

## Town Hall Action Plan

### Town Hall Committee Potential Partners:

- Fast Track Cities
- Ending the Epidemic
- Kind Clinic
- ASHwell
- David Powell CommUnity Care
- Integral Care
- Project Transitions
- Red Ribbon Testing
- Whatsinthemirror
- LGBTQ Quality of Life Commission
- Commission on Aging
- Public Health Commission
- Texas Syndicate
- Transgender Education Network of Texas
- Austin Black Pride
- City of Austin Government

### Format of Town Hall:

Common format is a briefing by a panel of three/four community leaders, and a moderator. The panel discussion is typically 35-50 Minutes and the question-and-answer period usually lasts 30 minutes. The public and policymakers are the primary audience.

What would the idea panel consist of?

### Meeting Logistics:

#### Setting a Time and Date

- Avoid competing community events
- Aiming for June with follow up discussion in July
- Select a place that is easy for residents and local media to get to
- What is our ideal RSVP #? 20-50? 50-100?
- Would Eventbrite be best platform to host invitations?
- Early evening? Afternoon? During the week or weekend?

#### Setting Location

Should we consider hybrid? Or focus on in-person with an online submission option

- June
  - Round Rock Pride Festival, Saturday June 1, (Vendor Sign Up filled as of 4/11)
  - Saturday June 1, 10:00AM : Pop-Up ATX: City Services on the go AT George Morales Dove Springs Recreation Center

- National Long-Term Survivors Awareness Day June 5th
- National HIV Testing Day June 27<sup>th</sup>
- July
  - allgo Decompress Fest
  - Zero HIV Stigma Day July 21<sup>st</sup>
- August
  - City Pride Event on August 10<sup>th</sup>

#### Promotion

- Create Press Kit and News Release with APH PIO for online promotion with partners.
- Routine emailing from Planners to partners for bi-weekly reminder for promotion.
- Create physical flyers with event information to post in community gathering spots.

#### Community Demographics

HIV Prevalence (new and existing cases) Rate of Persons living with HIV per 100K People By County, 2021. Source:

County	2021 Prevalence Rate	<a href="#">Total Population in 2020</a>
Travis	473 people/100 K	1,290,188
Williamson	182 people/100 K	609,017
Hays	198 people/100 K	241,067
Bastrop	259 people/100 K	97,216
Caldwell	230 people/100 K	45,883

Table 1: 2021 HIV Prevalence Rate per 100,000 persons in the population from AIDSvu and Population size from Census.gov by County.

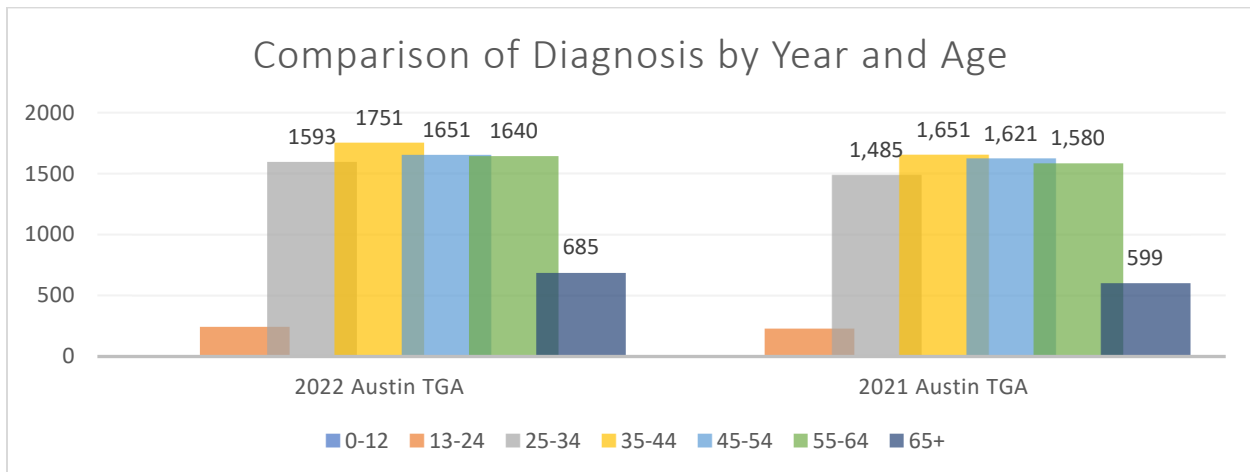


Figure 1. Comparison of 2022 and 2021 HIV Diagnosis count data by age categories from Texas DSHS HIV/STI surveillance data.

In 2021, Ann Robbins, HIV/STI Section of Texas DSHS reported that about 50% of diagnosed PLWH are between the ages of 35 and 54. In 2022, according to the provided surveillance data this statistic has dropped to about 45%.

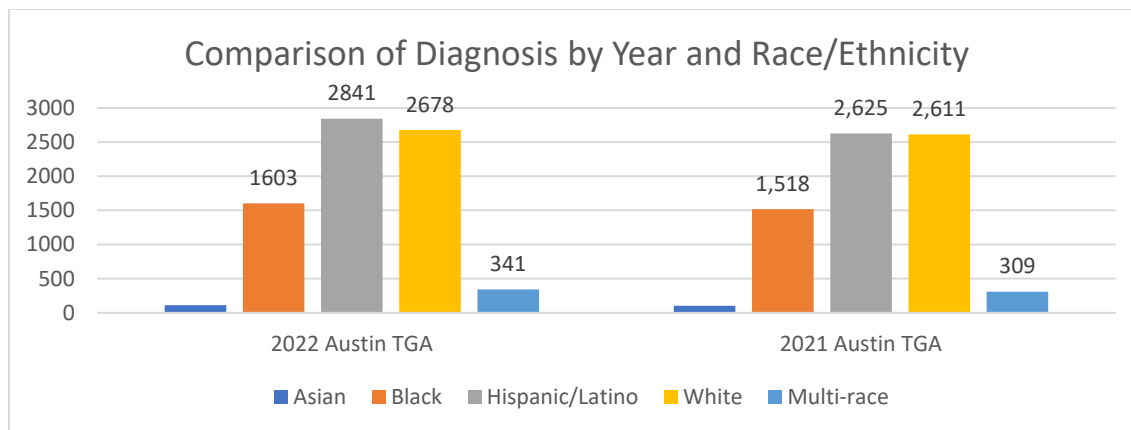


Figure 2. Comparison of Diagnosis counts by Year and Race/Ethnicity for the Austin TGA. Source: Ann Robbins, Texas Department of State Health Services.

[Based on the demographic breakdown of Travis County](#)

Column	→	Travis County, TX
White alone		54.4% ±0.9%
Black or African American alone		8% ±0.3%
American Indian and Alaska Native alone		0.6% ±0.2%
Asian alone		7.7% ±0.3%
Native Hawaiian and Other Pacific Islander alone		0.1% ±0%
Some Other Race alone		9.1% ±1.1%
Two or More Races:		20.1% ±1%
Two races including Some Other Race		15.2% ±1%
Two races excluding Some Other Race, and three or ...		4.9% ±0.5%

Table 2. 2022 Race profile of Travis County provided by Census Reporter.org.

Expect Number of Black PLWH in Travis  $7568 \times 0.08 = 606$ . Actual in 2022 = 1603

Expect Number of Latinx PLWH in Travis  $7568 \times 0.33 = 2498$ . Actual in 2022 = 2841

Expect Number of White PLWH in Travis  $7568 \times 0.47 = 3557$ . Actual in 2022 = 2678

		%
CommUnity Care/David Powell	131	31
Emergency Room/hospital	61	14
Other Community clinic	61	14
Private Doctor or Clinic	63	15
Veteran Affairs Clinic or Hospital	15	3
N/a; I do not regularly see a doctor for my HIV	47	11
Other	53	12
Total Responses	431	

Table 3. Preferred Care Location of Participant in the Austin HIV Needs Assessment of service needs and barriers, 2022.

Table 4 describes 2021 demographic information provided by AIDSvu. This table is provided to give an overview of various indicators that influence HIV prevalence in the Austin TGA. A Gini coefficient of 0 expresses perfect equality where everyone has the same income, while a coefficient of 100 expresses full inequality where only one person has all the income.

The following link provides a heat map organized by Zip code to show where the highest prevalence rates are in the Austin TGA: <https://map.aidsvu.org/prev/city/rate/none/none/usa?geoContext=national>

County	Percent Living in Poverty	Percent High School Education	Median Household Income	Income Inequality (Gini Coefficient)	Percent Uninsured	Percent Unemployed	Percent Living with Severe Housing Cost Burden	Syphilis Rate per 100k
Bastrop County	10.9	84.4	78339	0.4055	21.5	4.5	10.5	5
Caldwell County	13.3	80.1	63380	0.4296	27.9	4.9	11.6	11
Hays County	13.6	90.5	71061	0.4496	15.5	4.1	18.2	17
Travis County	11.2	90.6	85043	0.477	13.6	4.1	15.2	32
Williamson County	6.3	94	94705	0.3987	10.7	4	10.8	6

Table 4. 2021 Demographic information of Austin TGA provided by AIDSvu.

	Field English % (n)	Field Spanish % (n)	Agency English % (n)	Average
HIV Medical Appointments /Medical Care/Citas Medicas	53.82 (134)	65.52 (38)	58.21 (39)	59.00
Dental Care/Cuidado dental	56.63 (141)	65.52 (38)	61.19 (41)	61.00
Free to low cost medications/ Medicinas gratis o a bajo costo	46.18 (115)	56.90 (33)	55.22 (35)	53.00
Food bank/banco aliemento	28.92 (72)	44.83 (26)	52.24 (35)	42.00
Help with Housing/ayuda para viviendo	37.35 (93)	36.21 (21)	49.25 (33)	41.00

Table 5. Average top five percentages regarding to the question “Think about the most important services you currently need. Check the 5 services you need the most. (Select only 5)”. 2022

Participants of the 2021 Needs Assessment on service needs and barriers were asked to report their most common reasons for missing medications and appointments from a compiled list. There was also an option to write in additional barriers faced. For all participants in the field, who represent those not in care, the top three barriers faced are:

1. ability to pay for services.
2. lack of access to health insurance
3. Not knowing where to go

Agency: If you did not see a doctor for your HIV or get a prescription for HIV medication, why not? Select all that apply

Answered: 22 Skipped: 46

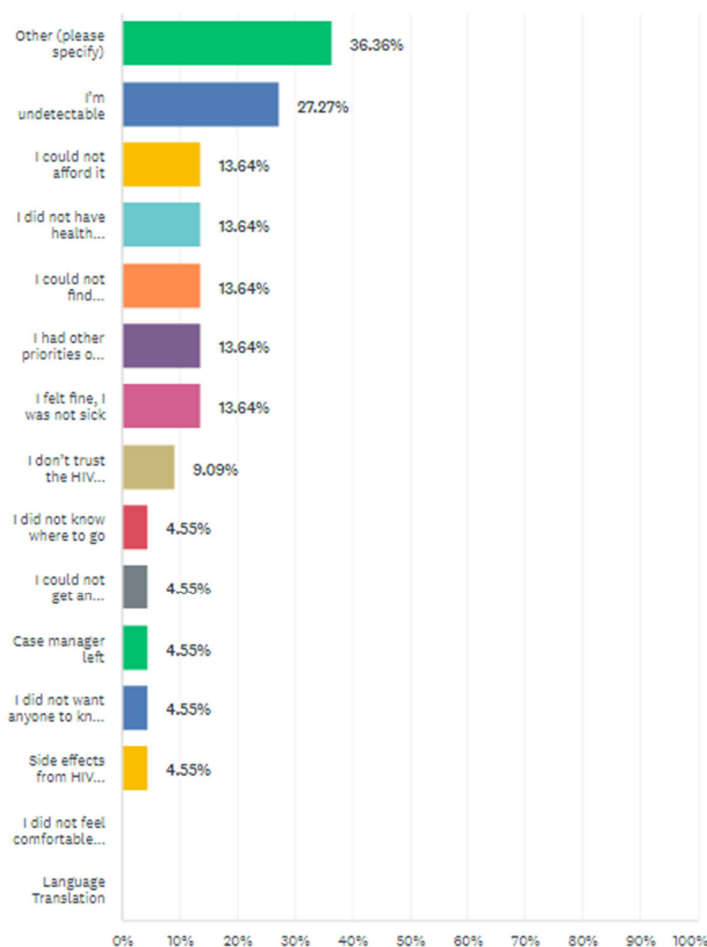


Figure 12. Percentage of Agency responses for English Speakers to the question “If you did not see a doctor for your health or receive a medication, why not? Select all that apply”. Denominator 22. 2022 figure 12, which focuses on the barriers faced for persons who are already be connected to care were unique in that “other” was the most selected barrier.

The barriers reported by participants in-care included:

- Seeing [another doctor]

- New diagnosis
- None/didn't have it/I didn't know I was positive/I am HIV-negative/I do not have an HIV diagnosis
- Legal issues and housing

The agency survey did not have a question that allowed persons to report that they were HIV-negative as the survey was intended to be filled out by PLWH only. Therefore, this can create issues in interpretation as the agency group was intended to represent PLWH who are in-care and/or retained in care. This question also had a low response rate within the agencies, which introduces bias. It should be noted that the second most reported barrier (27.27%) for agency clients, as seen in Figure 6 was being undetectable.

**First: who is our panel, and understand their struggles, incorporate results from na AND see if panel needs align with NA results. Can guide the agenda. Stick w/ listed priorities from 2022**