

**HIV PLANNING COUNCIL MEETING MINUTES
TUESDAY, FEBRUARY 12TH, 2019**

- iii. Upcoming Fast Track Cities Workgroup meetings will occur Friday, March 29th.
 - The workgroups will be a half day and highlight specific activities.
 - Save the Date coming
 - Director of Austin Public Health, Stephanie Hayden will step into the executive role in lieu of Dr. Huang's retirement from Austin Public Health.
- iv. Spring Recruitment Plan was launched with the Executive Committee and will be reviewed with at February's Business Meeting.
- v. Many Planning Council Members attended the National Black HIV/AIDS Awareness Day event hosted by AIDS Serves of Austin on February 7th, 2019.

7. EPIDEMIOLOGICAL PROFILE

- a. Recommendation to Allocation Committee to inform FY19 allocations
 - i. The presentation of the Epidemiological Profile was made by Laura Still, Planner, HIV Planning Council Office of Support (*See Appendix B*).

8. NEEDS ASSESSMENT PHASE II

- a. Recommendation to Allocation Committee to inform FY19 allocations
 - i. Revised recommendations from Comprehensive Planning Committee:
 - Allocation of more funding for Medical Case Management/ Non-Medical Case Management and Early Intervention Services to support peer navigation.
 - Pilot rideshare program in the Austin TGA as an additional option to bus passes and taxi vouchers.
 - MAI program funds should address the gap in linguistic and culturally competent services for the Latinx population and Black MSM Population.
 - ii. Other items discussed:
 - Practicing Culturally Competency and tailoring to targeted populations
 - Undoing Racism training offered by People's Institute through DSHS.
 - Increased funding for translation services.
 - Looking and using programs that already exist for peer navigation.

9. COMPREHENSIVE PLANNING

- a. HIV Planning Council's Comprehensive Plan and legislative requirements
 - i. Committee Chair, Glenn Crawford reviewed presentation on Integrated HIV Prevention and Plan (*See Attachment 1*).
- b. Introduction to other HIV plans
 - i. The committee reviewed the state plan Achieving Together: A Community Plan to End the HIV Epidemic in Texas and Fast Track Cities Austin.
- c. Begin plan alignment
 - i. Committee Chair Glenn Crawford assigned homework to committee to begin to align the Comprehensive Plan to better fit with other community plans.
 - Recommended changes to shift from tracking activities to having clear objectives and strategies.

10. ADJOURNMENT

Committee Chair Glenn Crawford adjourned the meeting at 7:58 p.m. without objection.

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**Appendix A
Planning Council: Office of Support Staff Report
February 12, 2019 Comp Planning Committee Meeting**

ANNOUNCEMENTS

HIV Advocacy Day at the Capital

Hosted by Legacy Community Health.

The 2019 HIV Advocacy Day is set for **Wednesday, March 20, 2019**
9:00 a.m. at the *Family Life Center* of the United Methodist Church of Austin
1201 Lavaca St, Austin TX 78701.

[HIV Advocacy Day — Legacy Takes Action.mhtml](#)

Fast Track Cities Upcoming Workgroup Meetings

March 2019 TBD

www.facebook.com/AustinFTC/

STAFF ACTIVITIES

Ryan White Part A Grant Activities

- HRSA Award has been received, application received a score of 97 out of 100. The TGA received an increase of ~3.62% over FY18-19, including an amazing 7.09% increase in Supplemental funding. Supplemental funding is awarded based on the quality of the grant application in demonstrating need in the jurisdiction. Formula funding, which is based on epi data for the jurisdiction, received a 2.03% increase, and Minority AIDS Initiative (MAI) funding saw a 3.02% increase.

Needs Assessment

- Wrapping up data collection and summary from all target groups identified by Comprehensive Planning Committee for year 2.
- Incorporating data shared by Ann Dills at January Business meeting into epi profile.

Comprehensive Planning

- Fast Track Cities action plan is in implementation stage
- Alignment with Achieving Together Texas Syndicate plan and Fast Track Cities is in process.

Outreach and Recruitment

- Launching Spring recruitment drive, template for recruitment plan has been developed.

Technical Assistance and Training

- Request for direction on the type of content to include in presentations:
 - February - Angela Sommers – HOPWA a/ Housing and Economic development
 - May- Brenda Mendiola HRSA requirements for RW Quality Management
- Document development

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- Policy and procedures finalized for reimbursement of planning council members
- Directives
- Rapid Reallocation Policy

Partnerships

- No updates at this time

Other

- Council Participated in National African American HIV/AIDS Awareness Day event hosted by AIDS Services of Austin, February 7, 2019
- Council Chair completed Planning Council component of the CAEAR Coalition survey to inform next steps in future reauthorization discussions of the Ryan White HIV Treatment Program.
- Considering meeting location options due to changes in access to City Hall meeting space.

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Appendix B

Austin Area Epidemiological Profile 2017

Note: Statistics are for the Austin Transitional Grant Area (TGA), 2017 unless otherwise noted.

Who is living with HIV?

Overall: Austin TGA, 2017^a

- 6,217 people were living with HIV and knew their status
- An estimated 1,469 additional people were living with HIV and did not know their status
- 16% increase in number of people living with HIV (PLWH) in the past 5 years (2013-2017)

Disparities: Austin TGA, 2017^a

- 55% of all PLWH are age 45+
- 86% of PLWH are men
- 41% of PLWH are White, followed by 33% Hispanic, and African American 21%
- Men who have sex with men (MSM) is the most common transmission category across races and ethnicities. More African American and Hispanic PLWH had heterosexual sex as a transmission category compared to White PLWH. See Table 1.

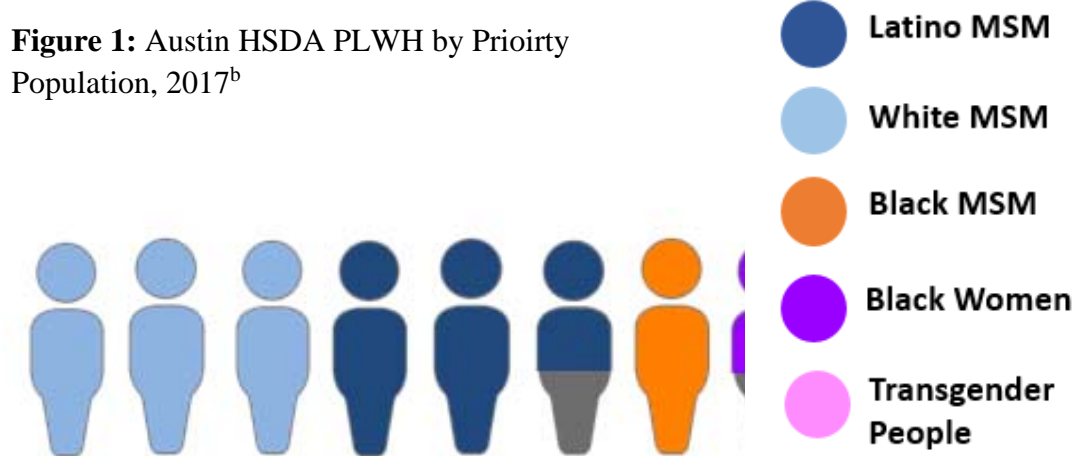
Table 1: Top three transmission categories by race/ethnicity for all PLWH in the Austin TGA, 2017^a

White	African American	Hispanic
1. MSM 79%	1. MSM 44%	1. MSM 75%
2. MSM/IDU 8%	2. Heterosexual 32%	2. Heterosexual 14%
3. Heterosexual 7%	3. IDU 16%	3. IDU 5%

- White PLWH made up the largest number of Austin TGA residents with HIV in 2017, but have the lowest incidence and prevalence rates
- 3% of the Austin TGA population is African American males, however 17% of the persons living with HIV are African American males
- 17% of the Austin TGA population is Hispanic males, however 29% of the persons living with HIV are Hispanic males
- African Americans, who make up 7% of the Austin TGA population, have prevalence rates about 4 times higher compared to Whites

PLWH
2017 – 6,329

**HIV Care
Continuum**



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Who is newly diagnosed?

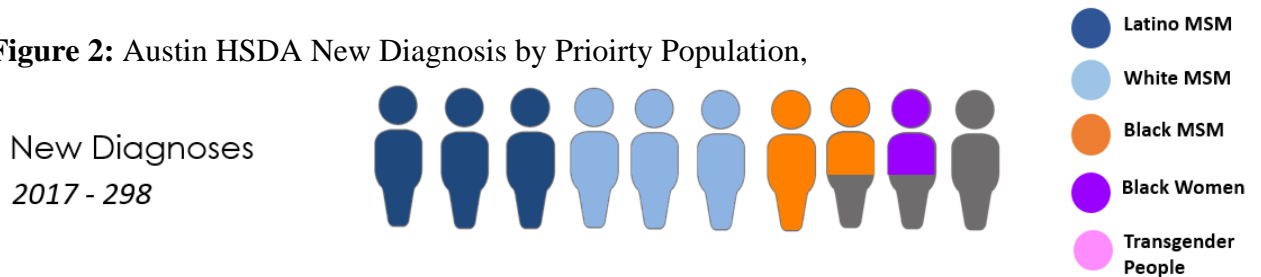
Overall: Austin TGA, 2017^a

- 288 new diagnoses
- 95 of these were late diagnoses- also received an HIV Stage 3 (formerly AIDS) diagnosis within three months

Disparities: Austin TGA, 2017

- 59% of newly diagnosed persons were under the age of 35^a
- 87% of newly diagnosed persons were men^a
- 38% of newly diagnosed persons were Hispanic, followed by White (35%), and African American (21%)^a
- Most new diagnoses in the HSDA were among Latino MSM, White MSM, Black MSM, and Black Women^b New diagnoses by priority population for the Austin HSDA are seen in Figure 2.

Figure 2: Austin HSDA New Diagnosis by Priority Population,



- Incidence rate of new diagnosis is increasing for Latino MSM but is flat for all other populations (Austin HSDA, past 5 years)^b
- 7% of the Austin TGA is African American, however 21% of new HIV diagnoses were African American^a
- 77% of new diagnoses in the Austin TGA were among MSM^a
- Late diagnoses in the Austin TGA were proportional across race/ethnicity categories^a
- Older individuals were more likely to have a late diagnosis than younger individuals. See Table 2^a

Table 2: Late Diagnosis for Austin TGA, Age, 2017

Age Group	Late Diagnosis
13-24	12%

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25-34	20%
35-44	24%
45-54	41%
55+	44%



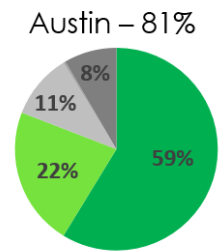
Who is linked to care?

Overall: 81% of newly diagnosed individuals were linked to care within 3 months^a (Austin TGA, 2017)

Disparities: 67% of African American women were linked within 3 months and 76% of African American MSM were linked within 3 months^a (Austin TGA, 2017)

Figure 3: Austin TGA Linkage to Care, 2017^a

■ 1 month
 ■ 2-3 months
 ■ 4-12 months
 ■ Not Linked



the 90% goal.^b

Who is retained in care and virally suppressed?

Overall: Austin HSDA, 2017

- 78% of PLWH were retained in care (Goal 90%). This means there were 1,369 people out of care^b
- Viral suppression for people retained in care is 92%, which has exceeded

- Both retention in care and viral suppression have been flat for several years (past 5 years).^b
- Austin needs to focus on retention in care. (Recommendation from Ann Dills, DSHS)^b

Disparities

- In the Austin HSDA, the largest disparities in retention in care exist for Black MSM, followed by Black women (Figure 2)^b
- Austin does not have a clear priority for in-care viral suppression because all groups are above or effectively at our goal.^b African American MSM are close achieving 90% viral suppression. Among African American men, those age 13-24 have the lowest percentage of viral suppression (Austin TGA, 2017).^a

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Figure 4: HIV Treatment Cascade for Austin HSDA, 2017^b

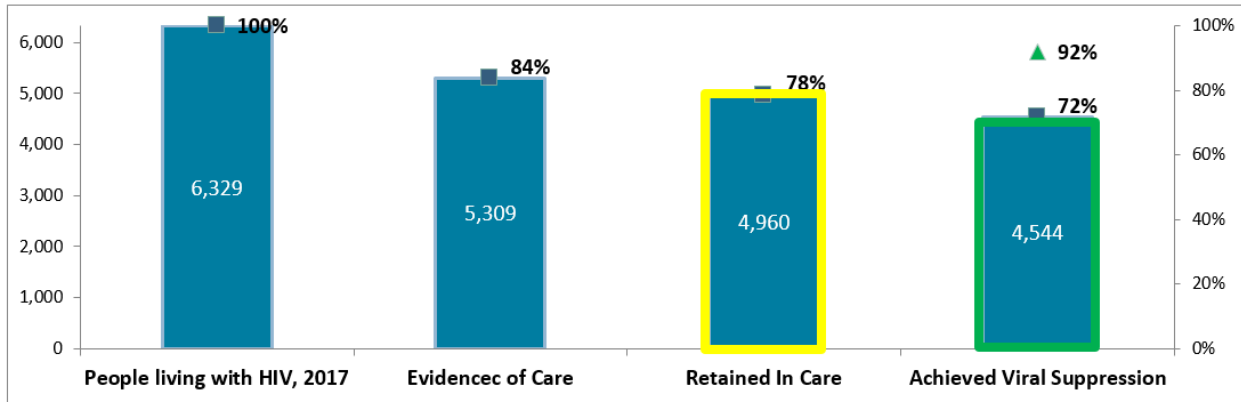


Figure 5: Retention in Care, HSDA Priority Populations, 2017^b

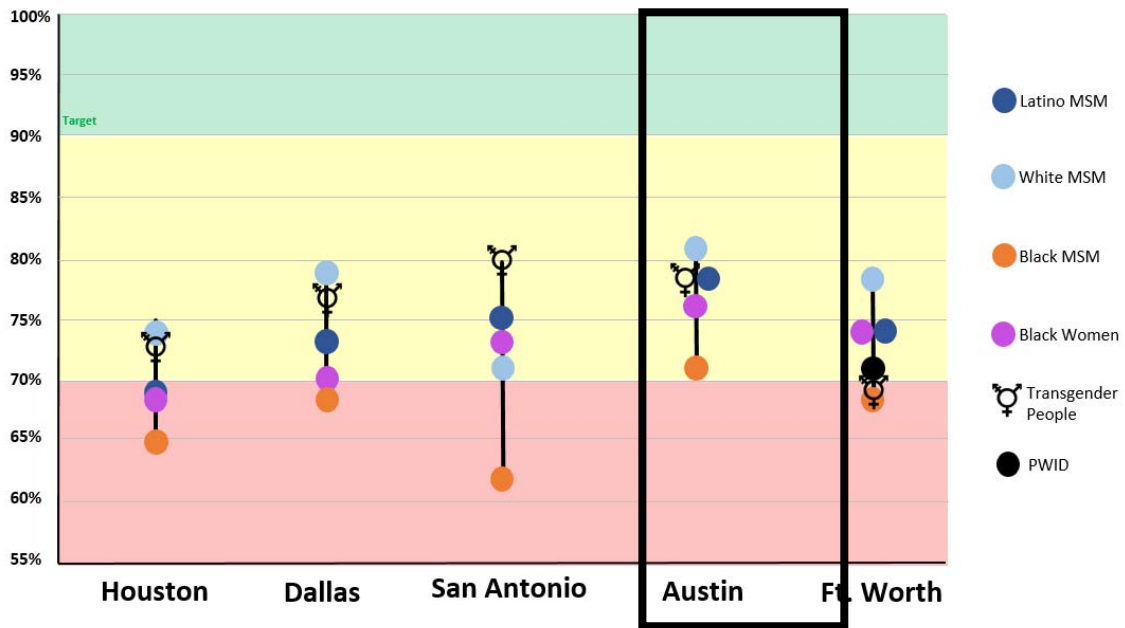
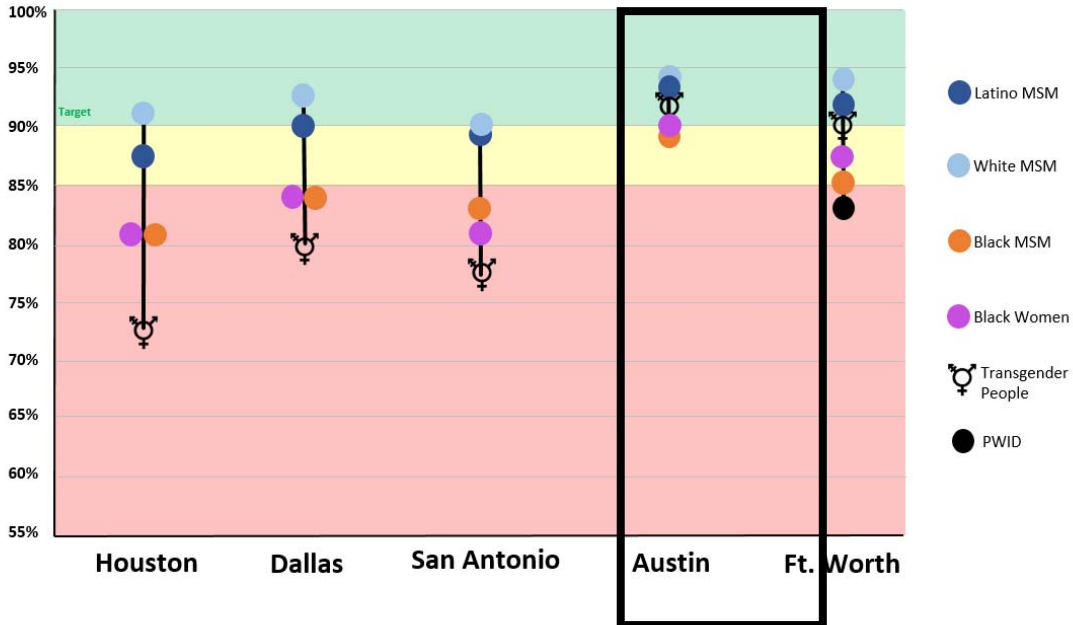


Figure 6: In-care Viral Suppression, Priority Populations, 2017^b

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SUGGESTIONS

Request care continuum data for additional subpopulations for consideration as a priority populations:

- African American males with heterosexual sex as a risk factor
- Hispanic males with heterosexual sex as a risk factor

DEFINITIONS

Austin HSDA Counties: **Travis, Williamson, Bastrop, Caldwell, Hays, Blanco, Fayette, Lee, and Llano**

Austin TGA Counties: **Travis, Williamson, Bastrop, Caldwell, Hays**

Late Diagnosis: An individual with a new HIV diagnosis also receives an HIV Stage 3 (formerly AIDS) diagnosis within 3 months.

CITATIONS

- a. Texas Department of State Health Services, eHARS (run Aug 2018). Austin TGA Ryan White Part A FY19 Grant Application: Epidemiological Profile.
- b. Texas Department of State Health Services (DSHS) Data Presentation to HIV Planning Council January 28, 2019 by Ann Dills.

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APPENDIX 1

Table 3: HIV/AIDS Prevalence and Incidence Table – Austin TGA^a

Demographic Characteristics	Incidence 01/01/2017 – 12/31/2017		Prevalence as of 12/31/2017	
	Total		Total	
	N	%	N	%
Total	383	100	6,217	100
Sex at Birth				
Female	51	13	888	14
Male	332	87	5,329	86
Race/Ethnicity¹				
White	134	35	2,549	41
African American	82	21	1,308	21
Hispanic	147	38	2,057	33
Other	8	2	87	1
Unknown	12	3	216	3
Age Group				
0-1	0	0	0	0
02-12	0	0	14	0
13-24	86	22	250	4
25-34	143	37	1,200	19
35-44	61	16	1,336	21
45-54	54	14	1,816	29
55+	39	10	1,601	26
Mode of Transmission²				
MSM	295	77	4,353	70
IDU	20	5	495	8
MSM/IDU	16	4	390	6
Heterosexual	51	13	924	15
Pediatric	1	0	54	1
Adult Other	0	0	2	0

Source: *Texas Department of State Health Services* (run August 2018). ¹ Other race/ethnicity includes Asian/Pacific Islander, Native American, Multi-Racial and other race/ethnicity cases. ² Transmission categories are estimated, column values may not sum to the column total. ³ Adult Other includes received clotting factor, transfusion/transplant, other and unknown. Note: Transgender persons may be included in male, female, or unknown sex categories.