| **Epidemiological Trends** | **Unmet Need for HIV Care** | **National, State, and Local Priorities** |
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| ***Who is living with HIV in the Houston EMA?***a27,023 diagnosed people were living with HIV (PLWH) in the EMA at the end of 2016. Of all diagnosed PLWH in the EMA:* 75% are male (sex at birth)
* 49% are Black/African American; 28% are Hispanic
* 28% are between the ages of 45 and 54; 23% are 55+
* 57% have MSM risk factor; 29% have heterosexual risk factor

***Who is newly diagnosed with HIV in the Houston EMA?***a1,325 people were newly diagnosed with HIV in the EMA in 2016. Of those newly diagnosed in 2016* 78% are male (sex at birth)
* 47% are Black/African American; 35% are Hispanic
* 39% were between the ages of 25 and 34; 22% were between the ages of 13 and 24
* 66% have MSM risk factor

It is estimated that an additional 5,653 people in the EMA are living with HIV but unaware of their status.***Which groups in the Houston EMA are experiencing increasing rates of new HIV diagnoses?a***Relative rates of increase for new HIV diagnoses can indicate new and emerging populations while accounting for the size of each group within the population. Though the overall HIV diagnosis rate decreased by 9% between 2011 and 2016, two populations in the Houston EMA have experienced increases in the relative rates of new diagnoses:* 33% relative rate increase among individuals ages 25-34
* 3% relative rate increase among Hispanic individuals

Source:a2018Epidemiological Profile – In Progress *Con’t from Page 1****Which groups in the Houston EMA experience disproportionately higher rates of new HIV diagnoses?a***Using the total 2016 Houston EMA HIV diagnosis rate (21.9 per 100,000 population) as a benchmark, the following populations experience disproportionately higher rates of new HIV diagnoses:* 163% higher rate among Black/African Americans individuals
* 156% higher rate among individuals age 25-34
* 58% higher rate among males (sex at birth)
* 30% higher rate among individuals age 13-24
* 23% higher rate among individuals age 35-44
* 11% higher rate among individuals age 45-54

While there has been no change in ***which*** groups experience disproportionally higher rates of new diagnoses since 2011, the ***extent of disproportionality*** within each population group changed in the Houston EMA between 2011 and 2016. The following groups experienced the greatest increase in extent of disproportionality:* 81 percentage point increase among individuals age 25-34
* 11 percentage point increase among Hispanic individuals

***How does the Houston EMA compare to Texas a**** The prevalence rate in the Houston EMA in 2016 (446.0 per 100,000 population) was higher than Texas (311.1 per 100,000 population). All sex at birth, race/ethnicity, and age range groups in the Houston EMA experience higher HIV prevalence rates that corresponding groups for the state as a whole.
* The rate of new HIV diagnosis in the Houston EMA in 2016 (21.9 per 100,000 population) was higher than Texas (16.1 per 100,000 population). All sex at birth, race/ethnicity, and age range groups in the Houston EMA experience higher rates of new diagnoses that corresponding groups for the state as a whole.

Sources:a2018Epidemiological Profile – In Progress  | ***What is unmet need?*** Unmet need is when a person diagnosed with HIV is out of care. According to HRSA, a person is considered out of care if they have not had at least 1 of the following in 12 months: (1) an HIV medical care visit, (2) an HIV monitoring test (either a CD4 or viral load), or (3) a prescription for HIV medication. ***How many people are out of care in the Houston EMA?***a* In 2016, there were 6,537 PLWH out of care in the EMA, or 24% of all diagnosed PLWH.

***What trends can be seen among those out of care in the Houston EMA?*** aThe highest proportions of people out of care in 2016 were:* 25% of male (sex at birth) diagnosed PLWH – ↓ from 37% in 2009
* 28% of other race/ethnicity diagnosed PLWH – ↓ from 41% in 2009
* 26% of Hispanic diagnosed PLWH – ↓ from 36% in 2009
* 25% of Black/African American diagnosed PLWH – ↓ from 37% in 2009
* 26% of diagnosed PLWH age 35-44 – ↓ from 36% in 2009; 26% of diagnosed PLWH age 55 and over – ↓ 37% in 2009
	+ The age range with highest unmet need in 2009 was age 25-34 at 39%
* 28% of diagnosed PLWH with an injection drug use risk factor – ↓ 39% in 2009
* 27% of people diagnosed with HIV between 2006 and 2010
	+ In 2009, 38% of out of care PLWH were diagnosed between 2004 and 2006

29% of all PLWH in the 2016 Needs Assessmentb reported stopping HIV medical care for 12 months year or more at some point since their initial diagnosis. The most common reasons for falling out of care were: substance abuse concerns, wanting a break from treatment, reluctance to take HIV medication, not feeling sick, and mental health concerns.Sources:a2018Epidemiological Profile – In Progress b2016 Houston Area HIV Needs Assessment *Con’t from Page 1****What proportion of newly diagnosed PLWH are linked to care in the EMA?***a * 65% of those newly diagnosed in 2016 in the Houston EMA were linked to HIV medical care within 1 month of their diagnosis. An additional 17% were linked to care within 2-3 months of their diagnosis, 8% were linked to care within 4-12 months of their diagnosis, and 5% were linked to care over 12 months after they diagnosed.
* 10% of those newly diagnosed in 2016 in the EMA *were not* linked by the end of that year. This accounts for 135 newly diagnosed individuals. Most of these individuals were:
* 81% males (sex at birth)
	+ Among unlinked males, 56% were Black/African American males and 29% were Hispanic males
* 60% Black/African American individuals
	+ 76% of unlinked females were Black/African American
* 40% were individuals age 25-34
	+ 21% were individuals age 35-44
	+ 18% were youth age 13-24
* 69% were individuals with MSM risk factor
	+ 24% were individuals with heterosexual risk factor

***Which groups are experiencing concurrent (late) diagnosis?***aOf people newly diagnosed in the Houston EMA in 2015, 275 or 20% also received an HIV stage 3 (formerly AIDS) diagnosis within 3 months. Populations disproportionately impacted by late/concurrent diagnoses in the Houston EMA in 2015 include Hispanic females age 35 – 44 (50%), Hispanic females age 55 and older (55%), Hispanic males age 35 – 44 (41%), Hispanic males age 55 and older (59%), and African American males age 35-54 (36%). Sources:a2018Epidemiological Profile – In Progress | Initiatives at the national, state, and local level offer important guidance on how to design effective HIV care services for the Houston EMA:**National HIV/AIDS Strategy (NHAS) Updated for 2020**Released in July 2015,NHAS includes three broad outcomes for HIV care:* Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%.
* Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%.
* Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%.

**Early Identification of Individuals with HIV/AIDS (EIIHA)**EIIHA is a HRSA initiative required of all Part A grantees. It has four goals:1. Identifying individuals unaware of their HIV status
2. Informing individuals unaware of their HIV status
3. Referring to medical care and services
4. Linking to medical care

The EMA’s EIIHA Strategy also includes a special populations focus:1. African Americans
2. Hispanics/Latinos age 25 and over
3. Men who have Sex with Men (MSM)

**HIV Care Continuuma**Developed by the CDC in 2012, the Continuum of Care is a five-step model of PLWH engagement in HIV medical care. Using the model, local communities can identify specific areas for scaled-up engagement efforts. The Houston EMA’s current HIV Care Continuum (2016) is as follows: * 27,023 people are currently diagnosed with HIV in the EMA; an additional 5,653 people are estimated to be living with HIV, but unaware of their status
* Of those diagnosed, 76% have accessed HIV care
* Of those diagnosed, 61% have been retained in HIV care
* Of those diagnosed, 58% have a suppressed viral load

Source:aHouston EMA HIV Care Continuum, <http://rwpchouston.org/Publications/2017_Comp_Plan/Care_Continuum.htm> *Con’t from Page 1***The 2017-2021 Texas HIV Plan**The Texas Department of State Health Services (DSHS) has also developed a model of PLWH engagement in HIV medical care, which serves as the foundation for efforts to reduce HIV transmissions for the state as a whole. Goals specific to HIV care services improvements for the state are: * Increase timely linkage to HIV-related care and treatment
* Increase continuous participation in systems of care and treatment
* Increase viral suppression

**Houston Area Comprehensive HIV Plan (2017 – 2021)**This document outlines strategies, activities, and benchmarks for improving the entire system of HIV prevention and care in the EMA. HIV care services improvements slated for achievement by 2021 are:* Increase the proportion of newly-diagnosed individuals linked to clinical HIV care within one month of their HIV diagnosis to at least 85%
* Decrease the percentage of new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis within one year by 25%
* Decrease the percentage of new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis within one year among Hispanic and Latino men age 35+ by 25%
* Increase the percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care to at least 90.0%
* Increase the percentage of individuals with diagnosed HIV in the Houston Area who are retained in HIV medical care to at least 90.0%.
* Maintain, and if possible, increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed to at least 90.0%
* Increase the percentage of individuals with diagnosed HIV in the Houston Area who are virally suppressed at least 80.0%

The plan also includes a special populations focus: Youth (13-24)**,** Homeless, I/RR**,** IDU**,** MSM**,** Transgender & Gender Non-conforming, and Women of Color**Roadmap to Ending the HIV Epidemic in Houston (2017-2021)**This document offers over 30 recommendations to end the local HIV epidemic by decreasing new diagnoses to 600 per year; increasing the diagnosed proportion to 90%, fostering 90% retention in care, and supporting 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression. |

| **Service** | **Allocation** | **Client Utilization** | **Outcomes** | **Needs Assessment Data** | **National, State, and Local Priorities** |
| --- | --- | --- | --- | --- | --- |
| **Ambulatory Outpatient** **Medical Care**(Adult and Pediatric)incl. Vision Care) | Part A: FY98: $2,084,928FY99: $1,231,605FY00: $1,891,325FY01: $1,679,294FY02: $1,941,561FY03: $1,966,899FY04: $1,687,404FY05: $2,319,440FY06: $3,161,000FY07: $3,161,000Part A/MAI/B:FY08: $9,214,688FY09: $9,454,433FY10: $9,510,270 FY11: $9,964,057FY12: $9,941,410FY13: $11,043,672FY14: $10,656,734Part A/MAI:FY15: $11,181,410FY16: $11,757,561FY17: $11,853,686FY18: $11,432,200Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17 | Source: RWGA and The Resource Group, 4/23/18 | Primary Carea:* Following Primary Care, 75% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart).a
* 18% of primary care clients had CD-4 < 200 within 90 days of enrollment in primary care.a
* 71% of primary care clients were virally suppressed.a
* There was 3 percentage point variability between race/ethnicity categories for ART prescription and 5 percentage point variability for viral suppression.b

Vision Care:* 13 diagnoses were reported for HIV-related ocular disorders, all of which were managed appropriately.c
* 95% of client records reviewed contained documentation of new prescription for lenses at the agency with the year.c
* Overall performance rates of vision care providers have remained high.c

Source: a RWGA FY 2016 Highlights from Performance MeasuresbRWGA Primary Care Chart Review FY 2016 (December 2017)cRWGA Vision Care Chart Review FY 2016 (December 2017)  | Needs Assessment Rankings: Primary Care was surveyed as “*HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant (i.e., outpatient primary HIV medical care)”* in the 2016 Needs Assessment. Results as defined are below:* 94% of respondents reported a need for Primary Care, placing this service as the highest ranked need surveyed.
* The most common barrier reported for Primary Care was administrative issues (19% of all reported barriers to this service).
* Females, other/multiracial and white PLWH, and PLWH age 50+ reported the least difficulty accessing Primary Care.
* Out of care, rural, transgender, recently released, and unstably housed PLWH reported more difficulty accessing Primary Care than the sample as a whole.

Source: 2016 Houston Area HIV Needs Assessment  | This service aligns with the following goals:National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)* Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%.
* Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%.

HIV Care Continuum* Increase the percentage of those aware of their HIV+ status retained in HIV care
* Increase the percentage of those aware of their HIV+ status with a suppressed viral load

The Texas HIV Plan (2017-2021):* Increase continuous participation in systems of care and treatment
* Increase viral suppression

Comprehensive HIV Plan (2017-2021): * Increase the percentage of RW clients in continuous HIV care to ≥ 90%
* Increase the percentage of PLWH who are retained in care to ≥ 90%.
* Maintain / increase the proportion of RW clients who are virally suppressed to ≥ 90%
* Increase the percentage of PLWH who are virally suppressed ≥80%

The following Special Population is also specifically addressed by this service:* Youth (age 13 – 24)

END Plan (2017-2021)* Foster 90% retention in care
* Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
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| **Case Management - Medical (MCM)** (incl. Clinical Case Management (CCM) for Mental Health/Sub Use) | Part A: FY98: $ 2,084,928FY99: $1,231,605FY00: $1,891,325FY01: $1,679,294FY02: $1,941,561FY03: $1,966,899FY04: $1,687,404FY05: $2,319,440FY06: $3,161,000FY07: $1,747,070FY08: $2,210,511FY09: $2,616,512FY10: $2,616,512 FY11: $2,139,991Part A/B:FY12: $1,990,481FY13: $1,840,481Part AFY14: $1,752,556FY15: $2,031,556FY16: $2,215,702FY17: $2,215,702FY18: $2,855,902Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17 |  Source: RWGA and The Resource Group, 4/23/18 | Medical Case Management (MCM):* Following MCM, 50% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 3% accessed primary care for the first time.
* Following MCM, 38% of clients had 3rd party payer coverage, and 5% accessed mental health services for the first time.
* 68% of MCM clients had suppressed viral loads.

Clinical Case Management (CCM):* Following CCM, 49% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 2% accessed primary care for the first time.
* Following CCM, 8% of clients accessed mental health services for the first time.
* 69% of CCM clients had suppressed viral loads

Source: RWGA FY 2016 Highlights from Performance Measures | Needs Assessment Rankings:Medical, Clinical, and SLW Case Management were not each surveyed *explicitly* in the 2016 Needs Assessment, but rather as a general category entitled “Case Management” and defined as: “*these are people at your clinic or program who assess your needs, make referrals for you, and help you make/keep appointments.*” Results as defined are below:* 83% of respondents reported a need for case management services, placing it as the 2nd highest ranked need.
* The most common barrier reported was interactions with staff (54% of all barriers reported for case management).
* Females, other/multiracial PLWH, and PLWH ages 25-49 reported the least difficulty accessing case management services.
* MSM PLWH reported more difficulty accessing case management services that the sample as a whole.

Source: 2016 Houston Area HIV Needs Assessment | This service aligns with the following goals:National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)* Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%.
* Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%.

EIIHA* Referring to medical care and services
* Linking to medical care

HIV Care Continuum* Increase the percentage of those aware of their HIV+ status retained in HIV care
* Increase the percentage of those aware of their HIV+ status with a suppressed viral load

The Texas HIV Plan (2017-2021):* Increase continuous participation in systems of care and treatment
* Increase viral suppression

Comprehensive HIV Plan (2017-2021): * Increase the percent of RW clients in continuous HIV care to 80%
* Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year
* Increase the proportion of RW clients with UVL by 10%

The following Special Populations are also specifically addressed by this service:* Youth (age 13 – 24)
* IDU

END Plan (2017-2021)* Foster 90% retention in care
* Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
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