	87.9-97.1
Yes	10	83	7.5	2.9-12.1
Diaphragm, cervical cap, or cervical sponge				
No	140	1,099	99.4	98.1-100.0
Yes	*	7	0.6	0.0-1.9
Spermicidal foam or jelly				
No	136	1,065	96.3	93.1-99.5
Yes	5	40	3.7	0.5-6.9
Depo-Provera[®], which is an injection^e				
No	137	1,072	97.0	94.0-100.0
Yes	*	33	3.0	0.0-6.0
Hormonal implants such as Implanon[®] or Nexplanon[®]^f				
No	140	1,094	99.0	97.0-100.0
Yes	*	11	1.0	0.0-3.0
Birth control pills				
No	134	1,047	94.7	90.5-98.9
Yes	7	59	5.3	1.1-9.5
Contraceptive patch, for example, Ortho Evra[®]				
No	141	1,106	100.0	100.0-100.0
Yes	---	---	---	---
Contraceptive ring, for example NuvaRing[®]				
No	139	1,086	98.3	95.8-100.0
Yes	*	19	1.7	0.0-4.2
Intrauterine device or IUD, which comes as a coil or loop				
No	140	1,093	98.9	96.7-100.0
Yes	*	12	1.1	0.0-3.3
Emergency contraception or morning after pill				
No	141	1,106	100.0	100.0-100.0
Yes	---	---	---	---
Withdrawal, also called pulling out				
No	135	1,058	95.7	92.2-99.2
Yes	6	47	4.3	0.8-7.8

Table 20: Birth Control and Contraceptives Use Among Women Living with HIV in Houston/Harris County, Texas – Houston Medical Monitoring Project, 2009-2014 (Cont'd)

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Abstinence, which is not having sex				
<i>No</i>	81	624	56.4	48.2-64.7
<i>Yes</i>	60	482	43.6	35.3-51.8
At Post-Menopausal Stage				
<i>No</i>	116	911	82.4	76.1-88.8
<i>Yes</i>	25	194	17.6	11.2-23.9
Tubal sterilization or hysterectomy				
<i>No</i>	99	788	71.2	63.6-78.9
<i>Yes</i>	42	318	28.8	21.2-36.4
Partner's vasectomy				
<i>No</i>	139	1086	98.3	95.8-100.0
<i>Yes</i>	*	19	1.7	0.0-4.2

Abbreviations: CI, confidence interval.

Note. Patients could report receiving or needing more than one service. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

^e Depo-Provera is a well-known brand name for medroxyprogesterone acetate, a contraceptive injection for women that contains the hormone progestin. Depo-Provera is given as an injection every three months.

^f Birth control implants that releases hormones progestin into your body that prevent you from getting pregnant.

Table 21: Impairments, Activity Limitations and Participation Restrictions among Persons Living with HIV in Houston/Harris County, Texas – Houston Medical Monitoring Project, 2009-2014

Activity Limitation	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Are you deaf or do you have serious difficulty hearing?				
<i>No</i>	404	3,393	89.0	86.1-91.8
<i>Yes</i>	52	421	11.0	8.2-13.9
Are you blind or do you have serious difficulty seeing, even when wearing glasses?				
<i>No</i>	381	3,217	84.2	80.8-87.6
<i>Yes</i>	76	604	15.8	12.4-19.2
Have serious difficulty concentrating, remembering, or making decisions				
<i>No</i>	345	2,888	76.0	72.0-80.0
<i>Yes</i>	110	913	24.0	20.0-28.0
Have serious difficulty walking or climbing stairs				
<i>No</i>	365	3,057	80.0	76.3-83.7
<i>Yes</i>	92	764	20.0	16.3-23.7
Have difficulty dressing or bathing				
<i>No</i>	437	3,647	95.4	93.4-97.5
<i>Yes</i>	20	174	4.6	2.5-6.6
Have difficulty doing errands alone such as visiting a doctor's office or shopping				
<i>No</i>	412	3432	90.0	87.1-92.9
<i>Yes</i>	44	381	10.0	7.1-12.9

Abbreviation: CI, confidence interval.

Note. Information on laboratory testing for sexually transmitted diseases was based on documentation in medical records. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

Table 22: HIV Risk Behaviors Associated with PLWH Prior to First Positive Test for HIV – Houston Medical Monitoring Project, 2009-2014

Risk Behavior	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Born with HIV				
<i>No</i>	454	3797	99.6	99.0-100
<i>Yes</i>	2	16	0.4	0.0-1.0
Have sex with a male^e				
<i>No</i>	110	926	24.4	20.5-28.2
<i>Yes</i>	344	2872	75.6	71.8-79.5
Have sex with a female^e				
<i>No</i>	241	1997	52.6	47.7-57.5
<i>Yes</i>	213	1801	47.4	42.5-52.3
Male partners use needles to inject heroin, cocaine, steroids, or any other drug that was not prescribed by a doctor				
<i>No</i>				
<i>Yes</i>	79	635	83.2	75.7-90.7
	17	128	16.8	9.3-24.3
Male sex partners have sex with other men				
<i>No</i>	65	519	87.7	80.4-95.0
<i>Yes</i>	10	73	12.3	5.0-19.6
Male sex partners have HIV or AIDS				
<i>No</i>	46	362	54.6	43.9-65.3
<i>Yes</i>	39	301	45.4	34.7-56.1
Male sex partners who had HIV or AIDS have hemophilia or any other bleeding disorder before they found out they had HIV or AIDS?				
<i>No</i>	---	---	---	---
<i>Yes</i>	---	---	---	---
Male sex partners who had HIV or AIDS receive a transfusion of blood products before they were diagnosed with HIV or AIDS				
<i>No</i>	---	---	---	---
<i>Yes</i>	---	---	---	---
Opposite sex partners who had HIV or AIDS receive an organ or tissue transplant before they were diagnosed with HIV or AIDS				
<i>No</i>	---	---	---	---
<i>Yes</i>	---	---	---	---
Female sex partners use needles to inject heroin, cocaine, steroids, or any other drug that was not prescribed by a doctor				
<i>No</i>	141	1182	88.4	83.4-93.3
<i>Yes</i>	18	155	11.6	6.7-16.6

Table 22: HIV Risk Behaviors Associated with PLWH Prior to First Positive Test for HIV – Houston Medical Monitoring Project, 2009-2014 (Cont'd)

	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Female sex partners who had HIV or AIDS have hemophilia or any other bleeding disorder before they found out they had HIV or AIDS?				
<i>No</i>	---	---	---	---
<i>Yes</i>	---	---	---	---
Female sex partners who had HIV or AIDS receive a transfusion of blood products before they were diagnosed with HIV or AIDS				
<i>No</i>	---	---	---	---
<i>Yes</i>	---	---	---	---
Female sex partners who had HIV or AIDS receive an organ or tissue transplant before they were diagnosed with HIV or AIDS				
<i>No</i>	---	---	---	---
<i>Yes</i>	---	---	---	---
Used needles to inject heroin, cocaine, steroids, or any other drug that was not prescribed by a doctor				
<i>No</i>	418	3500	92.2	89.8-94.6
<i>Yes</i>	36	296	7.8	5.4-10.2
Ever received clotting factor				
<i>No</i>	450	3762	99.6	99.0-100
<i>Yes</i>	*	17	0.4	0.0-1.0
Ever received clotting factor before March, 1985				
<i>No</i>	25	217	57.4	43.0-71.8
<i>Yes</i>	21	161	42.6	28.2-57.0
Receive an organ or tissue transplant or artificial insemination				
<i>No</i>	---	---	---	---
<i>Yes</i>	---	---	---	---
Worked in a health care or laboratory setting where you might have been exposed to human blood or other body fluids				
<i>No</i>	417	3504	92.1	89.6-94.6
<i>Yes</i>	38	302	7.9	5.4-10.4

Abbreviation: CI, confidence interval; PLWH, People living with HIV.

Note. Information on laboratory testing for sexually transmitted diseases was based on documentation in medical records.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e Have sex with male or female prior to first testing positive for HIV.

Table 23: Prevention services received during the 12 months before the interview—Houston Medical Monitoring Project, 2009-2014

Characteristics	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
One-on-one conversation with physician, nurse, or other health care worker				
No	418	3,253	60.7	57.0-64.5
Yes	259	2,102	39.3	35.5-43.0
One-on-one conversation with outreach worker, counselor, or prevention program worker				
No	874	8,578	75.3	72.4-78.2
Yes	300	2,814	24.7	21.8-27.6
Organized session involving a small group of people				
No	584	4,630	86.2	83.6-88.9
Yes	94	740	13.8	11.1-16.4
Received any informational/educational materials^e				
No	210	1,751	46.2	41.6-50.8
Yes	244	2,038	53.8	49.2-58.4
Received Free Condoms^f				
No	629	6,119	53.6	50.6-56.6
Yes	548	5,298	46.4	43.4-49.4
Source of free condoms: Doctor's office/General Health Clinic				
No	130	1,065	38.2	32.9-43.4
Yes	214	1,725	61.8	56.6-67.1
Source of free condoms: Community-based organization				
No	256	2,058	73.8	69.0-78.5
Yes	88	732	26.2	21.5-31.0
Source of free condoms: Social venue				
No	307	2,497	89.5	86.3-92.7
Yes	37	294	10.5	7.3-13.7
Source of free condoms: Sexually transmitted disease clinic				
No	334	2,711	97.2	95.7-98.9
Yes	10	79	2.8	1.1-4.6
Source of free condoms: Special event				
No	334	2,713	97.2	95.4-99.1
Yes	10	77	2.8	0.9-4.6
Source of free condoms: Family Planning Clinic				
No	343	2,782	99.7	99.1-100
Yes	*	8	0.3	0.0-0.9
Source of free condoms: Other source				
No	334	2,714	98.0	96.5-99.5
Yes	7	56	2.0	0.5-3.5
Received free new sterile needles				
No	8	68	100.0	100.0-100.0
Yes	---	---	---	---
Received any free kits for rinsing needles or preparing drugs				
No	6	56	81.9	57.8-100.0
Yes	*	12	18.1	0.0-42.2

Abbreviation: CI, confidence interval. *Note.* Patients could report receiving more than one prevention service.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

^e Refers to persons who have seen or received any informational/educational materials such as posters, leaflets, pamphlets, or videos that tell them how to protect themselves or their partners from HIV or other STDs

^f Among persons who received free condoms.

Table 24: Classification of Sexual Behavior, Sexual Orientation and Gender among PLWH – Houston Medical Monitoring Project, 2009-2014

Classification of sexual behavior and sexual orientation	No.^a	Wt. No.^b	%^c	95% CI^d
(1) Any MSM (MSM only + MSMW)	389	3,974	42.0	37.1-46.9
(2) MSW only	263	2,594	27.4	23.9-30.9
(3) Any WSM (WSM only + WSMW)	262	2,594	27.4	23.5-31.3
(4) WSW only	*	42	0.4	0.0-0.9
(5) Transgender	16	194	2.1	1.1-3.0
(6) Other/unclassified	7	68	0.7	0.1-1.3

Abbreviation: CI, confidence interval; PLWH, People living with HIV; Any MSM (MSM only, and men who have sex with men and women); MSW only, Men who have sex with women only; Any WSM, any women who have sex with men (women who have sex with men only, and women who have sex with men and women); WSW only, Women who have sex with women only

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 25: Anxiety and Depressive symptoms among PLWH – Houston Medical Monitoring Project, 2009-2014

Statement	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Little interest or pleasure in doing things				
<i>Not at all</i>	681	6,640	58.2	55.2-61.2
<i>Several Days</i>	281	2,677	23.5	21.1-25.9
<i>More than half the days</i>	113	1,080	9.5	7.7-11.2
<i>Nearly every day</i>	100	1,007	8.8	7.1-10.6
Feeling down, depressed, or hopeless				
<i>Not at all</i>	698	6,774	59.2	56.3-62.2
<i>Several Days</i>	314	3,032	26.5	23.9-29.2
<i>More than half the days</i>	94	910	8.0	6.3-9.6
<i>Nearly every day</i>	72	717	6.3	4.8-7.8
Trouble falling or staying asleep, or sleeping too much				
<i>Not at all</i>	607	5,839	51.1	48.0-54.2
<i>Several Days</i>	300	2,976	26.0	23.5-28.6
<i>More than half the days</i>	133	1,266	11.1	9.3-12.9
<i>Nearly every day</i>	137	1,345	11.8	9.8-13.8
Feeling tired or having little energy				
<i>Not at all</i>	532	5,214	45.6	42.5-48.7
<i>Several Days</i>	369	3,562	31.2	28.4-33.9
<i>More than half the days</i>	163	1,529	13.4	11.3-15.4
<i>Nearly every day</i>	114	1,128	9.9	8.2-11.6
Poor appetite or overeating				
<i>Not at all</i>	742	7,297	63.9	61.0-66.7
<i>Several Days</i>	245	2,300	20.1	17.4-22.9
<i>More than half the days</i>	98	908	7.9	6.4-9.5
<i>Nearly every day</i>	92	920	8.0	6.3-9.8
Feeling bad about yourself, that you are a failure, or have let yourself or your family down				
<i>Not at all</i>	834	8,078	70.8	68.1-73.6
<i>Several Days</i>	205	1,977	17.3	15.1-19.6
<i>More than half the days</i>	72	732	6.4	4.8-8.0
<i>Nearly every day</i>	64	616	5.4	4.0-6.8
Trouble concentrating on things, such as reading the newspaper or watching television				
<i>Not at all</i>	864	8,334	72.9	70.0-75.8
<i>Several Days</i>	189	1,956	17.1	14.6-19.6
<i>More than half the days</i>	73	660	5.8	4.4-7.1
<i>Nearly every day</i>	52	484	4.2	3.1-5.4
Moving/speaking so slowly other people could notice/being so fidgety or restless moving around a lot more than usual				
<i>Not at all</i>	950	9,237	81.0	78.5-83.5
<i>Several Days</i>	142	1,390	12.2	10.1-14.3
<i>More than half the days</i>	40	390	3.4	2.3-4.6
<i>Nearly every day</i>	43	391	3.4	2.4-4.5

Abbreviation: CI, confidence interval; PLWH, People living with HIV.

Note. Information on laboratory testing for sexually transmitted diseases was based on documentation in medical records. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

*Number suppressed because it is below threshold

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confidence Intervals in percentages.

Table 26: Depression and Mental Health Status of PLWH in Houston/Harris County, Texas - Houston Medical Monitoring Project, 2009-2014

Depressive/mental health condition	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Any Depression^e				
<i>No depression</i>	934	9,053	79.7	77.2-82.2
<i>Major depression or other depression</i>	236	2,302	20.3	17.8-22.8
Depression based on DSM-IV criteria^e				
<i>No depression</i>	934	9,053	79.7	77.2-82.2
<i>Other depression</i>	152	1,525	13.4	11.3-15.6
<i>Major depression</i>	84	778	6.8	5.4-8.3
General Anxiety Disorder^f				
<i>No</i>	658	7,042	92.2	90.2-94.2
<i>Yes</i>	65	598	7.8	5.8-9.8
Bipolar Disorder^f				
<i>No</i>	680	7,254	95.0	93.4-96.5
<i>Yes</i>	43	385	5.0	3.5-6.6
Psychosis^f				
<i>No</i>	703	7,430	97.3	96.0-98.5
<i>Yes</i>	20	209	2.7	1.5-4.0
Depression^f				
<i>No</i>	500	5,402	71.0	67.7-74.4
<i>Yes</i>	220	2,203	29.0	25.6-32.3
Diagnosis of anxiety, bipolar disorder, psychosis, or depression^f				
<i>No</i>	471	5,137	67.2	63.7-70.8
<i>Yes</i>	252	2,503	32.8	29.2-36.3

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e Responses to the 8 items on the Patient Health Questionnaire (PHQ-8) were used to define “major depression” and “other depression,” according to criteria from the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV-TR). “Major depression” was defined as having at least 5 symptoms of depression; “other depression” was defined as having 2–4 symptoms of depression.

^f Mental health condition/diagnosis is based on documented evidence from medical chart.

Table 27: Adherence to antiretroviral therapy (ART) instruction, medication dose and schedule during preceding 72 hours - Houston Medical Monitoring Project, 2009-2014

Characteristic	No.^a	Wt. No.^b	Percentage^c	95% CI^d
Adherence to instruction				
<i>Person is 100% adherent</i>	621	5,899	73.3	69.9-76.6
<i>Person is <u>not</u> 100% adherent</i>	221	2,151	26.7	23.4-30.1
Adherence to Schedule				
<i>Person is 100% adherent</i>	763	7,297	71.2	68.3-74.1
<i>Person is <u>not</u> 100% adherent</i>	307	2,952	28.8	25.9-31.7
Adherence to medication dose				
<i>Person is 100% adherent</i>	900	8,630	85.0	82.7-87.3
<i>Person is <u>not</u> 100% adherent</i>	160	1,523	15.0	12.7-17.3
Adherence to instruction, schedule & dose				
<i>Person is 100% adherent</i>	498	4,753	54.4	50.8-58.0
<i>Person is <u>not</u> 100% adherent</i>	416	3,990	45.6	42.0-49.2

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 28: Clinical Services During the 12 months Before the Interview—Houston Medical Monitoring Project, 2009-2014

	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Received influenza vaccination				
<i>Yes</i>	788	7,050	75.0	72.1-78.0
<i>No</i>	247	2,344	25.0	22.0-27.9
Participated in HIV clinical trial				
<i>Yes</i>	40	402	3.5	2.3-4.7
<i>No</i>	1,137	11,023	96.5	95.3-97.7
Travel time to primary HIV care (estimated in minutes)				
<i>Mean</i>	34.9			
<i>Median</i>	27.9			
<i>Range</i>	2 - 240			

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confidence Intervals in percentages.

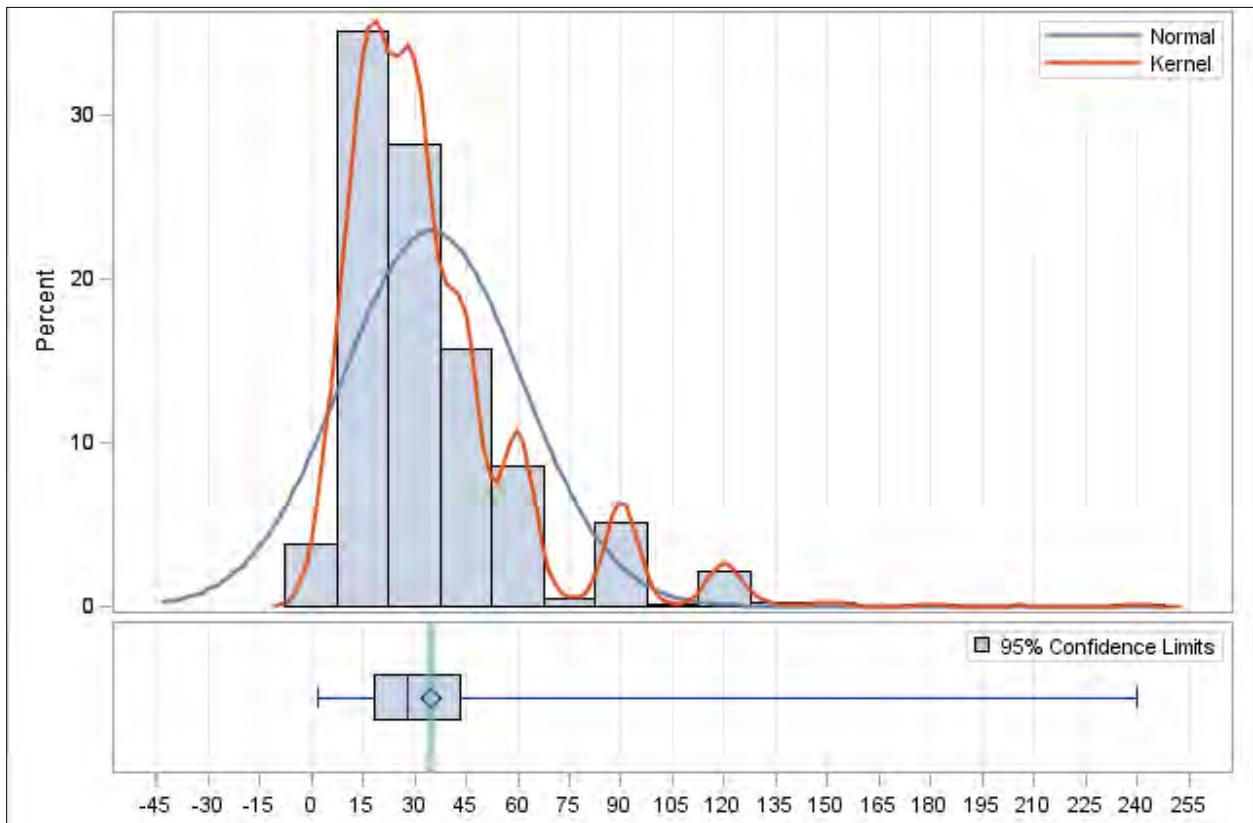


Figure 3: Distribution of Number of Minutes Travel by PLWHA to their Usual Primary HIV Care Facility

Table 29: CD4 and Viral Load Monitoring and Prescription of Antiretroviral Therapy, Pneumocystis Pneumonia Prophylaxis (PCP), and Mycobacterium Avium complex (MAC) Prophylaxis during the 12 Months Before the Interview—Houston Medical Monitoring Project, 2009-2014

Characteristic	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Number of outpatient laboratory tests^e				
CD4 or HIV viral load				
No test documented	96	1,009	8.9	7.0-10.7
1 test documented	210	2,010	17.7	15.1-20.2
2 tests documented	344	3,310	29.1	26.4-31.8
3+ tests documented	520	5,042	44.3	41.4-47.3
CD4				
No test documented	102	1,085	9.5	7.5-11.5
1 test documented	216	2,064	18.2	15.6-20.7
2 tests documented	350	3,368	29.6	26.9-32.4
3+ tests documented	502	4,853	42.7	39.8-45.6
HIV viral load				
No test documented	127	1,440	12.7	10.5-14.8
1 test documented	229	2,170	19.1	16.4-21.7
2 tests documented	347	3,291	28.9	26.1-31.8
3+ tests documented	467	4,469	39.3	36.4-42.2
HIV viral load measurement at least once every 6 months				
Yes	673	6,424	56.5	53.0-60.0
No	497	4,946	43.5	40.0-47.0
CD4 measured at least one or more annually				
Yes	1,068	10,286	90.5	88.5-92.5
No	102	1,085	9.5	7.6-11.5
Prescribed ART				
Yes	1010	9,814	86.5	84.5-88.5
No	156	1,527	13.5	11.5-15.5
Prescribed PCP prophylaxis^f				
Yes	185	1,982	19.6	16.9-22.4
No	839	8,127	80.4	77.6-83.1
Prescribed MAC prophylaxis^g				
Yes	87	894	8.8	7.0-10.7
No	937	9,214	91.2	89.3-93.0

Abbreviations: CI, confidence interval; CD4, CD4 T-lymphocyte count (cells/ μ L) or percentage; ART, antiretroviral therapy; PCP, Pneumocystis pneumonia; MAC, Mycobacterium avium complex.

Note. CD4 counts and viral load measurements are from medical record abstraction.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

^e Only includes those tests with a documented result.

^f Among patients with CD4 cell count <200 cells/ μ L.

^g Among patients with CD4 cell count <50 cells/ μ L.

Table 30: Met and Unmet Needs for Ancillary Services During the 12 Months before the Interview—Houston Medical Monitoring Project, 2009-2014

Service	Persons who received services				Persons who needed but did not receive services by time of interview				Persons who did not need or receive services			
	No. ^a	Wt. No. ^b	% ^c	95% CI ^d	No. ^a	Wt. No. ^b	% ^c	95% CI ^d	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
HIV case management services												
Yes	442	4,169	36.5	33.3-39.7	93	893	7.8	6.2-9.5	660	6,344	55.6	52.1-59.1
No	754	7,251	63.5	60.3-66.8	1084	10,529	92.2	90.5-93.8	515	5,061	44.4	40.9-47.9
HIV prevention education services^e												
Yes	369	3,514	30.7	27.9-33.6	14	123	1.1	0.5-1.7	796	7,804	68.2	65.3-71.1
No	810	7,927	69.3	66.4-72.1	1,165	11,318	98.9	98.3-99.5	383	3,638	31.8	28.9-34.7
Public benefits (e.g., SSI or SSDI)												
Yes	447	4,215	36.8	34.1-39.6	110	1,034	9.1	7.3-10.8	620	6,175	54.1	51.2-56.9
No	732	7,227	63.2	60.4-65.9	1,067	10,389	90.9	89.2-92.7	557	5,249	45.9	43.1-48.8
Eye or vision service												
Yes	220	1,819	47.5	43.1-51.9	110	919	24.0	20.1-27.8	128	1,092	28.5	24.4-32.6
No	238	2,011	52.5	48.1-56.9	348	2,911	76.0	72.2-79.9	330	2,738	71.5	67.4-75.6
Medicine through ADAP												
Yes	514	4,836	42.7	39.5-45.9	38	386	3.4	2.4-4.4	611	6,085	53.8	50.7-56.9
No	651	6,492	57.3	54.1-60.5	1133	10,985	96.6	95.6-97.6	552	5,222	46.2	43.1-49.3
Mental health services												
Yes	221	2,219	19.4	16.8-22.0	32	322	2.8	1.8-3.8	924	8,885	77.8	75.0-80.6
No	958	9,222	80.6	78.0-83.2	1,145	11,104	97.2	96.2-98.2	253	2,541	22.2	19.4-25.0
Meal or food services												
Yes	248	2,283	20.0	17.6-22.3	117	1,087	9.5	7.8-11.2	814	8,072	70.6	67.8-73.3
No	931	9,159	80.0	77.7-82.4	1,062	10,355	90.5	88.8-92.2	365	3,369	29.4	26.7-32.2
Transportation assistance service												
Yes	309	2,853	24.9	22.3-27.6	104	1,014	8.9	7.1-10.6	765	7,575	66.2	63.2-69.2
No	870	8,588	75.1	72.4-77.7	1,075	10,428	91.1	89.4-92.9	413	3,867	33.8	30.8-36.8
Adherence support services^f												
Yes	210	1,980	17.3	1.50-19.6	22	198	1.7	0.9-2.5	946	9,257	80.9	78.6-83.3
No	968	9,455	82.7	80.4-85.0	1,157	11,243	98.3	97.5-99.1	232	2,179	19.1	16.7-21.4
HIV peer group support												
Yes	139	1,310	11.4	9.6-13.2	52	478	4.2	3.0-5.3	988	9,654	84.4	82.3-86.5
No	1040	10,132	88.6	86.8-90.4	1,127	10,964	95.8	94.7-97.0	191	1,787	15.6	13.5-17.7
Shelter or housing services												
Yes	133	1,217	10.6	8.8-12.5	100	984	8.6	6.9-10.3	946	9,241	80.8	78.3-83.2
No	1046	10,225	89.4	87.5-91.2	1,079	10,458	91.4	89.7-93.1	233	2,201	19.2	16.8-21.7

Table 30: Met and Unmet Needs for Ancillary Services During the 12 Months Before the Interview—Houston Medical Monitoring Project, 2009-2014 (Cont'd)

Service	Persons who received services				Persons who needed but did not receive services by time of interview				Persons who did not need or receive services			
	No. ^a	Wt. No. ^b	% ^c	95% CI ^d	No. ^a	Wt. No. ^b	% ^c	95% CI ^d	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Nutritional services												
Yes	127	1,007	18.7	15.7-21.7	62	495	9.2	7.0-11.4	490	3,877	72.1	68.6-75.5
No	553	4,381	81.3	78.3-84.3	617	4,884	90.8	88.6-93.0	189	1,503	27.9	24.5-31.4
Dental Services												
Yes	610	5,942	51.9	48.7-55.1	330	3,042	26.6	24.0-29.2	238	2,448	21.4	18.8-24.0
No	569	5,499	48.1	44.9-51.3	848	8,391	73.4	70.8-76.0	940	8,984	78.6	76.0-81.2
Lawyer or legal services												
Yes	63	539	14.1	10.8-17.4	29	240	6.3	4.0-8.5	365	3,043	79.6	75.8-83.5
No	395	3,291	85.9	82.6-89.2	428	3,581	93.7	91.5-96.0	92	779	20.4	16.5-24.2
Drug or alcohol counseling or treatment												
Yes	54	532	4.7	3.3-6.0	13	117	1.0	0.5-1.6	1,111	10,783	94.3	92.8-95.8
No	1,125	10,909	95.3	94.0-96.7	1,165	11,315	99.0	98.4-99.5	67	650	5.7	4.2-7.2
Home health services												
Yes	61	595	5.2	3.9-6.5	24	214	1.9	1.1-2.6	1,094	10,633	92.9	91.4-94.4
No	1,118	10,847	94.8	93.5-96.1	1,155	11,227	98.1	97.4-98.9	85	809	7.1	5.6-8.6
Interpreter services												
Yes	57	482	4.2	3.1-5.3	5	43	0.4	0.0-0.7	1,117	10,917	95.4	94.2-96.6
No	1,122	10,960	95.8	94.7-96.9	1,174	11,399	99.6	99.3-100.0	62	524	4.6	3.4-5.8
Domestic violence services												
Yes	23	215	1.9	1.1-2.7	9	78	0.7	0.2-1.1	1,147	11,442	97.4	96.5-98.4
No	1,156	11,227	98.1	97.3-98.9	1,170	11,364	99.3	98.9-99.8	32	293	2.6	1.6-3.5
Childcare services												
Yes	16	154	1.4	0.6-2.1	21	209	1.8	0.9-2.8	1142	11,078	96.8	95.6-98.0
No	1,163	11,287	98.7	97.9-99.4	1,158	11,232	98.2	97.2-99.1	37	364	3.2	2.0-4.4
Have at least one service												
Yes	1,100	10,636	93.0	91.3-94.8	611	5,696	49.9	47.1-52.7	1,179	11,442	100.0	100.0
No	78	796	7.0	5.2-8.7	520	5,229	45.8	42.8-48.9	----	----	----	----
Don't need any services	----	----	----	----	45	489	4.3	2.9-5.7	----	----	----	----

Abbreviations: CI, confidence interval; SSI, Supplemental Security Income; SSDI, Social Security Disability Insurance; ADAP, AIDS Drug Assistance Program.

Note. Patients could report receiving or needing more than one service. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

^e Counseling about how to prevent spread of HIV and provision of educational materials

^f Professional help remembering to take HIV medicines on time or correctly.

Table 31: Sexually transmitted disease testing during the 12 months before the interview by sexual activity—Houston Medical Monitoring Project, 2009-2014

STD	Total Population				Sexually active persons only ^a			
	No. ^b	Wt. No. ^c	% ^d	95% CI ^e	No. ^b	Wt. No. ^c	% ^d	95% CI ^e
Gonorrhea ^f								
Yes, received test	277	2,348	20.9	18.4-23.3	169	1,446	21.5	18.2-24.9
No test documented	881	8,910	79.1	76.7-81.6	515	5,265	79.5	75.1-81.8
Chlamydia ^g								
Yes, received test	287	2,460	21.9	19.3-24.4	179	1,559	23.2	19.7-26.8
No test documented	871	8,798	78.1	75.6-80.7	505	5,151	76.8	73.2-80.3
Syphilis ^h								
Yes, received test	688	6,354	56.4	52.8-60.0	426	3,999	59.6	55.4-63.8
No test documented	470	4,903	43.6	40.0-47.2	258	2,712	40.4	36.2-44.6
Gonorrhea and chlamydia								
Yes, received the two tests	273	2,316	20.6	18.2-23.0	167	1,431	21.3	18.0-24.8
The two tests not documented	885	8,942	79.4	77.0-81.8	517	5,280	78.7	75.3-82.0
Gonorrhea, chlamydia, and syphilis								
Yes, received all three tests	225	1,883	16.7	14.7-18.7	143	1,198	17.8	15.1-20.6
All three tests not documented	933	9,375	83.3	81.3-85.3	541	5,513	82.2	79.4-84.9

Abbreviation: CI, confidence interval; STD, Sexually transmitted disease

Note. Information on laboratory testing for sexually transmitted diseases was based on documentation in medical records. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

^a Sexual activity was reported in the interview component of the Medical Monitoring Project and was defined as oral sex or anal or vaginal intercourse.

^b Numbers are unweighted.

^c Numbers are weighted

^d Percentages are weighted

^e Weighted confident intervals in percentages

^f Testing for *Neisseria gonorrhoeae* was defined as documentation of a result from culture, gram stain, enzyme immunoassay (EIA), the nucleic acid amplification test (NAAT), or the nucleic acid probe.

^g *Chlamydia trachomatis* testing was defined as a result from culture, direct fluorescent antibody (DFA), EIA or enzyme-linked immunoassay (ELISA), NAAT, or nucleic acid probe.

^h Syphilis testing was defined as a result from nontreponemal syphilis tests (rapid plasma reagin [RPR], Venereal Disease Research Laboratory [VDRL]), treponemal syphilis tests (*Treponema pallidum* hemagglutination assay [TPHA], *T. pallidum* particle agglutination [TP-PA], micro-hemagglutination assay for antibody to *T. pallidum* [MHA-TP], fluorescent treponemal antibody absorbed [FTA-ABS] tests), or dark-field microscopy.

Table 32: Association Between Self-Reported Mental Health Needs and Mental Health Conditions Documented in the Medical Charts - Houston Medical Monitoring Project, 2009-2014

Mental Health Condition Documented in Medical Chart ^a	Self-Reported Response ^b											
	Received mental health service				Needed mental health service but did not receive service				Did not need or receive mental health service			
	No. ^c	Wt. No. ^d	% ^e	95% CI ^f	No. ^c	Wt. No. ^d	% ^e	95% CI ^f	No. ^c	Wt. No. ^d	% ^e	95% CI ^f
General Anxiety Disorder												
Yes	23	228	14.1	7.8-20.4	*	18	8.8	0.0-20.6	40	352	6.1	4.1-8.0
No	126	1,390	85.9	79.6-92.2	17	189	91.2	79.4-100.0	512	5,428	93.9	92.0-95.9
Depression												
Yes	81	822	50.8	42.9-58.8	10	107	51.8	28.0-75.7	129	1,273	22.0	18.6-25.5
No	68	796	49.2	41.2-57.1	9	100	48.2	24.3-72.0	423	4,507	78.0	74.5-81.4
Bipolar Disorder												
Yes	16	142	8.8	4.4-13.1	*	15	7.5	0.0-17.7	25	228	3.9	2.3-5.6
No	133	1,476	91.2	86.9-95.6	17	192	92.5	82.3-100.0	527	5,553	96.1	94.4-97.7
Psychosis												
Yes	9	98	6.1	2.1-10.0	*	13	6.2	0.0-17.9	10	98	1.7	0.6-2.8
No	140	1,520	93.9	90.0-97.9	18	207	93.8	82.1-100.0	542	5,682	98.3	97.2-99.4
Diagnosis of anxiety, bipolar disorder, psychosis, or depression												
Yes	89	896	55.4	47.5-63.3	12	124	59.8	35.9-83.8	150	1,476	25.5	21.9-29.2
No	60	722	44.6	36.7-52.5	7	83	40.2	16.2-64.1	402	4,304	74.5	70.8-78.1

Abbreviation: CI, confidence interval.

Note. Information on laboratory testing for sexually transmitted diseases was based on documentation in medical records. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Mental health conditions/diagnoses are based on documented evidence from medical charts.

^b Self-reported response by survey participants – Medical Monitoring Project, 2009-2014.

^c Numbers are unweighted.

^d Numbers are weighted.

^e Percentages are weighted.

^f Weighted Confident Intervals in percentages.

Table 33: Association between employment status of PLWH and Health insurance or coverage for antiretroviral medications - Houston Medical Monitoring Project, 2009-2014

Employment Status	Health insurance or coverage for antiretroviral medications in the P12M											
	Insured				Uninsured				Uninsured (RW/ADAP only)			
	No. ^a	Wt. No. ^b	% ^c	95% CI ^d	No. ^a	Wt. No. ^b	% ^c	95% CI ^d	No. ^a	Wt. No. ^b	% ^c	95% CI ^d
Employed	141	1,178	30.9	26.4-35.4	20	168	4.4	2.5-6.3	56	494	12.9	9.8-16.1
Unemployed	153	1,246	32.7	28.5-36.9	5	41	1.1	0.1-2.0	44	371	9.7	7.0-12.5
Retired	19	157	4.1	2.3-5.9	---	---	---	---	*	7	0.2	0.0-0.6
Student	13	110	2.9	1.3-4.5	---	---	---	---	5	43	1.1	0.1-2.1
Total	326	2,691	70.6	66.6-74.5	25	208	5.5	3.4-7.6	106	915	24.0	20.2-27.8

Abbreviation: CI, confidence interval; ARVs, Antiretroviral medicines; P12M, Past 12 months; RW/ADAP, Ryan White/ AIDS Drug Assistance Program.

Note. Information on laboratory testing for sexually transmitted diseases was based on documentation in medical records. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Mental health conditions/diagnoses are based on documented evidence from medical charts.

^b Self-reported response by survey participants – Medical Monitoring Project, 2009-2014.

^c Numbers are unweighted.

^d Numbers are weighted

^e Percentages are weighted

^f Weighted Confident Intervals in percentages

Technical Notes

Population of Inference

For Medical Monitoring Project (MMP) data collection cycles 2009 through 2014, the population of inference is people living with HIV (PLWH) HIV-infected adults (aged 18 years and older) who received care from known providers of outpatient HIV medical care in the Houston/Harris County, Texas during the population definition period (PDP). The PDP is a predefined period during which PLWH must have received care in a sampled facility in order to be sampled for participation in MMP. The PDP period used for data collection was January 1 through April 30 of each project year from 2009 through 2014.

Data Collection

Patients were enrolled by either MMP staff or health facility staff. The enrollment strategy depended on clinic needs, project area needs, local institutional review board requirements, and the number of patients sampled from a given facility. For enrollment by MMP staff, facilities provided local MMP staff with contact information for patients. For enrollment by HIV medical care providers, selected patients were initially contacted by their health care providers—in person, by telephone, or by mail—and then were contacted by MMP staff. The participant eligibility criteria were the same in all MMP participating project areas: diagnosis of HIV infection, age of ≥ 18 years at the beginning of the 4-month period when patients were eligible for selection (PDP), no previous participation in MMP during the current data collection cycle, and receipt of medical care at the sampled facility during the PDP.

A trained interviewer conducted either a computer-assisted in-person interview or a telephone interview. English and Spanish versions of the questionnaire were used during the period 2009-2014 for which in the current data analysis is based. Persons who agreed to participate were interviewed in a private location (e.g., at home or in a clinic) or over the telephone. The interview (approximately 45 minutes) included questions about demographics, health care use, met and unmet needs for ancillary services, sexual behavior, depression, gynecologic and reproductive

history (women only), drug and alcohol use, and use of prevention services. Participants were given a gift card as token of appreciation. The value of the gift card varied across the difference cycles (2009-2014) and ranged from \$25-\$50. After the interview, MMP staff used an electronic application provided by the Centers for Disease Control and Prevention (CDC) to abstract information from the medical records of participants. Abstracted information included diagnoses of AIDS-defining conditions, prescription of antiretroviral treatment (ART), laboratory results, and health care use in the 24 months before the interview.

Methods

Sampling, nonresponse analysis, and weighting methods were applied and data were weighted to account for unequal sampling probabilities and nonresponse. The data obtained is representative of the PLWH in Houston/Harris County, Texas and therefore, the findings are generalizable to this population. The sample comprised of a total of 1181 records covering the period 2009-2014 and has 40 strata, 1030 clusters and a weighted sum of 11,469. There were few updates to sampling and weighting procedures used during the period with no significant impact on the prevalence estimates from previous years. Medical record data used for estimates in this report were limited to data recorded in the 12 months preceding the interview (except where otherwise noted) to facilitate comparability with previously published estimates. Lastly, the interview questionnaire was slightly updated to more precisely measure patient ethnicity, health insurance type(s), and income.

Data Analysis

Data obtained from both sampled persons interview and medical record abstractions were subjected to statistical analysis using the SAS PROC SURVEYFREQ procedure. The SURVEYFREQ procedure produces one-way to n-way frequency and crosstabulation tables from the sample survey data. Values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses were excluded in the final analytic data. The analysis produced frequency, weighted frequency, row and column percent, standard errors of percent and the 95% confident intervals. Numbers below the threshold of 5 are suppressed in the report for confidentiality

reasons. All data management and statistical analyses were conducted using SAS 9.4 (SAS Institute, Cary, NC, USA).

Human Subjects Protection

MMP has been determined by the National Center for HIV, Viral Hepatitis, STD and TB Prevention's Office of the Associate Director for Science at the CDC to be a non-research, public health surveillance activity used for disease control program or policy purposes. As such, MMP is not subject to human subjects' regulations, including federal institutional review board (IRB) approval. All data collection was Health Insurance Portability and Accountability Act compliant.

August 2018

Affected Community Committee Report

Response For the Planning Council

How is The Resource Group (TRG) addressing client concerns with dental care?

The Resource Group has received client concerns related to the changes in fees and services for oral health care. Clients with concerns should contact the Consumer Relations Coordinator of TRG with further questions or concerns. So far two have resulted in further action. There is confusion related to which service require client contribution and how fees are assessed. TRG staff is currently seeking clarity on the changes. TRG has requested documents which will be review and discussed with the providers of dental service. The goal is to have the providers distribute materials which will outline for clients what changes have occurred and how the clients dental care may or may not be affected. Once materials are available, TRG would like to collaborate with the Office of Support to host a Ryan White Oral Health Service update for Ryan White clients. Client will have the opportunity to ask questions and discuss the changes with the Administrative Agency & provider agencies. A report of the efforts taken to educate client should be available for distribution by April 1, 2019. TRG will also interview clients of dental services thought the annual process. Feedback form the 2017 interviews contributed to a dental specific questions. TRG invites clients to review the dental questions and provide feedback. The annual interview report will be available and ready for distribution for monthly meetings in February 2019.

Reachelian Ellison
The Resource Group

ROAD 2 SUCCESS and CAMINO HACIA TU SALUD

Schedule of Emergency Preparedness Trainings for the HIV Community

In 10 weeks, over 267 individuals have received training in *Emergency Preparedness for the HIV Community*.

CONFIRMED:

Oct. 17, 2018, set up at 9 am
Date to be determined

SPRY Montrose Diners – anticipated attendance: 20 consumers
Legacy Community Advisory Board – anticipated attendance: 30+ consumers

COMPLETED:

July 23, 2018, 12 noon
Aug. 1, 2018, 11 am

Ryan White Affected Community Committee – 39 attendees and 6 staff
Transition Summit for HIV-positive youth transitioning from pediatric to adult medical care – 29 attendees (youth, caregivers and case managers) and 4 staff

Aug. 16, 2018, 12 noon
Aug. 20, 2018, 2:00 pm
Aug. 27, 2018, 5:00 pm
Aug. 29, 2018, 10:00 am

Thomas Street Health Center – 14 consumers and 4 staff
HIV and Aging Coalition – 15 consumers and 4 staff
Positive Support Group (Spanish only) - attendance: 26 consumers and 5 staff
Catholic Charities HOPWA Housing Meeting – Two sessions. attendance: 42 attendees and 7 staff (am session in Spanish, pm session in English)

Sept. 20, 2018, 12 noon
Sept. 21, 2018, 6:30 pm
Sept. 26, 2018, 12 noon
Oct. 3, 2018, set up 9 am

Thomas Street Health Center – attendance: 30 consumers
Living Large, Living Without Limits – attendance: 14 consumers
Case Manager Meeting, Legacy Community Health – attendance: 13 case managers.
Legacy Community Health Staff at Montrose Clinic – attendance: 45 case managers and other staff.

TO BE SCHEDULED:

St. Hope Foundation – they want a January date
Rural clinics - The Resource Group would like to work with us to set up presentations in some of their rural clinics.

Affected Community Committee
2018 Community Events (as of 10-24-18)

Point Person (PP): Committee member who picks up display materials and returns them to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 4 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown 1100 Bagby Street, 77002	Tana, Allen & Mona – distribute LEAP flyers
Sunday, June 3 Before 1 pm start time	Long-Term HIV Survivors Event	11410 Hempstead Road	<u>Need 10 volunteers (3 for PC booth):</u> Council: Johnny D., Ronnie, Cecilia, Veria, Crystal, Skeet, Herman, and Ma'Janac LEAP: Calvin, Roy, Erika, Felipe, Mel, Prince, Tony
Wednesday, June 20 6:00 – 9:00 pm	Pride Month Volunteer Day	Houston Food Bank 535 Portwall Street Contact Person: Mary Bethal – 832 369-9390 x 9251	<u>Need 3 volunteers: PP: Herman,</u> Crystal, Ma'Janac
Saturday, June 23 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	<u>Shift 1 (11:30 am-2 pm): PP:Skeet,</u> Tana, Rod <u>Shift 2 (2-4:30 pm):</u> Allen, Skeet, Tana <u>Shift 3 (4:30-7 pm): PP: Skeet,</u> Allen
July 23, 2018 Set up: 11 am	<i>Dress Rehearsal</i> Road 2 Success: Emergency Preparedness for HIV Community	Affected Community Committee 2223 W. Loop South, 77027	
Wed, August 1, 2018 Set up: 10:30 am	Road 2 Success: Emergency Preparedness for HIV Community	Youth Transition Summit	<u>No volunteers needed</u>
Thurs, August 16, 2018 Set up: 11 am	Road 2 Success: Emergency Preparedness for HIV Community	Thomas Street Health Center 2015 Thomas Street, 77009	<u>Need 5 Volunteers:</u> Rosalind, Michael B., Steven
Mon, August 20, 2018 Set up: 1:30 pm	Road 2 Success: Emergency Preparedness for HIV Community	HIV and Aging Coalition the Montrose Center 401 Branard St., 77006	<u>Need 6 Volunteers:</u> Steven, Michael B., Skeet
Mon, August 27, 2018 Set up: 4:45 pm	Camino hacia tu Salud: Emergency Preparedness for HIV Community	Positive713 Leonel Castillo Community Center 2101 South Street, 77009	<u>Need 4 Volunteers:</u> Isis, John P, Steven, Skeet, Johnny, Herman

(Continued on next page)

Day, date, times	Event	Location	Participants
Wed., August 29, 2018 Set up: 9:15 am	Camino and Road 2 Success: Emergency Preparedness for HIV Community	Catholic Charities Miles Chapel 4315 Lyons Avenue, 77020	<u>Need 4 Volunteers:</u> Isis, Skeet and Cecilia
Thurs, September 20, 2018 Set up: 11 am	Road 2 Success: Emergency Preparedness for HIV Community	Thomas Street Health Center 2015 Thomas Street, 77009	<u>Need 6 Volunteers:</u> Steven, Isis, Eddie, Crystal, Amber and Cecilia
Fri. September 21, 2018 Set up: 6 pm	Road 2 Success: Emergency Preparedness for HIV Community	Living Large Support Group the Montrose Center 401 Branard St., 77006	<u>Need 5 Volunteers:</u> Crystal, Skeet, Isis, Cecilia and Herman
Wed., October 17, 2018 Set up: 9 am	Road 2 Success: Emergency Preparedness for HIV Community	SPRY Montrose Diners the Montrose Center 401 Branard St., 77006	<u>Need 5 Volunteers:</u> Skeet, Roy, Isis, Mona and Amber
October 21, 2018 Set Up: 5:30 pm	MISS UTOPIA	NOTE CHANGE OF VENUE CROWNE PLAZA HOUSTON (Near Reliant - Medical) 8686 Kirby Drive Houston, Texas 77054	<u>Volunteers:</u> PP: Skeet, Cecilia, Ronnie, Johnny DISTRIBUTE LEAP FLYERS
Saturday, December 1	Change Happens HIV Prevention Community Block Party	Cuney Homes 3260 Truxillo St. Houston, Tx 77004	<u>Volunteers:</u> PP: Skeet, Ronnie, Eddie and Cecilia
Saturday, December 1	World AIDS Day Events		Most committee members attend events DISTRIBUTE LEAP FLYERS

Greeters for 2018 Council Meetings

(Revised: 10-24-18)

2018 Meeting Dates (Please arrive at 11:45 a.m. Unless otherwise noted, the meetings are held at 2223 W. Loop South)	Greeter #1 External Member	Greeter #2	Greeter #3
Thurs. March 8	Mona	Skeet	Tana
Thurs. April 12	Eddie	Rodney	Allen
Thurs. May 10 CANCELLED	Lionel	Allen	Johnny
Thurs. June 14	Crystal	Tana	Ronnie
Thurs. July 12	Lionel	Allen	Johnny
Thurs. August 9	Tana	Rodney	Allen
Thurs. September 13 CANCELLED	Crystal	Herman	Ma'Janae
Thurs. October 11	Eddie or Tana	Skeet	Allen
Thurs. November 8 External Committee Member Appreciation	Eddie	Ronnie	Tana
Thurs. December 6	Michael	Rodney	Eddie

**Priority and
Allocations
Committee
Report**

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	9,634,415	391,824	0	0	0	10,026,239	46.85%	10,026,239	0		4,968,766	50%	58%
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	0	0	0	3,591,064	16.78%	3,591,064	0	3/1/2018	\$1,080,285	30%	50%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	0	0	0	1,021,370	4.77%	1,021,370	0	3/1/2018	\$802,804	79%	58%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	0	0	0	867,347	4.05%	867,347	0	3/1/2018	\$590,571	68%	58%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	0	0	0	1,104,720	5.16%	1,104,720	0	3/1/2018	\$418,617	38%	58%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0	0	1,149,761	5.37%	1,149,761	0	3/1/2018	\$617,177	54%	58%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0	0	0	1,874,540	8.76%	1,874,540	0	3/1/2018	\$1,246,797	67%	50%
1.g	Primary Care - Pediatric (a.1)	15,437	0	0	0	0	15,437	0.07%	15,437	0	3/1/2018	\$6,000	39%	58%
1.h	Vision	402,000	0	0	0	0	402,000	1.88%	402,000	0	3/1/2018	\$206,515	51%	58%
2	Medical Case Management	2,535,802	0	0	0	0	2,535,802	11.85%	2,535,802	0		1,069,431	42%	58%
2.a	Clinical Case Management	488,656	0	0	0	0	488,656	2.28%	488,656	0	3/1/2018	\$227,718	47%	58%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0	0	482,722	2.26%	482,722	0	3/1/2018	\$71,551	15%	50%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0	0	321,070	1.50%	321,070	0	3/1/2018	\$220,881	69%	58%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0	0	321,072	1.50%	321,072	0	3/1/2018	\$115,601	36%	58%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0	0	107,247	0.50%	107,247	0	3/1/2018	\$52,453	49%	58%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	0	0	348,760	1.63%	348,760	0	3/1/2018	\$159,907	46%	58%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0	0	0	180,311	0.84%	180,311	0	3/1/2018	\$90,876	50%	50%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0	0	160,051	0.75%	160,051	0	3/1/2018	\$67,822	42%	58%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0	0	80,025	0.37%	80,025	0	3/1/2018	\$48,992	61%	58%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.21%	45,888	0	3/1/2018	\$13,629	30%	50%
3	Local Pharmacy Assistance Program (a) (e)	1,934,796	256,674	0	0	0	2,191,470	10.24%	2,191,470	0		\$1,094,120	50%	58%
4	Oral Health	166,404	0	0	0	0	166,404	0.78%	166,404	0		97,300	58%	58%
4.a	Oral Health - Untargeted (c)	0	0	0	0	0	0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0	0	0	166,404	0.78%	166,404	0	3/1/2018	\$97,300	58%	58%
5	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
6	Health Insurance (c)	1,244,551	28,519	0	0	0	1,273,070	5.95%	1,273,070	0		\$742,931	58%	58%
7	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
8	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.21%	45,677	0		\$19,506	43%	58%
9	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
10	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	341,395	1.60%	341,395	0		\$190,679	56%	58%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
12	Outreach Services	420,000	39,927	0	0	0	459,927	2.15%	459,927	0		\$129,255	28%	58%
13	Non-Medical Case Management	1,231,002	0	0	0	0	1,231,002	5.75%	1,231,002	0		678,082	55%	58%
13.a	Service Linkage targeted to Youth	110,793	0	0	0	0	110,793	0.52%	110,793	0	3/1/2018	\$46,365	42%	58%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0	0	0	0	100,000	0.47%	100,000	0	3/1/2018	\$48,254	48%	58%
13.c	Service Linkage at Public Clinic (a)	427,000	0	0	0	0	427,000	2.00%	427,000	0	3/1/2018	\$186,010	44%	50%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	0	0	0	593,209	2.77%	593,209	0	3/1/2018	\$397,453	67%	58%
14	Medical Transportation	482,087	25,824	0	0	0	507,911	2.37%	507,911	0		193,678	38%	58%
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.18%	252,680	0	3/1/2018	\$149,698	59%	58%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.45%	97,185	0	3/1/2018	\$43,980	45%	58%
14.c	Transportation vouchers (bus passes & gas cards)	132,222	25,824	0	0	0	158,046	0.74%	158,046	0	3/1/2018	\$0	0%	0%
15	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
16	Emergency Financial Assistance	450,000	0	0	0	0	450,000	2.10%	450,000	0		\$83,731	19%	58%
17	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
BES27514	Total Service Dollars	18,486,129	742,768	0	0	0	19,228,897	87.71%	19,228,897	0		9,054,492	47%	58%
BES27517	Grant Administration	1,675,047	0	0	0	0	1,675,047	7.83%	1,675,047	0		0	0%	58%
PC	HCPHES/RWGA Section	1,146,388	0	0	0	0	1,146,388	5.36%	1,146,388	0		\$0	0%	58%
	RWPC Support*	528,659	0	0	0	0	528,659	2.47%	528,659	0		0	0%	58%

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2018 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
BEO 27521	Quality Management	495,000	0	0	0	0	495,000	2.31%	495,000	0	N/A	\$0	0%	58%
		20,656,176	742,768	0	0	0	21,398,944	97.85%	21,398,944	0		9,054,492	42%	58%
								Unallocated	Unobligated					
	Part A Grant Award:	21,398,944	Carry Over:	0		Total Part A:	21,398,944	0	0					
		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	15,903,040	677,017	0	0	0	16,580,057	86.40%	16,580,057	86.40%				
	Non-Core (may not exceed 25% of total service dollars)	2,583,089	25,824	0	0	0	2,608,913	13.60%	2,608,913	13.60%				
	Total Service Dollars (does not include Admin and QM)	18,486,129	702,841	0	0	0	19,188,970		19,188,970					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,675,047	0	0	0	0	1,675,047	7.83%						
	Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.31%						

MAI Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	1,797,785	49,060	0	0	0	1,846,845	85.23%	1,846,845	0		1,088,175	59%	50%
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530		0	0	934,693	43.13%	934,693	0	3/1/2017	\$640,475	69%	50%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530		0	0	912,152	42.09%	912,152	0	3/1/2017	\$447,700	49%	50%
2	Medical Case Management	320,100	0	0	0	0	320,100	14.77%	320,100	0		\$79,862	25%	50%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.39%	160,050	0		\$57,729	36%	50%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.39%	160,050	0		\$22,133	14%	50%
	Total MAI Service Funds	2,117,885	49,060	0	0	0	2,166,945	100.00%	1,846,845	320,100		1,088,175	59%	50%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
BEO 27510	Total MAI Funds	2,117,885	49,060	0	0	0	2,166,945	100.00%	1,846,845	320,100		1,088,175	59%	50%
	MAI Grant Award	2,166,944	Carry Over:	0		Total MAI:	2,166,944							
	Combined Part A and MAI Original Allocation Total	22,774,061												

Footnotes:

All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on Increase or Decrease funding scenario.
(c)	Funded under Part B and/or SS
(d)	Not used at this time
(e)	10% rule reallocations

FY 2018 Ryan White Part A and MAI Service Utilization Report

SUR - 1st Quarter (3/1-5/31)																	
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	4,362	73%	27%	45%	15%	2%	38%	0%	0%	4%	25%	27%	14%	28%	2%
1.a	Primary Care - Public Clinic (a)	2,350	2,129	68%	32%	48%	10%	2%	40%	0%	0%	2%	18%	26%	15%	36%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	797	67%	33%	99%	0%	1%	0%	0%	0%	8%	40%	27%	11%	13%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	695	85%	15%	0%	0%	0%	100%	0%	0%	5%	29%	33%	14%	18%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	415	89%	11%	0%	88%	11%	1%	0%	0%	5%	24%	21%	16%	31%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	376	71%	29%	44%	25%	2%	29%	0%	0%	7%	32%	25%	11%	23%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000	675	0%	100%	57%	9%	2%	32%	0%	0%	1%	13%	28%	17%	35%	5%
1.g	Primary Care - Pediatric (a)	7	6	83%	17%	17%	17%	0%	67%	17%	50%	33%	0%	0%	0%	0%	0%
1.h	Vision	1,600	724	73%	27%	49%	17%	2%	32%	0%	0%	4%	26%	20%	14%	34%	2%
2	Medical Case Management (f)	3,075	2,416														
2.a	Clinical Case Management	600	300	74%	26%	64%	16%	2%	18%	0%	0%	4%	23%	19%	12%	37%	4%
2.b	Med CM - Targeted to Public Clinic (a)	280	265	94%	6%	63%	11%	1%	25%	0%	0%	2%	31%	22%	12%	29%	4%
2.c	Med CM - Targeted to AA (a)	550	733	71%	29%	100%	0%	0%	0%	0%	0%	8%	35%	24%	11%	20%	2%
2.d	Med CM - Targeted to H/L(a)	550	327	86%	14%	0%	0%	0%	100%	0%	1%	5%	31%	32%	9%	20%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	183	90%	10%	0%	90%	10%	0%	0%	0%	3%	25%	19%	12%	36%	5%
2.f	Med CM - Targeted to Rural (a)	150	330	68%	32%	52%	25%	2%	20%	0%	0%	7%	25%	20%	10%	33%	5%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	125	0%	100%	66%	8%	4%	22%	0%	0%	0%	14%	34%	23%	24%	4%
2.h	Med CM - Targeted to Pedi (a)	125	67	63%	37%	75%	6%	0%	19%	61%	34%	4%	0%	0%	0%	0%	0%
2.i	Med CM - Targeted to Veterans	200	80	98%	3%	78%	16%	0%	6%	0%	0%	0%	1%	3%	6%	68%	23%
2.j	Med CM - Targeted to Youth	120	6	100%	0%	83%	0%	0%	17%	0%	0%	100%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	2,177	77%	23%	46%	17%	2%	36%	0%	0%	4%	25%	29%	16%	25%	1%
4	Oral Health	200	136	63%	38%	39%	32%	3%	26%	0%	0%	3%	14%	29%	12%	38%	4%
4.a	Oral Health - Untargeted (d)	NA	NA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	136	63%	38%	39%	32%	3%	26%	0%	0%	3%	14%	29%	12%	38%	4%
5	Mental Health Services (d)	NA	NA														
6	Health Insurance	1,700	576	84%	16%	36%	34%	3%	27%	0%	0%	2%	14%	15%	16%	45%	9%
7	Home and Community Based Services (d)	NA	NA														
8	Substance Abuse Treatment - Outpatient	40	9	100%	0%	11%	33%	11%	44%	0%	0%	0%	56%	11%	11%	22%	0%
9	Early Medical Intervention Services (d)	NA	NA														
10	Medical Nutritional Therapy/Nutritional Supplements	650	295	79%	21%	38%	21%	3%	37%	0%	0%	1%	10%	14%	19%	47%	9%
11	Hospice Services (d)	NA	NA														
12	Outreach	NA	126	66%	34%	63%	7%	1%	29%	0%	0%	4%	32%	24%	13%	25%	2%
13	Non-Medical Case Management	7,045	2,700														
13.a	Service Linkage Targeted to Youth	320	60	73%	27%	70%	3%	3%	23%	0%	8%	92%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	50	60%	40%	72%	4%	2%	22%	0%	0%	0%	58%	20%	10%	12%	0%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	1,144	65%	35%	63%	9%	2%	26%	0%	0%	0%	18%	22%	13%	41%	5%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	1,446	77%	23%	53%	12%	2%	33%	0%	0%	7%	29%	25%	14%	23%	2%
14	Transportation	2,850	942														
14.a	Transportation Services - Urban	170	200	66%	35%	59%	15%	3%	24%	0%	0%	8%	27%	22%	14%	27%	4%
14.b	Transportation Services - Rural	130	61	70%	30%	43%	30%	2%	26%	0%	0%	7%	18%	20%	16%	38%	2%
14.c	Transportation vouchering	2,550	681														
15	Linguistic Services (d)	NA	NA														
16	Emergency Financial Assistance (e)	NA	0														
17	Referral for Health Care - Non Core Service (d)	NA	NA														
Net unduplicated clients served - all categories*		11,657	8,017	74%	26%	51%	15%	2%	32%	1%	1%	4%	23%	24%	13%	31%	4%
Living AIDS cases + estimated Living HIV non-AIDS (from FY 17 App) (b)		NA	22,830	74%	26%	49%	23%	3%	25%	0%	6%		18%	27%	30%	18%	

FY 2018 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report																	
Priority	Service Category	Goal	Unduplicated MAI Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	MAI unduplicated served includes clients also served under Part A																
	Outpatient/Ambulatory Primary Care (excluding Vision)																
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	880	73%	27%	100%	0%	0%	0%	0%	0%	9%	36%	26%	11%	18%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	553	89%	11%	0%	0%	0%	100%	0%	0%	5%	33%	33%	12%	16%	1%
2	Medical Case Management (f)																
2.c	Med CM - Targeted to AA (a)	1,060	133	75%	25%	54%	17%	1%	28%	0%	1%	6%	29%	35%	11%	17%	1%
2.d	Med CM - Targeted to H/L(a)	960	27	85%	15%	52%	22%	7%	19%	0%	0%	4%	37%	22%	7%	26%	4%

RW Part A New Client Service Utilization Report																	
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/12 - 2/28/13)																	
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	564	79%	21%	52%	15%	2%	31%	0%	1%	9%	34%	26%	10%	20%	2%
2	LPAP	1,200	133	75%	25%	54%	17%	1%	28%	0%	1%	6%	29%	35%	11%	17%	1%
3.a	Clinical Case Management	400	27	85%	15%	52%	22%	7%	19%	0%	0%	4%	37%	22%	7%	26%	4%
3.b-3.h	Medical Case Management	1,600	288	77%	23%	54%	16%	2%	28%	3%	1%	8%	36%	26%	9%	17%	1%
3.i	Medical Case Management - Targeted to Veterans	60	8	100%	0%	63%	38%	0%	0%	0%	0%	0%	0%	0%	38%	38%	25%
4	Oral Health	40	7	57%	43%	71%	14%	0%	14%	0%	0%	14%	0%	57%	0%	29%	0%
12.a.	Non-Medical Case Management (Service Linkage)																
12.c.																	
12.d.																	
12.b	Service Linkage at Testing Sites	260	46	63%	37%	83%	2%	0%	15%	0%	0%	22%	46%	20%	7%	7%	0%

Footnotes:

- (a) Bundled Category
- (b) Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.
- (d) Funded by Part B and/or State Services
- (e) Not funded in FY 2017
- (f) Total MCM served does not include Clinical Case Management

FY 2017 Ryan White Part A
WICY Expenditure Report Worksheet

	A	B	C	D	E	F	G	H	I
1	Section A: Identifying Information		FY 2017 Part A Core Medical Service Expenditures	\$16,260,580.00	Total FY 2017 Part A Formula Award	\$14,088,300.00			
2	Carin Martin		FY 2017 Part A Support Service Expenditures	\$2,140,181.00	Total FY 2017 Part A Supplemental Award	\$6,567,876.00			
3	713-439-6041		FY 2017 Part A MAI Service Expenditures	\$2,568,330.00	Total FY 2017 Part A MAI Award	\$2,117,885.00			
4					Total FY 2016 Part A Carryover Amount (Including MAI)	\$1,076,138.00			
5	Are you requesting a WICY Waiver? (select "yes" or "no" in the dropdown menu in cell B5):	Yes							
6			TOTAL Service Expenditures from ALL FUNDING SOURCES	\$20,969,091.00	GRAND TOTAL from ALL Awards	\$23,850,199.00			
7									
8									
9	Section B: Percent of HIV/AIDS Cases in the EMA/TGA for:	Women:	29.12%	Infants:	0.01%	Children:	0.23%	Youth	4.79%
10		<i>Note: In some cases the above cells will automatically convert the percentage based upon the numbers entered. Therefore, if the percent of estimated living HIV/AIDS cases for children in your EMA/TGA is 0.02%, you must input the number as .0002 so when the cell converts it, it becomes 0.02%.</i>							
11		Expenditures for Women		Expenditures for Infants		Expenditures for Children		Expenditures for Youth	
12	Total Part A Funds Used to Provide Services in FY 2017:	#1. Amount	#2. Percent	#3. Amount	#4. Percent	#5. Amount	#6. Percent	#7. Amount	#8. Percent
13		\$4,513,752.00	21.53%	\$32,265.00	0.15%	\$8,893.00	0.19%	\$1,133,464.00	5.41%
14	Section C: WICY Waiver Expenditures FY 2017: If you have Part A Expenditures less than the Percent of HIV/AIDS Cases in the EMA/TGA for any WICY Population, complete the Expenditure information below. This information will serve as the justification for the Waiver.	Use CDC Data from Calendar Year 15 for FY 17 Reporting of WICY Expenditure Report							
15	Total Part B Funds Used to Provide Services in FY 2017:	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
16	Total Part C Funds Used to Provide Services in FY 2017:	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
17	Total Part D Funds Used to Provide Services in FY 2017:	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
18	Total Medicaid Funds Used to Provide Services in FY 2017:	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
19	Total Medicare Funds Used to Provide Services in FY 2017:	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
20	Total CHIP Funds Used to Provide Services in FY 2017:	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
21	Other Funds Used to Provide Services in FY 2017: ADAP	\$8,047,551.72	38.38%	\$0.00	0.00%	\$16,314.48	0.08%	\$0.00	0.00%
22	Other Funds Used to Provide Services in FY 2017:	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
23	Other Funds Used to Provide Services in FY 2017:	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
24	Other Funds Used to Provide Services in FY 2017:	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
25	Total	\$12,561,303.72	59.90%	\$32,265.00	0.15%	\$55,207.48	0.26%	\$1,133,464.00	5.41%

Number of Women, Infants, Children and Youth Living with HIV non AIDS
and AIDS as of December 31, 2015 for EMAs/TGAs*

EMA / TGA	Total HIV/AIDS Cases	WICY Total	Pctg.	Women	Pctg.	Youth	Pctg.	Children	Pctg.	Infants	Pctg.
Atlanta, GA	28,732	6,842	23.81%	5,660	19.70%	1,114	3.88%	65	0.23%	3	0.01%
Austin, TX	5,568	987	17.73%	764	13.72%	214	3.84%	9	0.16%	0	0.00%
Baltimore, MD	18,367	6,837	37.22%	6,207	33.79%	599	3.26%	29	0.16%	2	0.01%
Baton Rouge, LA	5,075	2,088	41.14%	1,769	34.86%	300	5.91%	19	0.37%	0	0.00%
Boston, MA	16,996	5,095	29.98%	4,671	27.48%	394	2.32%	28	0.16%	2	0.01%
Charlotte, NC	7,032	2,302	32.74%	1,926	27.39%	357	5.08%	18	0.26%	1	0.01%
Chicago, IL	31,009	7,390	23.83%	6,003	19.36%	1,291	4.16%	93	0.30%	3	0.01%
Cleveland, OH	5,297	1,314	24.81%	1,034	19.52%	270	5.10%	10	0.19%	0	0.00%
Columbus, OH	5,391	1,198	22.22%	938	17.40%	242	4.49%	17	0.32%	1	0.02%
Dallas, TX	19,870	4,497	22.63%	3,606	18.15%	866	4.36%	22	0.11%	3	0.02%
Denver, CO	9,132	1,137	12.45%	974	10.67%	141	1.54%	22	0.24%	0	0.00%
Detroit, MI	10,519	2,874	27.32%	2,252	21.41%	607	5.77%	14	0.13%	1	0.01%
Fort Lauderdale, FL	18,187	5,617	30.88%	5,117	28.14%	477	2.62%	22	0.12%	1	0.01%
Fort Worth, TX	5,153	1,479	28.70%	1,186	23.02%	280	5.43%	13	0.25%	0	0.00%
Hartford, CT	3,654	1,224	33.50%	1,139	31.17%	83	2.27%	2	0.05%	0	0.00%
Houston, TX	26,305	7,661	29.12%	6,339	24.10%	1,259	4.79%	60	0.23%	3	0.01%
Indianapolis, IN	4,967	1,122	22.59%	855	17.21%	257	5.17%	9	0.18%	1	0.02%
Jacksonville, FL	6,721	2,592	38.57%	2,263	33.67%	313	4.66%	15	0.22%	1	0.01%
Kansas City, MO	4,939	948	19.19%	764	15.47%	166	3.36%	18	0.36%	0	0.00%
Las Vegas, NV	7,105	1,367	19.24%	1,094	15.40%	263	3.70%	9	0.13%	1	0.01%
Los Angeles, CA	49,311	6,813	13.82%	5,460	11.07%	1,321	2.68%	31	0.06%	1	0.00%
Memphis, TN	7,714	2,734	35.44%	2,292	29.71%	417	5.41%	21	0.27%	4	0.05%
Miami, FL	28,995	8,363	28.84%	7,467	25.75%	864	2.98%	28	0.10%	4	0.01%
Mineola, NY	6,267	2,095	33.43%	1,885	30.08%	203	3.24%	7	0.11%	0	0.00%
Minneapolis, MN	6,762	1,719	25.42%	1,491	22.05%	201	2.97%	26	0.38%	1	0.01%
Nashville, TN	5,282	1,306	24.73%	1,091	20.66%	189	3.58%	25	0.47%	1	0.02%
New Brunswick, NJ	3,102	1,132	36.49%	1,036	33.40%	90	2.90%	6	0.19%	0	0.00%
New Haven, CT	6,241	2,245	35.97%	2,080	33.33%	163	2.61%	2	0.03%	0	0.00%
New Orleans, LA	8,623	2,620	30.38%	2,191	25.41%	403	4.67%	23	0.27%	3	0.03%
New York, NY	107,873	34,083	31.60%	30,908	28.65%	3,070	2.85%	101	0.09%	4	0.00%
Newark, NJ	13,789	5,499	39.88%	5,043	36.57%	414	3.00%	42	0.30%	0	0.00%
Norfolk, VA	6,671	2,088	31.30%	1,734	25.99%	343	5.14%	11	0.16%	0	0.00%
Oakland, CA	8,072	1,602	19.85%	1,377	17.06%	214	2.65%	10	0.12%	1	0.01%
Orlando, FL	11,372	3,112	27.37%	2,647	23.28%	444	3.90%	19	0.17%	2	0.02%
Paterson, NJ	4,562	1,616	35.42%	1,483	32.51%	127	2.78%	6	0.13%	0	0.00%
Philadelphia, PA	25,030	7,850	31.36%	6,908	27.60%	885	3.54%	55	0.22%	2	0.01%
Phoenix, AZ	10,835	1,800	16.61%	1,381	12.75%	384	3.54%	35	0.32%	0	0.00%
Portland, OR	4,795	606	12.64%	517	10.78%	85	1.77%	4	0.08%	0	0.00%
Sacramento, CA	3,873	733	18.93%	612	15.80%	110	2.84%	10	0.26%	1	0.03%
Saint Louis, MO	7,182	1,735	24.16%	1,328	18.49%	389	5.42%	17	0.24%	1	0.01%
San Antonio, TX	5,966	1,152	19.31%	813	13.63%	324	5.43%	14	0.23%	1	0.02%
San Bernardino, CA	8,985	1,480	16.47%	1,173	13.06%	291	3.24%	14	0.16%	2	0.02%
San Diego, CA	13,275	1,545	11.64%	1,271	9.57%	261	1.97%	12	0.09%	1	0.01%
San Francisco, CA	17,886	1,307	7.31%	1,143	6.39%	159	0.89%	5	0.03%	0	0.00%
San Jose, CA	3,537	513	14.50%	442	12.50%	65	1.84%	6	0.17%	0	0.00%
San Juan, PR	12,129	3,996	32.95%	3,711	30.60%	279	2.30%	6	0.05%	0	0.00%
Santa Ana, CA	7,258	1,027	14.15%	821	11.31%	194	2.67%	12	0.17%	0	0.00%
Seattle, WA	8,343	1,117	13.39%	957	11.47%	141	1.69%	19	0.23%	0	0.00%
Secaucus, NJ	5,589	1,582	28.31%	1,449	25.93%	128	2.29%	5	0.09%	0	0.00%
Tampa, FL	11,686	3,387	28.98%	2,902	24.83%	465	3.98%	19	0.16%	1	0.01%
Washington, DC	35,249	11,272	31.98%	10,123	28.72%	1,071	3.04%	77	0.22%	1	0.00%
West Palm Beach, FL	8,333	3,260	39.12%	2,990	35.88%	253	3.04%	16	0.19%	1	0.01%
TOTAL	704,606	185,960		161,287		23,440		1,178		55	

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1819 Ryan White Part B
Procurement Report
April 1, 2018 - March 31, 2019



Reflects spending through August 2018

Spending Target: 41%

Revised 10/9/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	\$2,085,565	62%	\$0	\$2,085,565	62%	4/1/2018	\$762,321	37%
7	Health Insurance Premiums and Cost Sharing (1)	\$726,885	22%	\$0	\$726,885	22%	4/1/2018	\$0	0%
9	Home and Community Based Health Services (2)	\$202,315	6%	\$0	\$202,315	6%	4/1/2018	\$46,880	23%
	Unallocated (will be approved by RWPC)	\$325,806	10%	\$0	\$325,806	10%	4/1/2018	\$0	0%
Total Houston HSDA		3,340,571	100%	\$0	\$3,340,571	100%		809,201	24%

Note: Spending variances of 10% will be addressed:

1 HIP - Funded by Part A, B and State Services. Provider focused on State Services which closed in August will resume RWB billing.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1718 DSHS State Services
Procurement Report
September 1, 2017- August 31, 2018



Chart reflects spending through August 2018

Spending Target: 100%

Revised 10/9/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services (1)	\$300,000	16%	-\$71,060	\$228,940	13%	9/1/2017	\$157,112	69%
7	Health Insurance Premiums and Cost Sharing (2)	\$937,694	50%		\$937,694	52%	9/1/2017	\$962,817	103%
9	Hospice (3)	\$414,832	22%		\$414,832	23%	9/1/2017	\$326,040	79%
11	EIS - Incarcerated (4)	\$166,211	9%	\$0	\$166,211	9%	9/1/2017	\$166,211	100%
16	Linguistic Services (5)	\$48,000	3%		\$48,000	3%	9/1/2017	\$38,650	81%
Total Houston HSDA		1,866,737	100%	-\$71,060	\$1,795,677	100%		1,650,830	92%

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2017-08/31/18

Revised: 10/8/2018

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1713	\$163,854.21	616			0
Medical Deductible	216	\$73,827.27	146			0
Medical Premium	6741	\$2,666,498.73	897			0
Pharmacy Co-Payment	5551	\$761,961.15	1421			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	7	\$2,930.12	14	NA	NA	NA
Totals:	14228	\$3,663,211.24	3094	0	\$0.00	

Comments: This report represents services provided under all grants.

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2017-07/31/18

Revised: 9/10/2018

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1614	\$154,579.84	599			0
Medical Deductible	199	\$71,394.62	140			0
Medical Premium	6237	\$2,448,389.45	881			0
Pharmacy Co-Payment	5404	\$744,137.90	1409			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	7	\$2,930.12	14	NA	NA	NA
Totals:	13461	\$3,415,571.69	3043	0	\$0.00	

Comments: This report represents services provided under all grants.

Ryan White Reallocations as of 10-25-18: Ryan White Part A and MAI* Funding

A - Part A Funds Available for Reallocation: \$399,996			M - MAI* Funds Available for Reallocation: \$172,541		
Control Number	Service Category	Amount Requested	Recommended Reallocations Part A	Recommended Reallocations MAI	Justification
1	Primary Care - CBO, Targeted	\$399,996	LPAP \$49,993 PCare \$61,500	\$86,271	FY18 LPAP allocation was reduced to accommodate Emergency Financial Assistance. Reduce wait time
2	Vision	\$25,000	\$25,000	\$0	Increase in new clients. Spending as expected.
3	Primary Care - CBO, Targeted	\$200,000	LPAP \$19,370 Psych \$32,630 PCare \$61,501	\$86,270	FY18 LPAP allocation was reduced to accommodate Emergency Financial Assistance. Across the board, increase in need for mental health services in general population. Reduce wait time
4	Primary Care - Public Clinic	\$510,000	\$150,000	\$0	FY18 LPAP allocation was reduced to accommodate Emergency Financial Assistance.
	TOTALS	\$1,134,996	\$399,994	\$172,541	

FY 2018 RW PART A REQUESTS FOR ALLOCATION INCREASE (October 2018)

REVISED: 10/17/2018

Request Control Number	FY 18 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2017 Final Contract Amount	Expended 2017	Percent Expended	FY 2018 Contract Amount	FY 2018 Expended YTD	FY 2018 Percent YTD	FY 2018 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:
1	1.b-1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	\$399,996		\$3,055,258	\$3,054,435	100%	\$2,720,493	\$1,365,053	50%	50%	Yes	
2	1.h	Primary Medical Care	Vision	\$25,000		\$201,000	\$201,000	100%	\$201,000	\$117,400	58%	50%	Yes	
3	1.b-1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	\$200,000		\$1,814,403	\$1,814,218	100%	\$2,016,282	\$1,017,977	50%	50%	Yes	
4	1a	Primary Medical Care	Primary Care-Public Clinic	\$510,000		\$7,371,126	\$6,782,069	92%	\$7,263,146	\$2,999,400	41%	50%	Yes	
				\$1,134,996	\$0	\$12,441,787	\$11,851,722		\$12,200,921	\$5,499,830				
Confirmed Funds Avail. for Reallocation				\$399,996	Part A									
Source of Funds Available for Reallocation:					Explanation:									
				\$399,996										

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Primary Care/MCM/SLW/Outreach/LPAP			Control No.	1	
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April:	August:	Oct: X	Final Qtr:		
E.	Amount of additional funding Requested:	\$399,996.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Medical Case Management	6,162.52	\$25.00	2,000.00	\$50,000.00		
	2. Outreach	2,545.45	\$55.00	1,363.64	\$75,000.20		
	3. Primary Health Care Visits	1,867.00	\$275.00	818.19	\$225,002.25		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$773,576.00		\$49,993.55	\$49,993.55		
	9. Total additional funding (must match E. above):	\$399,996.00					
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	3068	46%	21%	33%	83%	17%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	2838	45%	20%	35%	83%	17%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking the services referenced in this <i>Request for Service Category Increase Form</i> . The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking the services referenced in this <i>Request for Service Category Increase Form</i> . The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Medical Case Management				Through September 2018, there are 3,462.57 'no pay' units.
	2. Outreach				Through September 2018, there are 2,058.88 'no pay' units.
	3. Primary Health Care				Through September 2018, there are 372 'no pay' INFEC/PHEXT units.
	4. LPAP Disbursements				Through September 2018, there is \$192,190.85 in 'no pay' disbursements.
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency] [Grant]: RW1 [Service]: ALL [Service Performer]: 0

Services performed between 3/1/17 and 2/28/18

[Age Group]: (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: [Sub Cats 1]: all [Contract 2]: [Sub Cats 2]: All

[Contract 3]: [Sub Cats 3]: All

[Contract 4]: [Sub Cats 4]: All [Contract 5]: [Sub Cats 5]: All

[MAI]: Non-MAI [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	7	0	7	3	0	3	10	0	10
	20-24	102	2	100	24	0	24	126	2	124
	25-34	424	10	414	73	4	69	497	14	483
	35-44	259	8	251	123	4	119	382	12	370
	45-54	260	6	254	154	3	151	414	9	405
	55-64	149	1	148	67	3	64	216	4	212
	65+	18	0	18	17	0	17	35	0	35
	SubTotals:	1,219	27	1,192	461	14	447	1,680	41	1,639
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	4	0	4	0	0	0	4	0	4
	25-34	15	0	15	1	0	1	16	0	16
	35-44	13	0	13	2	0	2	15	0	15
	45-54	15	0	15	1	0	1	16	0	16
	55-64	3	0	3	1	0	1	4	0	4
	65+	2	0	2	0	0	0	2	0	2
	SubTotals:	52	0	52	5	0	5	57	0	57
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	4	1	3	0	0	0	4	1	3
	25-34	10	3	7	0	0	0	10	3	7
	35-44	7	2	5	1	0	1	8	2	6
	45-54	4	2	2	0	0	0	4	2	2
	55-64	1	0	1	0	0	0	1	0	1
	65+	1	0	1	0	0	0	1	0	1
	SubTotals:	27	8	19	1	0	1	28	8	20
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	3	0	3	0	0	0	3	0	3
	25-34	2	1	1	0	0	0	2	1	1
	35-44	2	1	1	2	1	1	4	2	2
	45-54	4	1	3	0	0	0	4	1	3
	55-64	2	1	1	1	1	0	3	2	1
	65+	1	1	0	0	0	0	1	1	0
	SubTotals:	14	5	9	3	2	1	17	7	10
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	1	0	1	1	0	1	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	0	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0	0
	SubTotals:	1	0	1	1	0	1	2	0	2	
WHITE	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	6	6	0	2	2	0	8	8	0	
	20-24	69	48	21	4	3	1	73	51	22	
	25-34	453	305	148	29	17	12	482	322	160	
	35-44	384	248	136	50	41	9	434	289	145	
	45-54	463	246	217	41	27	14	504	273	231	
	55-64	229	75	154	27	16	11	256	91	165	
	65+	52	19	33	10	3	7	62	22	40	
SubTotals:	1,656	947	709	163	109	54	1,819	1,056	763		
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	13	6	7	5	2	3	18	8	10	
	20-24	182	51	131	28	3	25	210	54	156	
	25-34	904	319	585	103	21	82	1,007	340	667	
	35-44	665	259	406	179	46	133	844	305	539	
	45-54	747	255	492	196	30	166	943	285	658	
	55-64	384	77	307	96	20	76	480	97	383	
	65+	74	20	54	27	3	24	101	23	78	
SubTotals:	2,969	987	1,982	634	125	509	3,603	1,112	2,491		

Clients Served This Period

Unduplicated clients:	3603
Client visits: ³	26369
Spanish speaking (primary language at home) clients served:	474
Deaf/hard of hearing clients served:	63
Blind/sight impaired clients served:	101
Homeless clients served:	716
Transgender M to F clients served:	50
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	3379
Clients served this period who live outside Harris County:	224
Active substance abuse clients served:	25
Active psychiatric illness clients served:	145

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	32
Hemophilia Coagulation	6
Transfusion	23
Heterosexual Contact	796
MSM (not IDU)	1606
IV Drug Use (not MSM)	83
MSM/IDU	10
Multiple Exposure Categories	97
Other risk	1016
Multi-Race Breakdown	
ASN,HWN	1
ASN,WHT	3
BLK,NTV	2
BLK,NTV,WHT	2
BLK,WHT	16
HWN,WHT	1
NTV,HWN,WHT	1
NTV,WHT	2

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA SERVICE UTILIZATION REPORT

[Agency]: Grant: RW1 [Service]: ALL [Service Performer]: 0
 services performed between 3/1/18 and 9/30/18
 [Age Group]: (expanded) [Include/Exclude SubCat1]: ALL
 [Contract 1]: [Contract 2]: All
 [Contract 3]: [Contract 4]: All [Contract 5]: All
 [MAI]: Non-MAI [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	6	0	6	1	0	1	7	0	7	
	20-24	72	1	71	14	0	14	86	1	85	
	25-34	310	6	304	55	4	51	365	10	355	
	35-44	185	7	178	106	4	102	291	11	280	
	45-54	199	5	194	98	3	95	297	8	289	
	55-64	111	1	110	57	1	56	168	2	166	
	65+	12	0	12	10	0	10	22	0	22	
	SubTotals:	895	20	875	341	12	329	1,236	32	1,204	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	2	0	2	0	0	0	2	0	2	
	25-34	13	0	13	1	0	1	14	0	14	
	35-44	5	0	5	2	0	2	7	0	7	
	45-54	12	0	12	2	0	2	14	0	14	
	55-64	2	0	2	1	0	1	3	0	3	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	34	0	34	6	0	6	40	0	40	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	2	1	1	0	0	0	2	1	1	
	25-34	14	3	11	0	0	0	14	3	11	
	35-44	5	2	3	0	0	0	5	2	3	
	45-54	3	2	1	0	0	0	3	2	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	24	8	16	0	0	0	24	8	16	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	3	1	2	1	0	1	4	1	3	
	35-44	2	1	1	0	0	0	2	1	1	
	45-54	4	1	3	0	0	0	4	1	3	
	55-64	3	1	2	1	1	0	4	2	2	
	65+	1	1	0	0	0	0	1	1	0	
	SubTotals:	14	5	9	2	1	1	16	6	10	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

		BIRTH GENDER								
RACE	AGE ²	MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:		1	0	1	0	0	0	1	0
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	11	9	2	1	1	0	12	10	2
	20-24	50	37	13	3	2	1	53	39	14
	25-34	362	243	119	21	17	4	383	260	123
	35-44	297	200	97	37	29	8	334	229	105
	45-54	366	202	164	42	27	15	408	229	179
	55-64	178	69	109	27	18	9	205	87	118
	65+	39	10	29	2	2	0	41	12	29
	SubTotals:		1,303	770	533	133	96	37	1,436	866
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	17	9	8	2	1	1	19	10	9
	20-24	127	39	88	17	2	15	144	41	103
	25-34	702	253	449	78	21	57	780	274	506
	35-44	494	210	284	145	33	112	639	243	396
	45-54	585	210	375	142	30	112	727	240	487
	55-64	294	71	223	86	20	66	380	91	289
	65+	52	11	41	12	2	10	64	13	51
	SubTotals:		2,271	803	1,468	482	109	373	2,753	912

Clients Served This Period

Unduplicated clients:	2753
Client visits: ³	11159
Spanish speaking (primary language at home) clients served:	390
Deaf/hard of hearing clients served:	47
Blind/sight impaired clients served:	62
Homeless clients served:	559
Transgender M to F clients served:	46
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	2588
Clients served this period who live outside Harris County:	165
Active substance abuse clients served:	16
Active psychiatric illness clients served:	80

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	18
Hemophilia Coagulation	2
Transfusion	10
Heterosexual Contact	614
MSM (not IDU)	1281
IV Drug Use (not MSM)	48
MSM/IDU	9
Multiple Exposure Categories	69
Other risk	747
Multi-Race Breakdown	
ASN,WHT	4
BLK,NTV	2
BLK,NTV,WHT	3
BLK,WHT	12
NTV,HWN,WHT	1
NTV,WHT	2

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	VISION				Control No.	2
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	MAI: <input type="checkbox"/>				
	Request Period (check one):	April: <input type="checkbox"/>	August: <input type="checkbox"/>	Oct: <input checked="" type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$25,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Vision Services	2010	\$100.00	250	\$25,000.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):					\$25,000.00	
G.	Number of new/additional clients to be served with requested increase.	150					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	1305	56% raw# 728	10% raw# 134	32% raw# 416	73% raw# 955	27% raw# 350
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	816	58% raw# 475	11% raw# 92	29% raw# 235	71% raw# 583	29% raw# 233

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	3-4 weeks	1-2 weeks	We would like to be able to provide new patients services within 1 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily be expanded to a 4-5 week appointment time without increased funding. Currently we have \$30,000 in no pay for services we are unable to bill for.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	2-3 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updatd 2/12/18				

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA SERVICE UTILIZATION REPORT

[Agency ant]: RW1 [Service]: PCARE [Service Performer]: 0
Services performed between 3/1/17 and 2/28/18 ¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: ALL [Sub Cats 1]: VOMA,VOPHT,VOPTO [Contract 2]: n/a [Sub Cats 2]: All
[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	4	1	3	0	0	0	4	1	3	
	20-24	39	3	36	8	0	8	47	3	44	
	25-34	186	2	184	36	0	36	222	2	220	
	35-44	111	2	109	74	1	73	185	3	182	
	45-54	97	5	92	78	1	77	175	6	169	
	55-64	62	2	60	39	1	38	101	3	98	
	65+	6	0	6	6	0	6	12	0	12	
	SubTotals:	505	15	490	241	3	238	746	18	728	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	3	0	3	3	0	3	6	0	6	
	35-44	2	0	2	0	0	0	2	0	2	
	45-54	8	1	7	1	0	1	9	1	8	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	15	1	14	4	0	4	19	1	18	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	3	1	2	1	0	1	4	1	3	
	35-44	2	1	1	0	0	0	2	1	1	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	1	1	0	0	0	0	1	1	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	7	3	4	1	0	1	8	3	5	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	1	0	1	0	0	0	1	0	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	1	0	1	0	1	2	1	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	1	1	1	0	1	3	1	2	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0
	55-64	2	1	1	1	0	1	3	1	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	1	1	1	0	1	3	1	2
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	4	3	1	0	0	0	4	3	1
	20-24	29	29	0	3	1	2	32	30	2
	25-34	137	108	29	17	11	6	154	119	35
	35-44	110	92	18	39	32	7	149	124	25
	45-54	102	72	30	24	15	9	126	87	39
	55-64	36	16	20	18	9	9	54	25	29
	65+	6	4	2	1	0	1	7	4	3
	SubTotals:	424	324	100	102	68	34	526	392	134
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	8	4	4	0	0	0	8	4	4
	20-24	68	32	36	11	1	10	79	33	46
	25-34	330	111	219	57	11	46	387	122	265
	35-44	225	95	130	113	33	80	338	128	210
	45-54	209	79	130	104	16	88	313	95	218
	55-64	103	20	83	58	10	48	161	30	131
	65+	12	4	8	7	0	7	19	4	15
	SubTotals:	955	345	610	350	71	279	1,305	416	889

Clients Served This Period

Unduplicated clients:	1305
Client visits: ³	2013
Spanish speaking (primary language at home) clients served:	259
Deaf/hard of hearing clients served:	4
Blind/sight impaired clients served:	4
Homeless clients served:	184
Transgender M to F clients served:	16
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1135
Clients served this period who live outside Harris County:	170
Active substance abuse clients served:	20
Active psychiatric illness clients served:	77

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	9
Hemophilia Coagulation	0
Transfusion	13
Heterosexual Contact	506
MSM (not IDU)	589
IV Drug Use (not MSM)	10
MSM/IDU	1
Multiple Exposure Categories	36
Other risk	196
Multi-Race Breakdown	
BLK,NTV	1
BLK,WHT	6
NTV,WHT	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency] ant: All [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/18 and 9/30/18¹
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1] II [Contract 2]: n/a [Sub Cats 2]: All
 [Contract 3]: n/a [Sub Cats 3]: All
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	2	0	2	0	0	0	2	0	2	
	20-24	24	1	23	2	0	2	26	1	25	
	25-34	124	3	121	32	1	31	156	4	152	
	35-44	64	2	62	49	1	48	113	3	110	
	45-54	62	1	61	51	1	50	113	2	111	
	55-64	44	0	44	25	0	25	69	0	69	
	65+	2	0	2	4	0	4	6	0	6	
	SubTotals:	322	7	315	163	3	160	485	10	475	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	5	1	4	0	0	0	5	1	4	
	55-64	2	0	2	1	0	1	3	0	3	
	65+	1	0	1	0	0	0	1	0	1	
	SubTotals:	8	1	7	1	0	1	9	1	8	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	2	1	1	1	0	1	3	1	2	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	0	0	0	1	0	1	1	0	1	
	55-64	1	1	0	0	0	0	1	1	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	3	2	1	2	0	2	5	2	3	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	1	0	1	1	0	1	
	35-44	1	1	0	0	0	0	1	1	0	
	45-54	1	1	0	0	0	0	1	1	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	2	0	1	0	1	3	2	1	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER								
		MALE		FEMALE		BOTH GENDERS				
		Hispanic	Non-Hisp	Hispanic	Non-Hisp	Hispanic	Non-Hisp			
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0
	55-64	2	1	1	1	0	1	3	1	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	1	1	1	0	1	3	1	2
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	15	13	2	1	0	1	16	13	3
	25-34	70	57	13	13	11	2	83	68	15
	35-44	64	50	14	23	15	8	87	65	22
	45-54	65	38	27	18	13	5	83	51	32
	55-64	27	13	14	10	5	5	37	18	19
	65+	5	4	1	0	0	0	5	4	1
SubTotals:	246	175	71	65	44	21	311	219	92	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	0	2	0	0	0	2	0	2
	20-24	39	14	25	3	0	3	42	14	28
	25-34	196	61	135	47	12	35	243	73	170
	35-44	129	53	76	72	16	56	201	69	132
	45-54	133	41	92	70	14	56	203	55	148
	55-64	76	15	61	37	5	32	113	20	93
	65+	8	4	4	4	0	4	12	4	8
SubTotals:	583	188	395	233	47	186	816	235	581	

Clients Served This Period

Unduplicated clients:	816
Client visits: ³	1175
Spanish speaking (primary language at home) clients served:	141
Deaf/hard of hearing clients served:	2
Blind/sight impaired clients served:	0
Homeless clients served:	114
Transgender M to F clients served:	13
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	715
Clients served this period who live outside Harris County:	101
Active substance abuse clients served:	10
Active psychiatric illness clients served:	33

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	8
Hemophilia Coagulation	0
Transfusion	10
Heterosexual Contact	330
MSM (not IDU)	355
IV Drug Use (not MSM)	11
MSM/IDU	1
Multiple Exposure Categories	22
Other risk	117
Multi-Race Breakdown	
BLK,NTV	2
BLK,WHT	3

FOOTNOTES¹ Visit = time spent per client per agency per service per day² Age as of 9/30/18³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)							
B.	Contract Number (not provided to RWPC)							
C.	Service Category Title (per RFP):				ADULT COMPREHENSIVE PRIMARY CARE TARGETING URBAN	Control No.	3	
D.	Request for Increase under (check one):		Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):		April: <input type="checkbox"/>	August: <input type="checkbox"/>	Oct: <input checked="" type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:		\$200,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)		a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. MD/Phys Extenders		2672	\$275.00	400	\$110,000.00		
	2. PSYCH		1269	\$130.00	251	\$32,630.00		
	3. MCM		11563.40	\$25.00	1520	\$38,000.00		
	4.					\$0.00		
	5.					\$0.00		
	6.					\$0.00		
	7.					\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		\$22,631.00	N/A	\$19,370.00	\$19,370.00		
	9. Total additional funding (must match E. above):				\$200,000.00			
G.	Number of new/additional clients to be served with requested increase.		150					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.		a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"		2272	64% raw# 1458	9% raw# 202	25% raw# 562	74% raw# 1676	26% raw# 596
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18		1877	64% raw# 1199	8% raw# 148	26% raw# 488	73% raw# 1377	27% raw# 500

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	3 to 4	1	The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing an average of 20-25 new patients each month. New patient appt timeframes is currently 3-4 weeks, but with the steady increase of new patients the timeframe could reach 4+ weeks without the increase in funding. Currently we have \$176,909.00 in no pay status.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	2 to 3	1	We would be able to see existing patients within same week (7days) with funding increase.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we are continuing to schedule all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency: RW1 [Service]: ALL [Service Performer]: 0

Services performed between 3/1/17 and 2/28/18¹

[Age Group]: AgeGroup1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: All [Contract 2]: All [Contract 3]: All [Contract 4]: All [Contract 5]: All

[MAI]: Non-MAI [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No²

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	8	1	7	1	0	1	9	1	8	
	20-24	86	3	83	21	0	21	107	3	104	
	25-34	417	6	411	91	4	87	508	10	498	
	35-44	224	6	218	154	3	151	378	9	369	
	45-54	183	6	177	132	0	132	315	6	309	
	55-64	90	1	89	60	1	59	150	2	148	
	65+	10	0	10	10	0	10	20	0	20	
	SubTotals:	1,018	23	995	469	8	461	1,487	31	1,456	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	3	0	3	0	0	0	3	0	3	
	25-34	5	0	5	2	0	2	7	0	7	
	35-44	2	0	2	1	0	1	3	0	3	
	45-54	9	1	8	1	0	1	10	1	9	
	55-64	2	0	2	1	0	1	3	0	3	
	65+	1	0	1	0	0	0	1	0	1	
	SubTotals:	22	1	21	5	0	5	27	1	26	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	7	2	5	1	0	1	8	2	6	
	35-44	3	1	2	1	0	1	4	1	3	
	45-54	3	0	3	2	1	1	5	1	4	
	55-64	2	1	1	0	0	0	2	1	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	16	4	12	4	1	3	20	5	15	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	3	0	3	1	0	1	4	0	4	
	35-44	1	0	1	1	0	1	2	0	2	
	45-54	2	2	0	1	0	1	3	2	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	6	2	4	3	0	3	9	2	7	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0
	55-64	2	1	1	1	0	1	3	1	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	3	1	2	1	0	1	4	1	3
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	4	3	1	0	0	0	4	3	1
	20-24	40	34	6	2	1	1	42	35	7
	25-34	217	168	49	22	15	7	239	183	56
	35-44	144	115	29	40	26	14	184	141	43
	45-54	129	91	38	30	21	9	159	112	47
	55-64	59	24	35	18	10	8	77	34	43
	65+	17	13	4	2	1	1	19	14	5
	SubTotals:	610	448	162	114	74	40	724	522	202
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	12	4	8	1	0	1	13	4	9
	20-24	130	37	93	23	1	22	153	38	115
	25-34	650	176	474	117	19	98	767	195	572
	35-44	374	122	252	197	29	168	571	151	420
	45-54	326	100	226	166	22	144	492	122	370
	55-64	155	27	128	80	11	69	235	38	197
	65+	28	13	15	12	1	11	40	14	26
	SubTotals:	1,675	479	1,196	596	83	513	2,271	562	1,709

Clients Served This Period

Unduplicated clients:	2271
Client visits: ³	12396
Spanish speaking (primary language at home) clients served:	328
Deaf/hard of hearing clients served:	8
Blind/sight impaired clients served:	9
Homeless clients served:	299
Transgender M to F clients served:	34
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	2205
Clients served this period who live outside Harris County:	66
Active substance abuse clients served:	31
Active psychiatric illness clients served:	115

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	18
Hemophilia Coagulation	1
Transfusion	17
Heterosexual Contact	850
MSM (not IDU)	1054
IV Drug Use (not MSM)	16
MSM/IDU	2
Multiple Exposure Categories	54
Other risk	331
Multi-Race Breakdown	
ASN,WHT	1
BLK,ASN	2
BLK,NTV	5
BLK,WHT	9
NTV,WHT	3

FOOTNOTES¹ Visit = time spent per client per agency per service per day² Age as of 2/28/18³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency: All [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/18 and 9/30/18
 [Age Group]: Age Group (unselected) [Include/Exclude]: ALL [Contract 1]: All [Contract 2]: All
 [Contract 3]: All [Contract 4]: 5] [Contract 5]: All
 [MAT]: ALL [ShowDetail]: False [Registration Type]: ALL [NewOnsetsOnly]: No

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	4	2	2	1	0	1	5	2	3	
	20-24	73	2	71	14	0	14	87	2	85	
	25-34	339	7	332	86	2	84	425	9	416	
	35-44	192	4	188	125	1	124	317	5	312	
	45-54	138	6	132	96	1	95	234	7	227	
	55-64	84	1	83	60	1	59	144	2	142	
	65+	7	0	7	7	0	7	14	0	14	
	SubTotals:	837	22	815	389	5	384	1,226	27	1,199	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	8	0	8	1	0	1	9	0	9	
	35-44	1	0	1	1	0	1	2	0	2	
	45-54	7	1	6	1	0	1	8	1	7	
	55-64	1	0	1	1	0	1	2	0	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	18	1	17	4	0	4	22	1	21	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	8	3	5	2	0	2	10	3	7	
	35-44	0	0	0	1	0	1	1	0	1	
	45-54	1	0	1	3	1	2	4	1	3	
	55-64	1	1	0	0	0	0	1	1	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	11	4	7	6	1	5	17	5	12	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	1	0	1	2	0	2	3	0	3	
	35-44	1	0	1	0	0	0	1	0	1	
	45-54	0	0	0	1	0	1	1	0	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	0	2	3	0	3	5	0	5	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

		BIRTH GENDER								
RACE	AGE ²	MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0	1
	55-64	2	1	1	1	0	1	3	1	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	4	1	3	1	0	1	5	1	4
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	3	1	2	0	0	0	3	1	2
	20-24	33	30	3	2	0	2	35	30	5
	25-34	171	140	31	20	17	3	191	157	34
	35-44	126	106	20	33	23	10	159	129	30
	45-54	108	71	37	30	19	11	138	90	48
	55-64	48	27	21	9	6	3	57	33	24
	65+	16	13	3	3	1	2	19	14	5
	SubTotals:	505	388	117	97	66	31	602	454	148
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	7	3	4	1	0	1	8	3	5
	20-24	108	32	76	16	0	16	124	32	92
	25-34	528	150	378	111	19	92	639	169	470
	35-44	320	110	210	160	24	136	480	134	346
	45-54	255	78	177	131	21	110	386	99	287
	55-64	136	30	106	71	7	64	207	37	170
	65+	23	13	10	10	1	9	33	14	19
	SubTotals:	1,377	416	961	500	72	428	1,877	488	1,389

Clients Served This Period

Unduplicated clients:	1877
Client visits: ³	7586
Spanish speaking (primary language at home) clients served:	296
Deaf/hard of hearing clients served:	8
Blind/sight impaired clients served:	6
Homeless clients served:	243
Transgender M to F clients served:	33
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1849
Clients served this period who live outside Harris County:	28
Active substance abuse clients served:	27
Active psychiatric illness clients served:	78

Methods of Exposure (not mutually exclusive)

Perinatal/Transmission	11
Hemophilia Coagulation	1
Transfusion	12
Heterosexual Contact	720
MSM (not IDU)	883
IV Drug Use (not MSM)	18
MSM/IDU	2
Multiple Exposure Categories	43
Other risk	244
Multi-Race Breakdown	
ASN,WHT	1
BLK,ASN	2
BLK,NTV	6
BLK,WHT	6
NTV,WHT	2

FOOTNOTES

- ¹ Visit = time spent per client per agency per service per day
- ² Age as of 9/30/18
- ³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

Request for Service Category Increase
Ryan White Part A and MAI

A. Name of Agency (not provided to RWPC)						
B. Contract Number (not provided to RWPC)						
C. Service Category Title (per RFP)			Primary Medical Care		Control No. 4	
D. Request for Increase under (check one):		Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>		
Request Period (check one):		April: <input type="checkbox"/>	August: <input type="checkbox"/>	Oct: <input checked="" type="checkbox"/>	Final Qtr: <input type="checkbox"/>	
E. Amount of additional funding Requested:						
F. Unit of Service: (list only those units and disbursements where an increase is requested)		a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)	
1. Primary Health Care Visit		9,600	\$350.00	600	\$210,000.00	
3.						
4.					\$0.00	
5.						
6.						
7.						
8. Disbursements (list current amount in column a. and requested amount in column c.) LPAP		\$366,225.00	N/A	\$300,000.00	\$300,000.00	
9. Total additional funding (must match E. above):					\$510,000.00	
G. Number of new/additional clients to be served with requested increase.		200				
H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.		a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male f. Percent Female
1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"		4,959	56.05%	10.94%	carin	68.25% 31.74%
2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18		4009 *	55.25%	9.88%	32.95%	66.67% 33.32%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	2 weeks	2 weeks	Clients with severe health needs will be triaged and seen as needed.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1 month	1 month	Clients with severe health needs will be triaged and seen as needed.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0		
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Ryan White Part C	HRSA	12/31/18	\$830,629	These funds do not pay for medications
	2. Ryan White Part D	HRSA	7/31/19	\$371,851	These funds do not pay for medications
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency] nt]: RW1 [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/17 and 2/28/18¹
 [Age Group]: Age Group 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100
 [Contract 1]: [Contract 2]: All
 [Contract 3]: All
 [Contract 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: Non-MAI [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	12	1	11	4	0	4	16	1	15
	20-24	81	4	77	23	0	23	104	4	100
	25-34	319	2	317	147	2	145	466	4	462
	35-44	339	4	335	287	4	283	626	8	618
	45-54	479	4	475	314	3	311	793	7	786
	55-64	430	6	424	212	3	209	642	9	633
	65+	85	0	85	48	0	48	133	0	133
	SubTotals:	1,745	21	1,724	1,035	12	1,023	2,780	33	2,747
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	2	0	2	0	0	0	2	0	2
	25-34	10	0	10	1	0	1	11	0	11
	35-44	15	0	15	3	0	3	18	0	18
	45-54	12	0	12	2	0	2	14	0	14
	55-64	4	0	4	1	0	1	5	0	5
	65+	2	0	2	2	0	2	4	0	4
	SubTotals:	45	0	45	9	0	9	54	0	54
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1
	20-24	3	1	2	0	0	0	3	1	2
	25-34	5	1	4	1	0	1	6	1	5
	35-44	5	0	5	1	0	1	6	0	6
	45-54	3	0	3	4	0	4	7	0	7
	55-64	2	1	1	1	1	0	3	2	1
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	19	3	16	7	1	6	26	4	22
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	4	1	3	0	0	0	4	1	3
	35-44	1	1	0	0	0	0	1	1	0
	45-54	3	1	2	0	0	0	3	1	2
	55-64	4	3	1	1	1	0	5	4	1
	65+	0	0	0	3	1	2	3	1	2
	SubTotals:	13	6	7	4	2	2	17	8	9
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	5	4	1	1	0	1	6	4	2

		BIRTH GENDER								
RACE	AGE ²	MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	48	37	11	14	11	3	62	48	14
	25-34	318	247	71	76	62	14	394	309	85
	35-44	409	334	75	138	112	26	547	446	101
	45-54	430	302	128	149	105	44	579	407	172
	55-64	280	171	109	87	56	31	367	227	140
	65+	53	30	23	18	16	2	71	46	25
	SubTotals:	1,543	1,125	418	483	362	121	2,026	1,487	539
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	18	5	13	5	0	5	23	5	18
	20-24	135	42	93	37	11	26	172	53	119
	25-34	656	251	405	225	64	161	881	315	566
	35-44	769	339	430	429	116	313	1,198	455	743
	45-54	927	307	620	469	108	361	1,396	415	981
	55-64	720	181	539	302	61	241	1,022	242	780
	65+	140	30	110	71	17	54	211	47	164
	SubTotals:	3,365	1,155	2,210	1,538	377	1,161	4,903	1,532	3,371

Clients Served This Period

Unduplicated clients:	4903
Client visits: ³	28243
Spanish speaking (primary language at home) clients served:	967
Deaf/hard of hearing clients served:	21
Blind/sight impaired clients served:	47
Homeless clients served:	690
Transgender M to F clients served:	40
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	4732
Clients served this period who live outside Harris County:	171
Active substance abuse clients served:	60
Active psychiatric illness clients served:	154

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	50
Hemophilia Coagulation	5
Transfusion	33
Heterosexual Contact	2221
MSM (not IDU)	1155
IV Drug Use (not MSM)	82
MSM/IDU	11
Multiple Exposure Categories	340
Other risk	1497
<u>Multi-Race Breakdown</u>	
ASN,WHT	2
BLK,ASN	1
BLK,NTV	2
BLK,WHT	20
NTV,WHT	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: RW1 [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/18 and 9/30/18¹
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: all [Contract 2]: All
 [Contract 3]: All
 [Contract 4]: All [Contract 5]: All
 [Contract 6]: All
 [MAI]: Non-MAI [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	8	1	7	1	0	1	9	1	8
	20-24	46	1	45	14	0	14	60	1	59
	25-34	296	5	291	120	2	118	416	7	409
	35-44	270	4	266	241	4	237	511	8	503
	45-54	365	3	362	281	3	278	646	6	640
	55-64	372	3	369	203	2	201	575	5	570
	65+	71	0	71	52	0	52	123	0	123
	SubTotals:	1,428	17	1,411	912	11	901	2,340	28	2,312
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	4	0	4	3	0	3	7	0	7
	35-44	8	0	8	3	0	3	11	0	11
	45-54	17	0	17	5	0	5	22	0	22
	55-64	4	0	4	2	0	2	6	0	6
	65+	3	0	3	1	0	1	4	0	4
	SubTotals:	37	0	37	14	0	14	51	0	51
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	3	1	2	0	0	0	3	1	2
	25-34	1	0	1	2	0	2	3	0	3
	35-44	4	0	4	0	0	0	4	0	4
	45-54	3	0	3	6	0	6	9	0	9
	55-64	4	3	1	0	0	0	4	3	1
	65+	1	0	1	0	0	0	1	0	1
	SubTotals:	16	4	12	8	0	8	24	4	20
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	2	1	1	0	0	0	2	1	1
	35-44	2	2	0	0	0	0	2	2	0
	45-54	4	1	3	0	0	0	4	1	3
	55-64	4	3	1	0	0	0	4	3	1
	65+	0	0	0	2	0	2	2	0	2
	SubTotals:	13	7	6	2	0	2	15	7	8
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	5	4	1	0	0	0	5	4	1

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	30	27	3	10	6	4	40	33	7
	25-34	254	203	51	53	40	13	307	243	64
	35-44	345	297	48	123	101	22	468	398	70
	45-54	383	273	110	134	102	32	517	375	142
	55-64	257	173	84	84	56	28	341	229	112
	65+	46	22	24	23	20	3	69	42	27
	SubTotals:	1,320	999	321	427	325	102	1,747	1,324	423
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	13	5	8	1	0	1	14	5	9
	20-24	81	29	52	24	6	18	105	35	70
	25-34	557	209	348	178	42	136	735	251	484
	35-44	629	303	326	367	105	262	996	408	588
	45-54	772	277	495	426	105	321	1,198	382	816
	55-64	641	182	459	289	58	231	930	240	690
	65+	121	22	99	78	20	58	199	42	157
	SubTotals:	2,814	1,027	1,787	1,363	336	1,027	4,177	1,363	2,814

Clients Served This Period

Unduplicated clients:	4177
Client visits: ³	16310
Spanish speaking (primary language at home) clients served:	898
Deaf/hard of hearing clients served:	18
Blind/sight impaired clients served:	27
Homeless clients served:	591
Transgender M to F clients served:	38
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	4048
Clients served this period who live outside Harris County:	129
Active substance abuse clients served:	43
Active psychiatric illness clients served:	93

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	34
Hemophilia Coagulation	3
Transfusion	21
Heterosexual Contact	1893
MSM (not IDU)	996
IV Drug Use (not MSM)	55
MSM/IDU	8
Multiple Exposure Categories	275
Other risk	1287
<u>Multi-Race Breakdown</u>	
ASN,WHT	2
BLK,ASN	1
BLK,NTV	5
BLK,WHT	16

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 9/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

FY 2018 RW PART MAI REQUESTS FOR ALLOCATION INCREASE (October 2018)

REVISED: 10/17/2018

Request Control Number	FY 18 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	Rank Order	FY 2017 Final Contract Amount	Expended 2017	Percent Expended	FY 2018 Contract Amount	FY 2018 Expended YTD	FY 2018 Percent YTD	FY 2018 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:
				\$0	\$0	\$0	\$0	\$0		\$0	\$0				
Confirmed Funds Avail. for Reallocation				\$172,541	MAI										
Source of Funds Available for Reallocation:				\$172,541	Explanation: Primary Care										

2018 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(Submitted October 2018)

Status of Committee Goals and Responsibilities (* means mandated by HRSA):

1. Conduct training to familiarize committee members with decision-making tools.
Status: *Done*
2. Review the final quarter allocations made by the administrative agents.
Status: *Done*
3. *Improve the processes for and strengthen accountability in the FY 2019 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
Status: *ONGOING*
4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
Status: *Done*
5. *Determine the FY 2019 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
Status: *Done*
6. *Review the FY 2018 priorities as needed. *Done*
Status: *Done*
7. *Review the FY 2018 allocations as needed. *Done*
Status: *Done*
8. Evaluate the processes used. *Done*
Status: *Done*
9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.
Status: *Done*

Status of Tasks on the Timeline:


Committee Chairperson

10-25-18
Date

Operations Committee Report

PUBLIC COMMENT

as of 09-24-18

Dear Operations Committee:

Sorry I am unable to attend today due to illness.

I kindly ask that this comment be included in your Tuesday, September 25th meeting. It has been requested that at future council meetings "Legislative Updates" be removed from task force reports. I completely concur it could be construed as lobbying. I am sorry I may have contributed to that appearance, which I also attempt to avoid even the perceived appearance of doing so at council meetings. Please accept my apology.

This subject brought to mind a suggestion for consideration of better time management at council meetings. In order to maintain quorum, member attendance, as well, considering time constraints to the public who may desire to attend but are restricted by too many lengthy meetings. After 10 years of reviewing council agendas, it has been my observation that task force reports have at least doubled since 2008 when I began as an external member. 2017 was a year I was not on council so I can only recall 9 years with much fewer verbal reports. My justification below should address how to be more effective for the public and members.

In an effort to remain focused on Ryan White funded services only, I suggest removing task force reports which are not originating from a Ryan White funded agency, and care-service related reports only. In previous years many groups, coalitions, task force information were left on the sign-in table, or under FYI documents. I too am involved in several coalitions and task forces which serve a need to our community but not in HRSA guidelines. I attempt at council meetings to keep my involvement in those groups away from council discussions. However, I often needed a reminder by Tori to keep my focus on RW services. I appreciate those reminders.

The verbal reports, while given a time limit, often do not observe the time, or have very little content addressing on needs assessment, barriers to care, standards of care, or "care related" matters. Many task forces sole purpose is social groups, trips to conferences, advocacy of public policy, presentations held at restaurants, party rooms, coffee house socials, the list goes on. They all are good outreach in our HIV community, however, they do not fall in line with the focus of the Ryan White funding mandate. L.E.A.P. is an excellent educational curriculum that addresses most of the opportunities in our community. The L.E.A.P. panels are usually comprised of speakers from the task forces and coalitions. My susuggest we utilized what little time the council has to address it's intended mission and work products

Sorry this is lengthy. I felt it merited time for consideration.

Ruth Atkinson

SLATE OF NOMINEES

As of Tuesday, October 16, 2018, the following people have been nominated as officers for the 2019 Ryan White Planning Council:

Chair:

Tana Pradia

Carol Suazo

Bruce Turner

Vice Chair:

Tana Pradia

Secretary:

Ronnie Galley

Carol Suazo

FYI



OCT 19 2018

Dear Ryan White HIV/AIDS Program Colleagues,

Several large studies have demonstrated that people living with HIV (PLWH) who have consistent viral suppression do not sexually transmit HIV. This letter outlines recommendations for Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau's (HAB) Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients as they incorporate messages on the impact viral suppression has on HIV transmission in service delivery settings.

According to recent data from the 2016 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the U.S. From 2010 to 2016, HIV viral suppression in the RWHAP has increased from 69.5 percent to 84.9 percent, and racial/ethnic, age-based, and regional disparities have decreased.¹ Scientific advances have shown that HIV medication (antiretroviral therapy) preserves the health of people living with HIV (PLWH) and prevents sexual HIV transmission. PLWH who take HIV medication daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their HIV medication.

HRSA strongly encourages RWHAP recipients, subrecipients, planning bodies, and providers to leverage their expertise and RWHAP infrastructure to incorporate viral suppression messages in service delivery settings where PLWH are engaged (e.g., outpatient ambulatory health services, medical and non-medical case management, health literacy, early intervention services, and treatment adherence discussions). To do this, providers should: 1) involve PLWH in the decision-making process of their HIV treatment and their sexual health; 2) develop a trusting relationship with their patients; 3) assess barriers to treatment adherence; and 4) support PLWH to achieve and maintain healthy outcomes.

HRSA encourages ongoing discussions about the impact of viral suppression for PLWH. Discussions with PLWH should be supported by all staff (e.g., case manager, social worker, medical provider, etc.), use consistent language, and include tailored messages regarding a person's viral suppression and sexual health practices, reinforcing prevention of other sexually transmitted infections.

Sharing messages about viral suppression with PLWH may have a profound impact on how they feel about themselves, their life choices, and reducing stigma and discrimination. By reducing HIV-stigma for providers, PLWH, and their family members, these discussions could have a positive impact on linkage to HIV care, retention in care, and HIV viral suppression.

HRSA continues to work with HIV prevention, care, and treatment partners across the U.S. to increase awareness about the importance of HIV treatment and to integrate viral suppression messaging into ongoing discussions with PLWH to reduce HIV transmission. We look forward to continued work with our RWHAP recipients, partners, and stakeholders to improve health outcomes for PLWH and to make continued advancements toward ending the HIV epidemic.

Sincerely,

/Laura W. Cheever/
Laura W. Cheever, M.D., Sc.M.
Associate Administrator
HIV/AIDS Bureau
Health Resources and Services Administration

¹ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016. <http://hab.hrsa.gov/data/data-reports>. Published December 2017. Accessed September 25, 2018.

HIV and the Opioid Epidemic: 5 Key Points

Lindsey Dawson, Jennifer Kates

Background

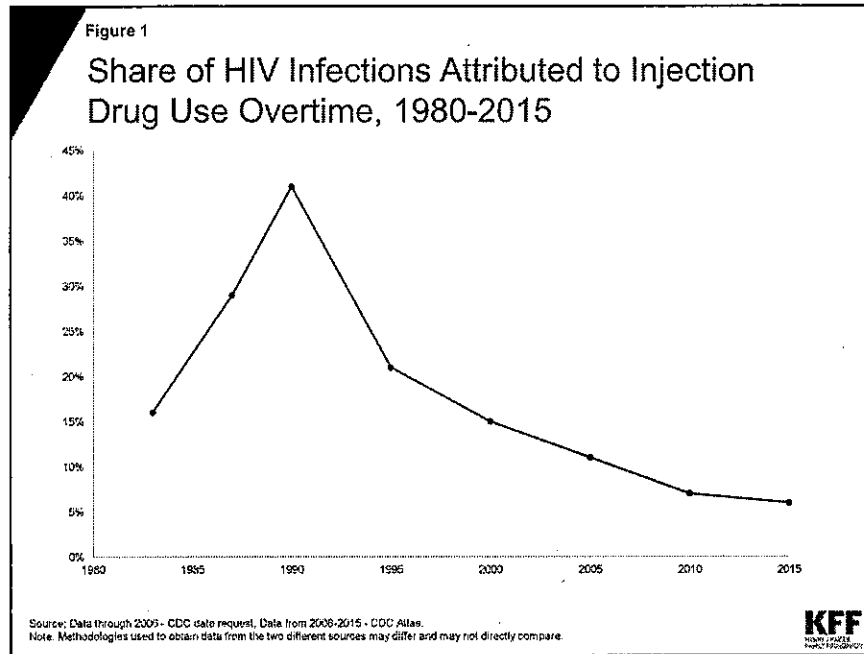
The opioid epidemic represents a significant and worsening public health crisis in the United States. In 2016, 2.1 million Americans were estimated to have an opioid use disorder and nearly 12 million to have misused opioids at some point during the preceding year.¹ Death rates from opioid overdoses doubled between 2012 and 2016, rising from 5.1 to 10.2 per 100,000, and in 2016, an estimated 115 people per day died of an opioid overdose.²

As the opioid epidemic has worsened, there has been growing concern about how injection drug-related opioid use might fuel transmission of infectious disease. Those misusing opioids commonly move from oral use to insufflation to injection use.³ In fact, an estimated 10-20% of people who abuse prescription opioids move on to inject either opioids or heroin.⁴ Injection drug use increases the risk of blood-borne infections including HIV, hepatitis, and bacterial endocarditis, which spread efficiently through needle sharing.

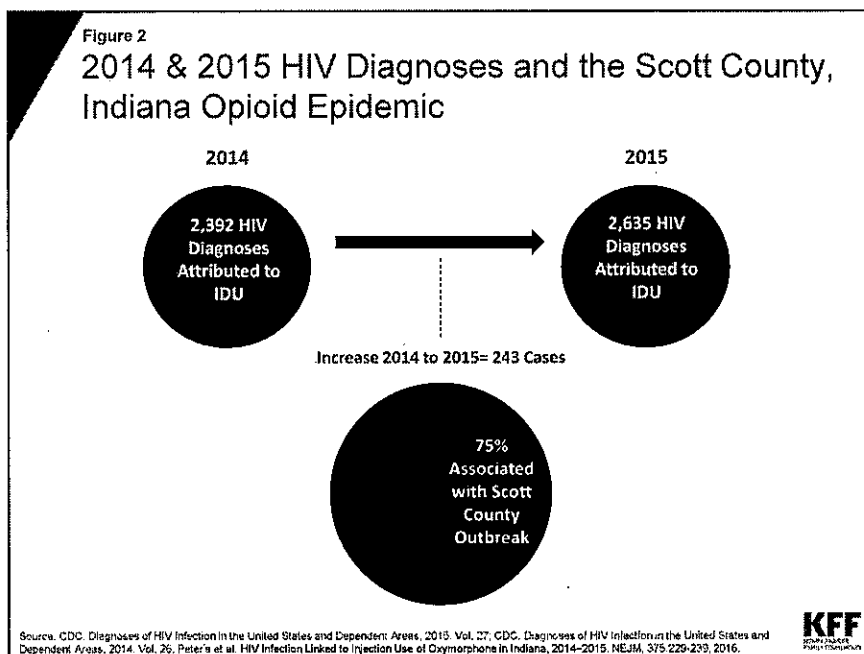
In 2015, opioid use resulted in an HIV outbreak in Scott County, Indiana, with 181 individuals diagnosed with HIV by year-end, most of whom were co-infected with hepatitis C (HCV).^{5,6} In response to this outbreak and the threat posed by the opioid epidemic more broadly, the Centers for Disease Control and Prevention (CDC) identified 220 jurisdictions particularly vulnerable to a similar type of outbreak in an effort to detect and prevent additional events.⁷ Indeed, recent reports suggest new outbreaks may in fact be occurring. In the context of HIV, this has raised particular concerns given that, prior to the opioid epidemic, HIV infections due to injecting drug use had fallen dramatically.

This graphic series highlights key things to know about the intersection of the nation's HIV and opioid epidemics.

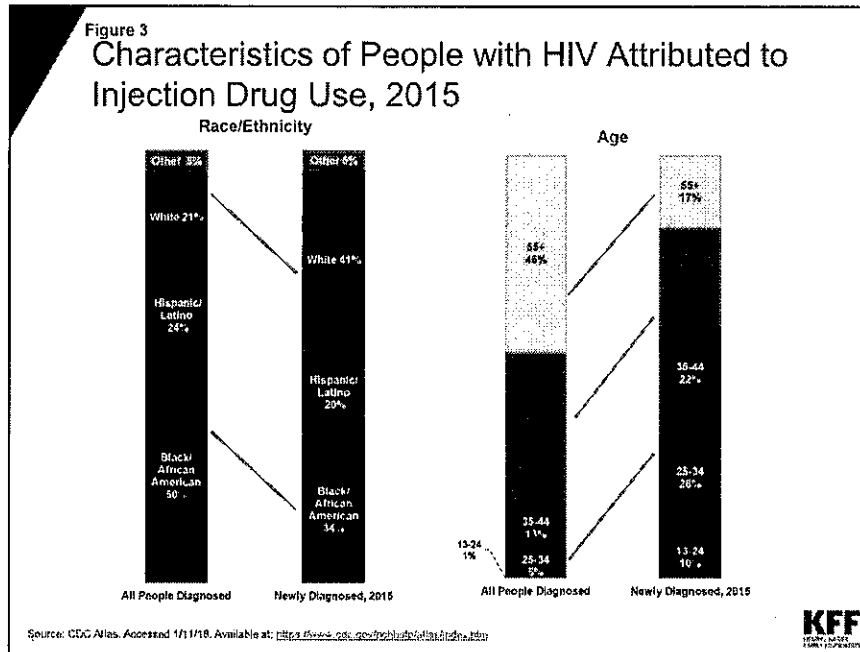
1. The decline in HIV infections associated with injection drug use has been a major success in the fight against HIV in the U.S., with the share of new HIV infections attributed to injection drug use falling from an estimated 40% in 1990 to just 6% in 2015.



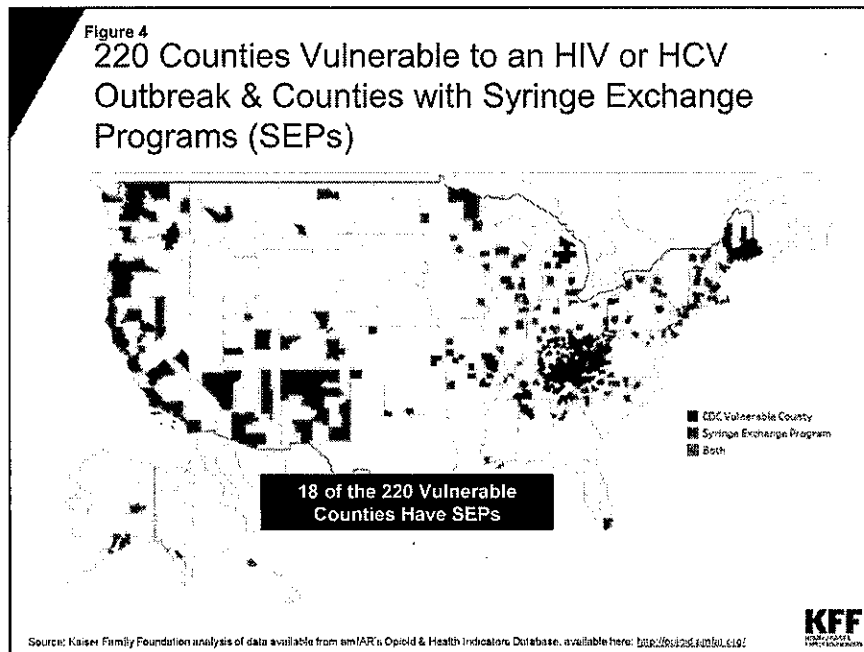
2. However, 2015 marked the first time in two decades where the number of HIV diagnoses attributed to IDU increased, largely associated with the opioid epidemic and subsequent HIV outbreak in Scott County, Indiana. (Early data suggests a decline in 2016, back to 2014 levels, after the peak of this localized outbreak.)⁸



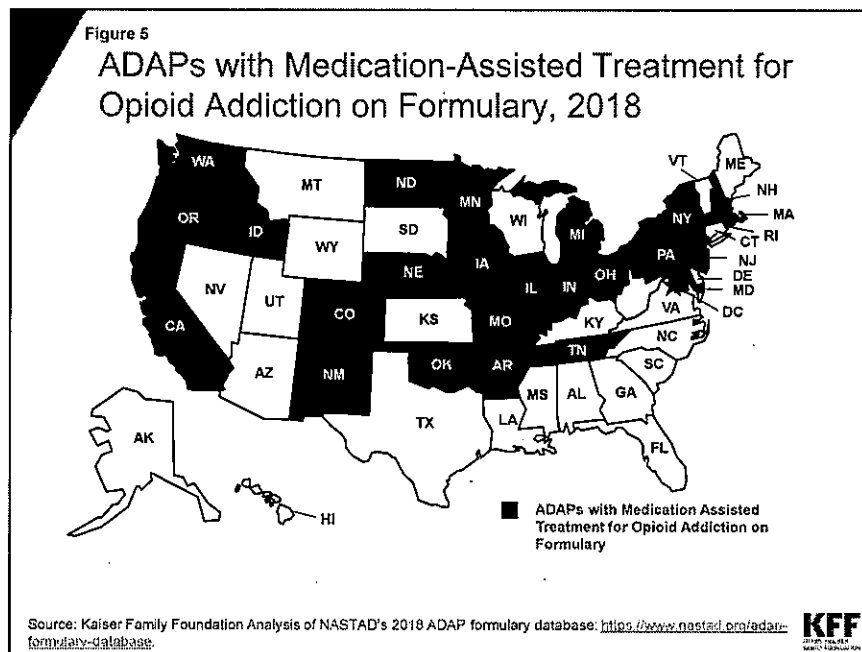
- The demographics of people with HIV attributed to injection drug are increasingly similar to those most at risk for opioid use and addiction, with greater shares of those newly diagnosed being white and younger, relative to earlier years in the epidemic.



4. While there are several proven strategies available to reduce risk of infectious disease associated with injection drug use, including the provision of Syringe Exchange Programs (SEPs), access varies significantly across the country and does not always align with opioid epidemic epicenters.⁹ Of the 220, mostly rural, counties CDC determined were potentially vulnerable to an HIV or HCV outbreak among people who inject drugs, just 8% have an SEP in place.^{10,11}



5. While all Medicaid programs and some private plans cover Medication-Assisted Treatments (MATs) to address substance use problems, the AIDS Drug Assistance Program (ADAP) of the federal Ryan White HIV/AIDS Program offers an additional source of support for people with HIV with limited or no insurance coverage.^{12,13} However, access varies across the country with just half (26) of state ADAPs covering at least one of the three commonly prescribed MATs for opioid addiction.^{14,15}



Endnotes

¹ SAMHSA. 2016 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

² Kaiser Family Foundation. State Health Facts. Opioid Overdose Deaths. <https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-gender/>

³ Peters, P., et al. (2016.) "HIV Infection Linked to Injection Use of Oxycodone in Indiana, 2014–2015." *New England Journal of Medicine*. 375:229-239.

⁴ Van Handle, M., et al. (2016). "County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States." *Journal of AIDS*. 73:3, 323-331

⁵ Peters, P., et al. (2016.) "HIV Infection Linked to Injection Use of Oxycodone in Indiana, 2014–2015." *New England Journal of Medicine*. 375:229-239.

⁶ See for example; Zibell, J., et al. (2018). "Increases in Acute Hepatitis C Virus Infection Related to a Growing Opioid Epidemic and Associated Injection Drug Use, United States, 2004 to 2014." *AJPH: Hepatitis C and Opioids*. 108:2,175-181 and Van Handle, M., et al. (2016). "County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States." *Journal of AIDS*. 73:3, 323-331.

⁷ Van Handle, M., et al. (2016). "County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States." *Journal of AIDS*. 73:3, 323-331.

⁸ Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2017.
<https://www.cdc.gov/nchhstp/atlas/index.htm>. Accessed February 2018.

⁹ Wejnert, et al. (2016). *MMWR*. "Vital signs: Trends in HIV Diagnoses, Risk Behaviors, And Prevention Among Persons Who Inject Drugs –United States." 65:47,1336-1342.

¹⁰ Kaiser Family Foundation analysis of data available from amfAR's Opioid & Health Indicators Database. Maps from amfAR database, available here: <http://opioid.amfar.org/>. 220 Vulnerable Counties originally identified in Van Handle, M., et al. (2016). "County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States." *Journal of AIDS*. 73:3, 323-331.

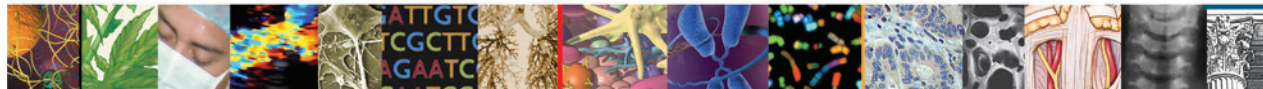
¹¹ The original article identifying these counties also notes that 43% of the counties did not have a buprenorphine-waivered physician (another indicator of limited capacity to respond to an emerging opioid epidemic).

¹² Kaiser Family Foundation. 2018. Medicaid's Role in Addressing Opioid Addiction.
<https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic/>

¹³ Peters, R. Wengle, E. 2016. The Urban Institute. Coverage of Substance-Use Disorder Treatments in Marketplace Plans in Six Cities. <https://www.urban.org/sites/default/files/publication/81856/2000838-Coverage-of-Substance-Use-Disorder-Treatments-in-Marketplace-Plans-in-Six-Cities.pdf>

¹⁴ The three common MATs are buprenorphine; Methadone, and Naltrexone.

¹⁵ 23 ADAP formularies include buprenorphine, 16 include Methadone, and 20 cover Naltrexone. NASTAD's 2018 ADAP formulary database: <https://www.nastad.org/adap-formulary-database>.



Perspective

Trauma-Informed Care — Reflections of a Primary Care Doctor in the Week of the Kavanaugh Hearing

Eve Rittenberg, M.D.

Today, it was my third patient of the morning: a woman with a history of childhood sexual abuse and an abusive marriage. She shared with me her distress, her escalating nightmares and

flashbacks over the past week. She held out her left arm to me, where for the first time since her adolescence, she had started cutting herself. And then my sixth patient struggled unsuccessfully to tolerate a Pap smear, as her anxiety became unbearable. Yesterday, it was my fourth patient, with a history of severe childhood trauma, who told me of the bullying at her workplace by her male boss. Stories of struggle and abuse, of trauma inflicted by people with power, have permeated my sessions with patients over the past couple of weeks. Many of my patients named the Kavanaugh hearings as a source of dread, which has been slightly tempered by admiration for Dr. Blasey Ford. The news in which they are immersed has res-

onated deeply and brought back memories of their own experiences.

I am a primary care internist, practicing in a women's health group. My patients' experiences reflect the prevalence of trauma in our country: more than one third of U.S. women have been the victim of contact sexual violence at some time in their lives. Sexual assault often starts early — 40% of women who have been raped were first raped before 18 years of age.¹ In my work, I have the privilege of being present for women who share with me their fears, their hurt, their shame — and trust that I will stay with them and listen. The impact of my patients' stories has led me to become involved in educating health care

providers and staff about the growing field of trauma-informed care. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a trauma-informed organization or practice acknowledges the widespread impact of trauma and understands potential paths toward recovery; recognizes the signs and symptoms of trauma in both patients and staff; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and actively resists retraumatization.²

SAMHSA has defined six principles of trauma-informed care: safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and consideration of cultural, historical, and gender issues. As we reflect on the ongoing national conversation about sexual assault and the ways in which, over the past year, the #MeToo

movement has brought to light the prevalence of sexual abuse and harassment and has diminished the stigma associated with disclosure of such experiences, trauma-informed care offers guidelines for response by those of us in health care. Health care services, with an inherent power differential between patient and physician, and which often include physical touch, removal of clothing, lack of privacy, and personal questions, can be retraumatizing for survivors. In order to improve patients' resilience and engagement with their health care, we can draw on the principles of trauma-informed care. We can offer patients choice ("Would you like the door open or closed while you wait for the doctor?") and control — by explaining what we will do, how we will do it, and why it is necessary ("Is it okay if I examine your neck so that I can feel your thyroid gland?" and "What can I do to help you be more comfortable?"). As primary care doctors who have longitudinal connections with patients, we can offer a consistent, honest, and compassionate rela-

tionship within which healing from trauma can take place.

Sitting with my patients as they share their stories takes a toll. It can use up my emotional resources and leave not a lot of room for my family, friends, and community. Like everyone working in health care, I am vulnerable to the effects of vicarious trauma, the weight of witnessing my patients' suffering. Vicarious trauma can lead to compassion fatigue and burnout, especially when it resonates with a provider's own prior traumatic experiences or occurs in a setting that lacks opportunities for support and discussion of the work. But this week has also led me to think about resilience, about the comfort I gain from the partnerships I develop with my patients, about how inspired and motivated I am by their incredible strength and willingness to trust. I am reminded that in order to be able to provide patient-centered and compassionate care for trauma survivors, it is important for us to acknowledge our own needs, our own sources of resilience and support.

In this time of increased awareness of the prevalence and impact of trauma, and as we are inundated with news about abuse, health care providers have an opportunity and responsibility to dig deep into ourselves and commit to actively resisting retraumatization, to develop the resources to support survivors, and to support each other as we do this work. We can strive to make our organizations trauma-informed places of healing.

Disclosure forms provided by the author are available at NEJM.org.

From the Fish Center for Women's Health, Brigham and Women's Hospital, Chestnut Hill, MA.

This article was published on October 10, 2018, at NEJM.org.

1. Breiding MJ, Smith SG, Basile KC, Walters ML, Chen J, Merrick MT. Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization — national intimate partner and sexual violence survey, United States, 2011. *MMWR Surveill Summ* 2014;63(8):1-18.
2. Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

DOI: 10.1056/NEJMp1813497

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MEANINGFUL INVOLVEMENT OF PEOPLE WHO USE DRUGS

NOTHING ABOUT US WITHOUT US

Meaningful involvement of people who use drugs ensures the leadership and decision-making power of people with lived experience of drug use in the response to the intersecting crises of drug use, viral hepatitis, and HIV.

The principle of meaningful involvement of people who use drugs is one of the core principles of harm reduction.¹ It was first articulated by the Rotterdam Junkie Union in the Netherlands in 1977 and reinforced by a global community of people who use drugs in the Vancouver Declaration in 2006. It is closely linked to the “nothing about us without us” ethic of the Denver Principles, which outline the meaningful involvement of people living with HIV.² Meaningful involvement is also supported by Centers for Disease Control and Prevention, which has acknowledged that overdose prevention strategies must involve those most at risk for overdose.³

WHY MEANINGFUL INVOLVEMENT?

People who use drugs are intimately familiar with their communities’ needs, cultures, and barriers to services and health. Their expertise is essential to building effective services and trusted spaces where people who use drugs can access services and be treated with respect and dignity.

Meaningful involvement of people who use drugs can increase support for harm reduction policy and advocacy efforts; challenge myths related to drug use, HIV, and viral hepatitis; and reframe the narrative supporting criminalization. Opportunities for job training and employment are in themselves an important component of harm reduction in communities of people who use drugs. In fact, hiring people with prior convictions lowers rates of unemployment, crime, and recidivism.⁴

MECHANISMS FOR INVOLVEMENT

People who use drugs have the capacity to educate and be educated; form organizations; manage funding; serve in consultations, decision making, policy making and advisory structures; and be employed in a variety of roles.⁵ Yet people who use drugs face many challenges that restrict their ability to engage with public health professionals and policy makers, including persistently high levels of stigma and discrimination.⁶

Support for people who use drugs and their organizations must include explicit recognition of their unique value and perspective by both public health agencies and local governments. It must also include capacity building support and financial backing for innovative projects and programs that embody the principles of meaningful involvement.

Organizational policies and practices may need to be reconceptualized, or overhauled completely, in order to meaningfully involve people who use or formerly used drugs, people affected by police surveillance and the criminal-legal system, young people, people of trans experience, and people of color.

PEOPLE WHO USE DRUGS MUST BE ENGAGED IN SHAPING POLICY AGENDAS AND SHIFTING SOCIAL ATTITUDES TOWARD THEIR OWN COMMUNITIES.



Meaningful Involvement of People Who Use Drugs Self-Assessment

Ask yourself...

Input and Engagement

- Do you compensate people who use drugs for their participation in meetings and advisory boards?
- Do you offer training and support for people who use drugs?
- How do you include people who use drugs in your services, consultative processes, advisory boards, and research?
- Do you involve people who use drugs in program development and evaluation?

In the Workplace

- What policies exist around hiring and recruiting people who use drugs and/or with an arrest or criminal record?
- How are work-related problems for employees who use drugs resolved?
- To what extent are job advancements made available to employees who use drugs?
- How does organizational leadership reflect the communities you serve?

In the Movement for Social Justice

- Have you engaged in workshops to reduce drug-related stigma and discrimination? Do you share such resources with others?
- How do you support organizations or coalitions of people who use drugs and syringe services programs in your region?

MEANINGFUL INVOLVEMENT OF PEOPLE WHO USE DRUGS

Community-based organizations should involve people who use drugs at all levels to identify, develop, implement, and evaluate interventions necessary to reduce harm associated with drug use, including opioid overdose education and naloxone distribution, safer drug use interventions and education, and support meetings.

Listed below are practices that can be put in place to reinforce meaningful involvement of people who use drugs.

HIRE PEOPLE WHO USE DRUGS



DO:

- ✓ Learn about harm reduction policies for the workplace.⁷
- ✓ Focus on workforce development and provide trainings and employment opportunities, or partner with an organization that does.
- ✓ Communicate with organizations of people who use drugs about the barriers and challenges they face and act on opportunities to partner, share resources, and compensate them for their efforts.

DO NOT:

- ✗ Impose a blanket ban on employees with an arrest or criminal record.
- ✗ Overlook a frontline employee, like a peer outreach worker, for career promotion.

HOLD ACCOMMODATING MEETINGS



DO:

- ✓ Be flexible about meeting times, location, agenda, and level of participation.
- ✓ Prepare new attendees with training and a support person.
- ✓ Learn from people who use drugs how to make the meeting more inclusive.
- ✓ Acknowledge gaps in your own experience and address any discomfort or unfamiliarity openly and respectfully.

DO NOT:

- ✗ Put the burden of preparing for and integrating into meetings on people who use drugs.
- ✗ Assume that you cannot learn how to integrate people who use drugs into your meetings.



INVITE PEOPLE WHO USE DRUGS TO THE TABLE

DO:

- ✓ Invite several people who use drugs – not just one – to meetings.
- ✓ Share who else will be attending – especially when meetings include law enforcement, parole officers, or city officials – and how people who use drugs are expected to contribute.
- ✓ Designate a minimum percentage of seats on an advisory board or in organizational leadership for people who use drugs.
- ✓ Guarantee and protect confidentiality and ask about preferred contact methods.
- ✓ Provide financial support for participation in meetings, such as travel stipends, honoraria, and per diems.
- ✓ If travel is involved, help arrange identification, credit cards, and healthcare, especially access to medication-assisted treatment.

DO NOT:

- ✗ Require disclosure of personal information, such as HIV, health status, or exposure to trauma.
- ✗ Tokenize people who use drugs.
- ✗ Invite only people who formerly used drugs or the same person you are comfortable with every time.



ADDITIONAL RESOURCES

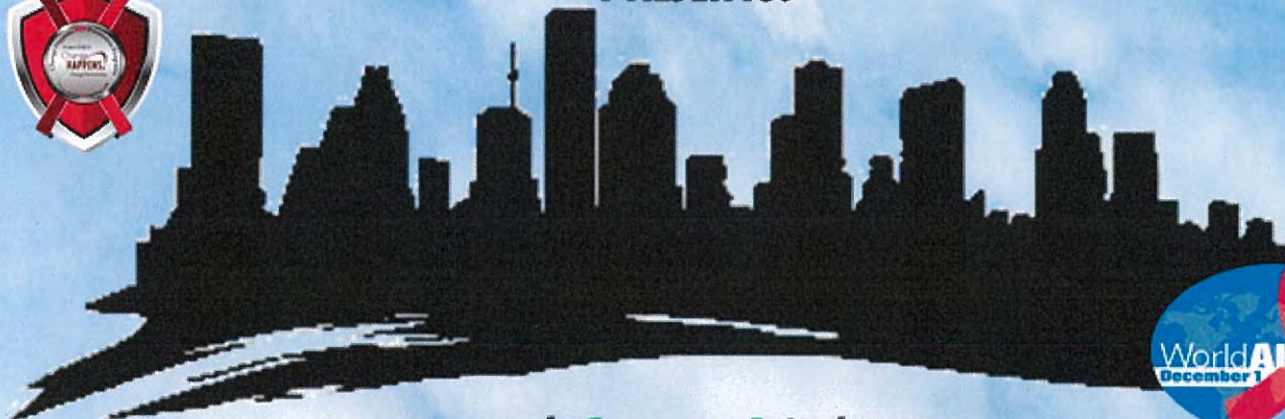
Access free resources, training, and technical assistance @ aidsunited.org



1) Harm Reduction Coalition (2018). Principles of Harm Reduction. Available at: <https://harmreduction.org/about-us/principles-of-harm-reduction> 2) AIDS United, The US People Living with HIV Caucus (2017). Meaningful Involvement of People with HIV/AIDS. Available at: <https://www.aidsunited.org/resources> 3) Centers for Disease Control and Prevention (2018). Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. Available at: <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf> 4) National Employment Law Project, Safer Foundation (2016). A Healthcare Employer Guide to Hiring People with Arrest and Conviction Records: Seizing the Opportunity to Tap a Large, Diverse Workforce. 2016. Available at <https://www.nelp.org/wp-content/uploads/NELP-Safer-Toolkit-Healthcare-Employer-Guide-Hiring-People-with-Arrest-Conviction-Records.pdf> 5) Canadian HIV/AIDS Legal Network, the Open Society Institute Public Health Program, and the International HIV/AIDS Alliance (2008). Nothing About Us Without Us: A manifesto by people who use illegal drugs. Available at: <https://www.opensocietyfoundations.org/reports/nothing-about-us-without-us> 6) Ti, L., Tzemis, D., & Buxton, J. A. (2012). Engaging people who use drugs in policy and program development: A review of the literature. Substance Abuse Treatment, Prevention, and Policy, 7, 47. 7) Open Society Foundations (2010). Harm Reduction at Work: A Guide for Organizations Employing People Who Use Drugs. Available at: <https://www.opensocietyfoundations.org/reports/harm-reduction-work>

CHANGE HAPPENS **HIV** PREVENTION PROGRAM

PRESENTS:



The 2nd Annual 3rd Ward

COMMUNITY

BLOCK PARTY



Saturday, December 1, 2018

12:00pm-4:00pm

VENDORS

FREE HEALTH SCREENINGS



FUN, FOOD, GAMES & ENTERTAINMENT!



