

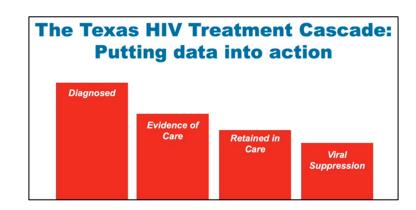
ATRENDS

2018 Ft. Worth HSDA Continuum of Care

Data Literacy







https://achievingtogethertx.org/hiv-in-texas-overview/



The Texas HIV Treatment Cascade

Diagnosed



Receives an HIV diagnosis

Evidence of Care



At least one HIV contact

a medical visit, lab or ART prescription

Retained in Care



Maintenance of HIV care

at least 2 contacts, 3 months apart, or VLS

Undetectable!

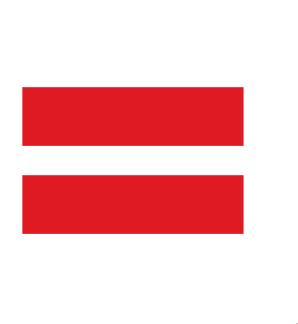
Viral Suppression



Viral Load <200 copies/ml









Untransmittable

The Texas HIV Treatment Cascade

In-Care Viral Suppression





Receives an HIV diagnosis

Evidence of Care



At least one HIV contact

a medical visit, lab or ART prescription

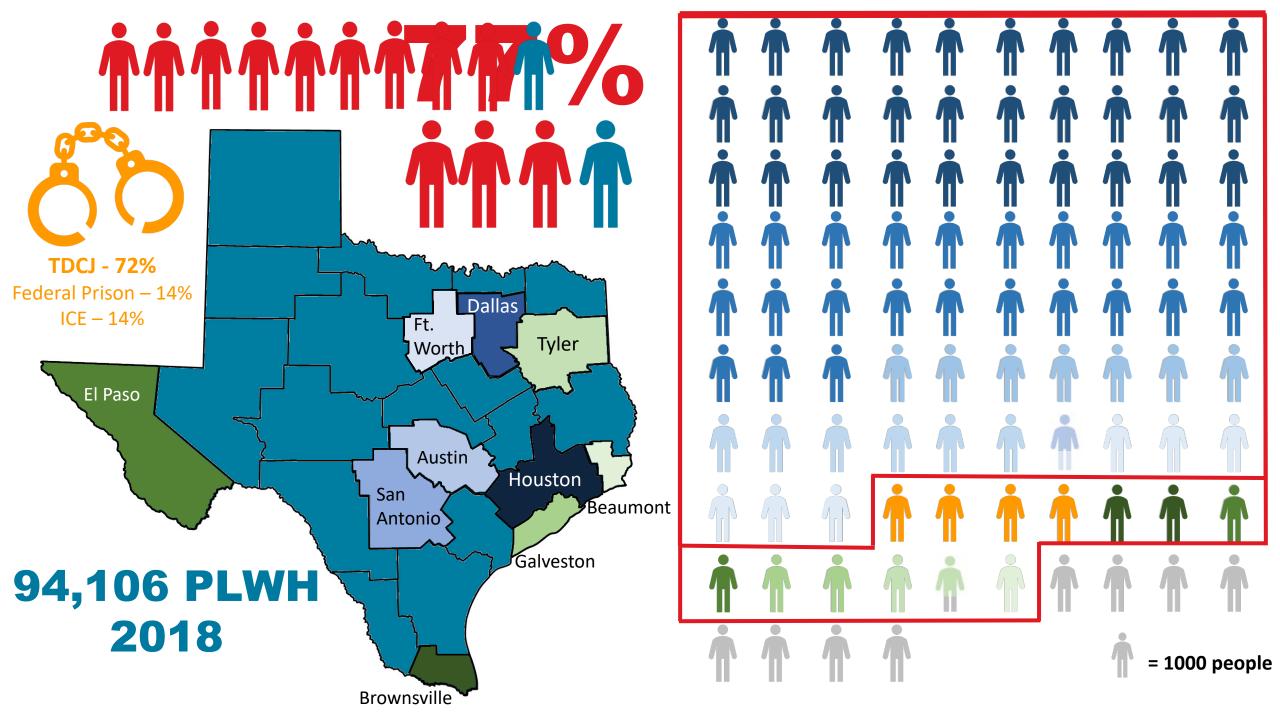
Retained in Care

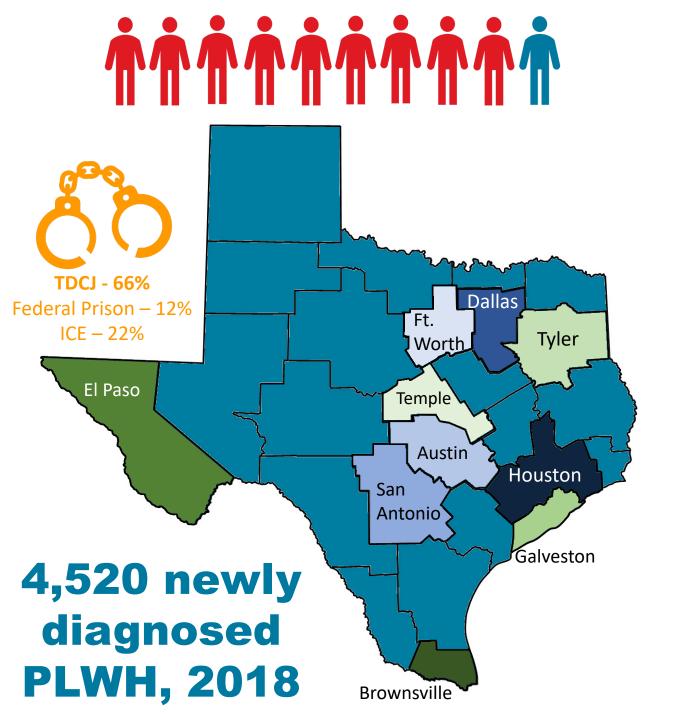


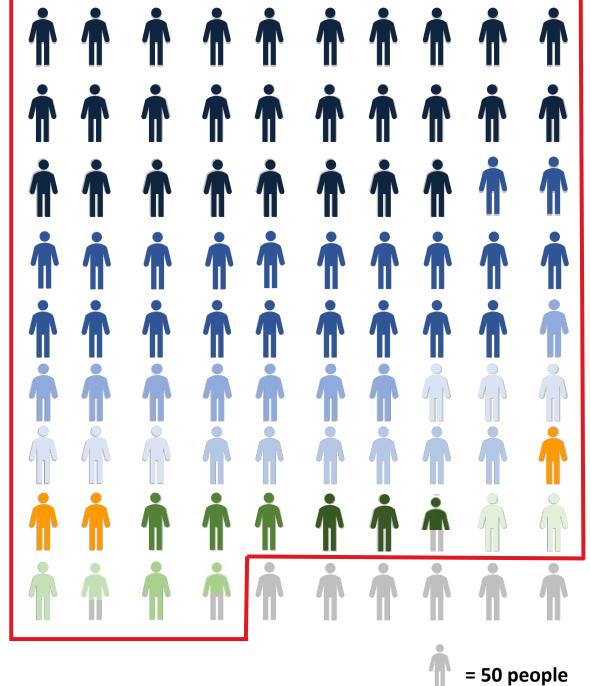
Maintenance of HIV care

at least 2 contacts, 3 months apart, or VLS

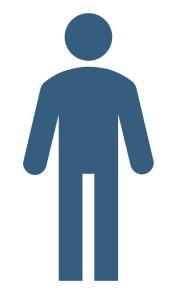




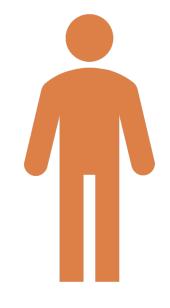




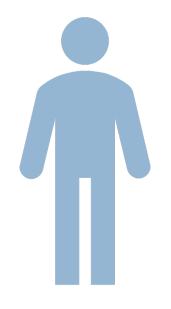
Texas Priority Populations



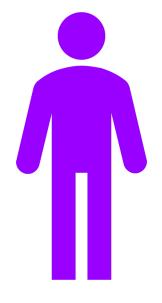
Latinx Gay, Bisexual and other Men who have Sex with Men (Latinx MSM)



Black Gay, Bisexual and other Men who have Sex with Men (Black MSM)



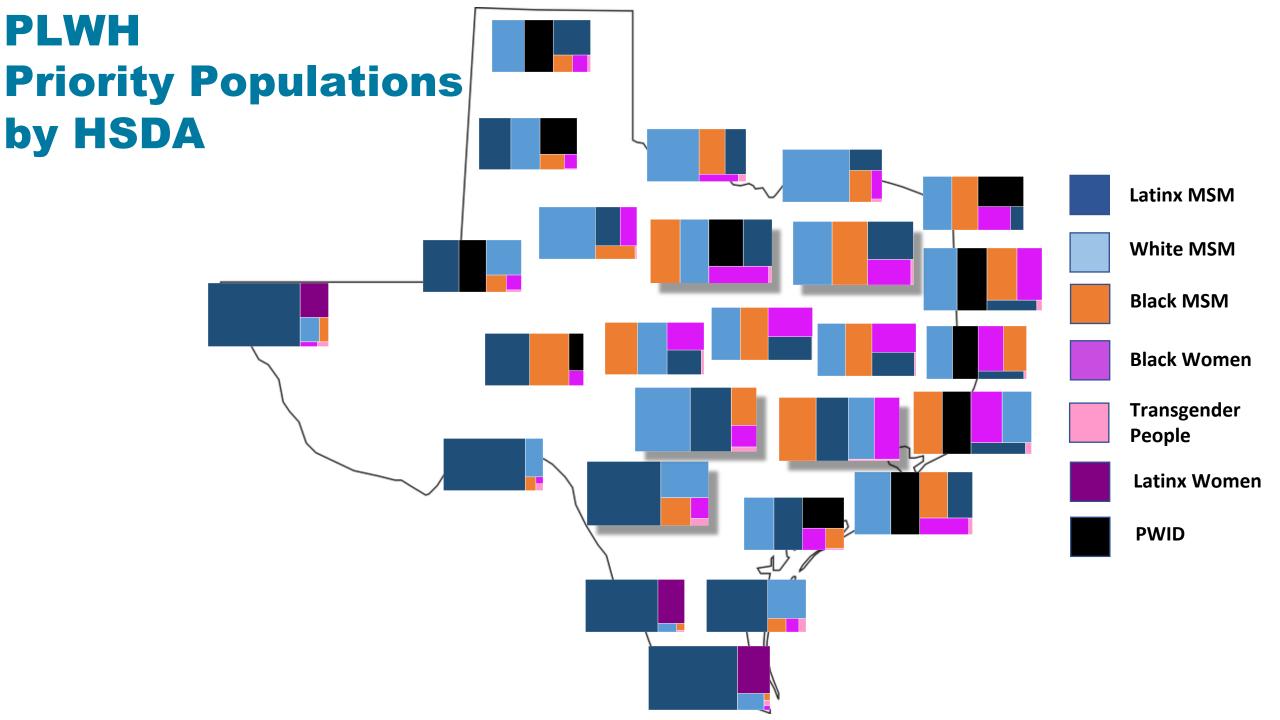
White Gay, Bisexual and other Men who have Sex with Men (White MSM)

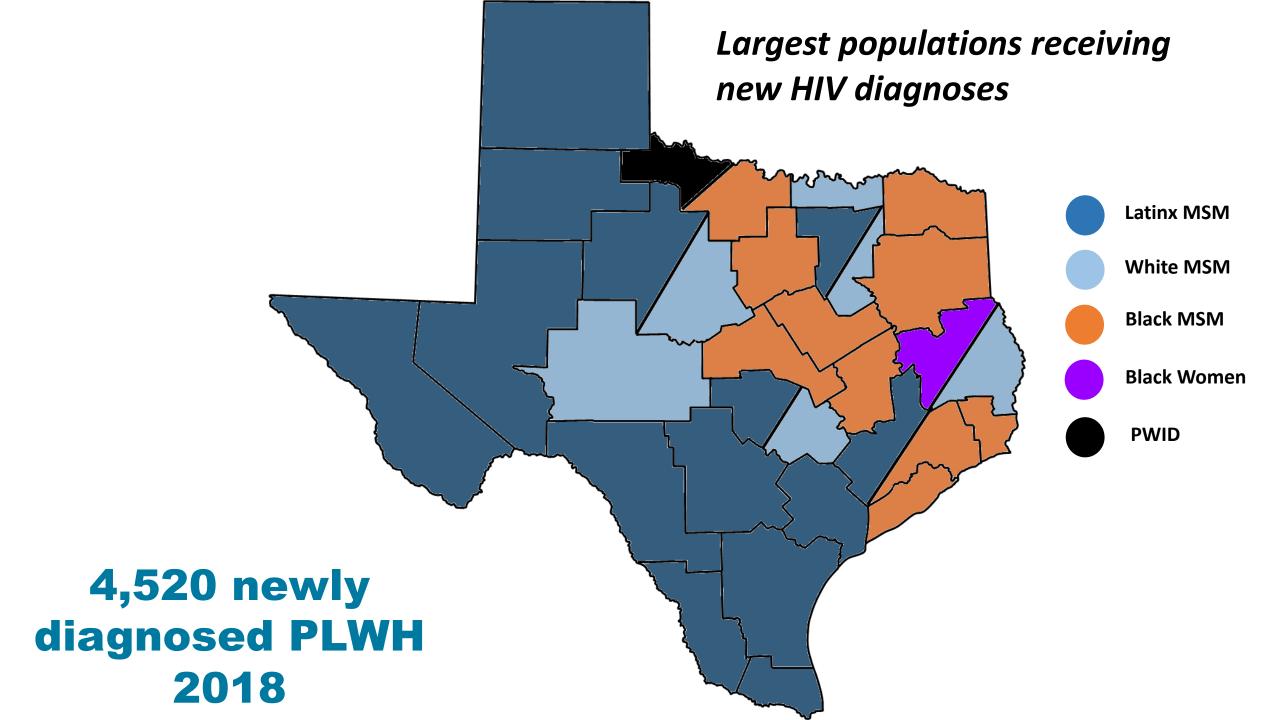


Black Women who have Sex with Men (Black Women)

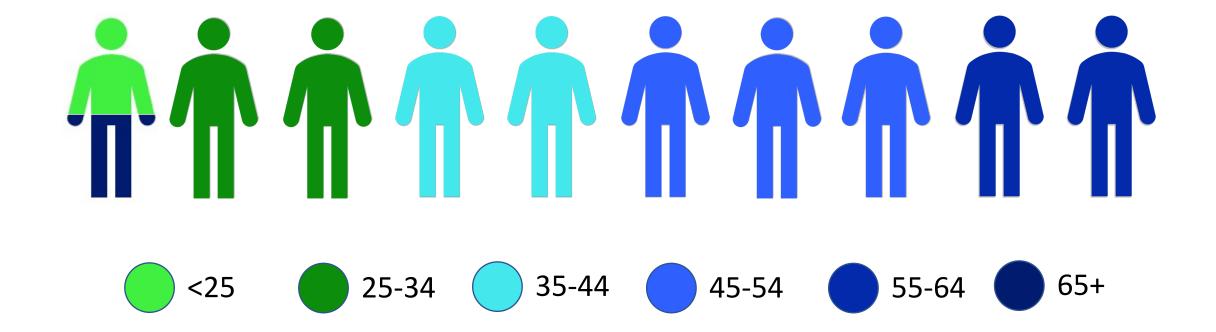


Transgender Women who have Sex with Men (Transgender Women)





Texas PLWH, by Age, 2018



Texas PLWH, by Age, 2018

Texas



<25

25-34

35-44

45-54

55-64

65+

Latinx MSM

White MSM

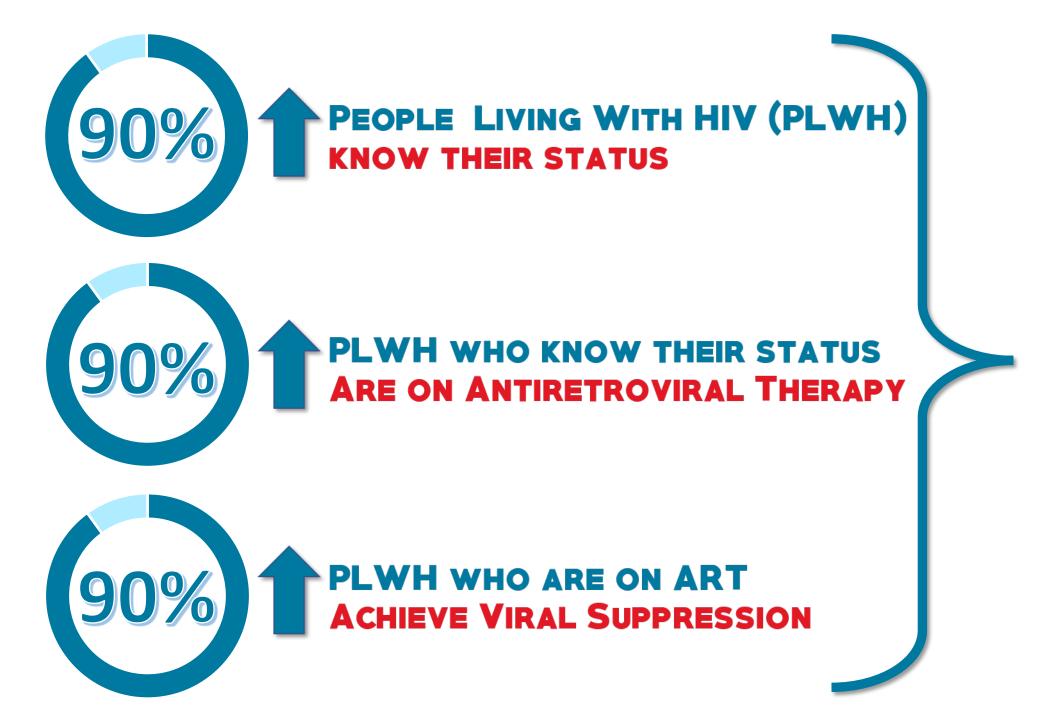
Black MSM

Black Women

Transgender Women

Texas PLWH and New Diagnoses, by Age, 2018



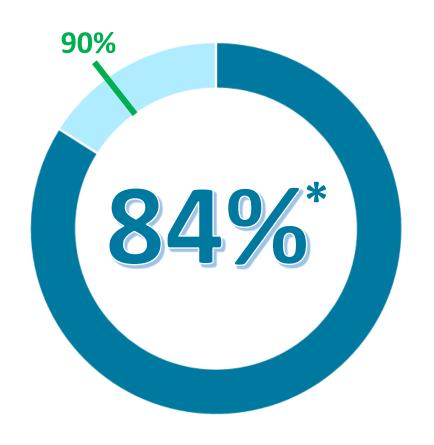


50%

DECREASE IN THE NUMBER OF PEOPLE WHO ACQUIRE HIV (INCIDENCE)

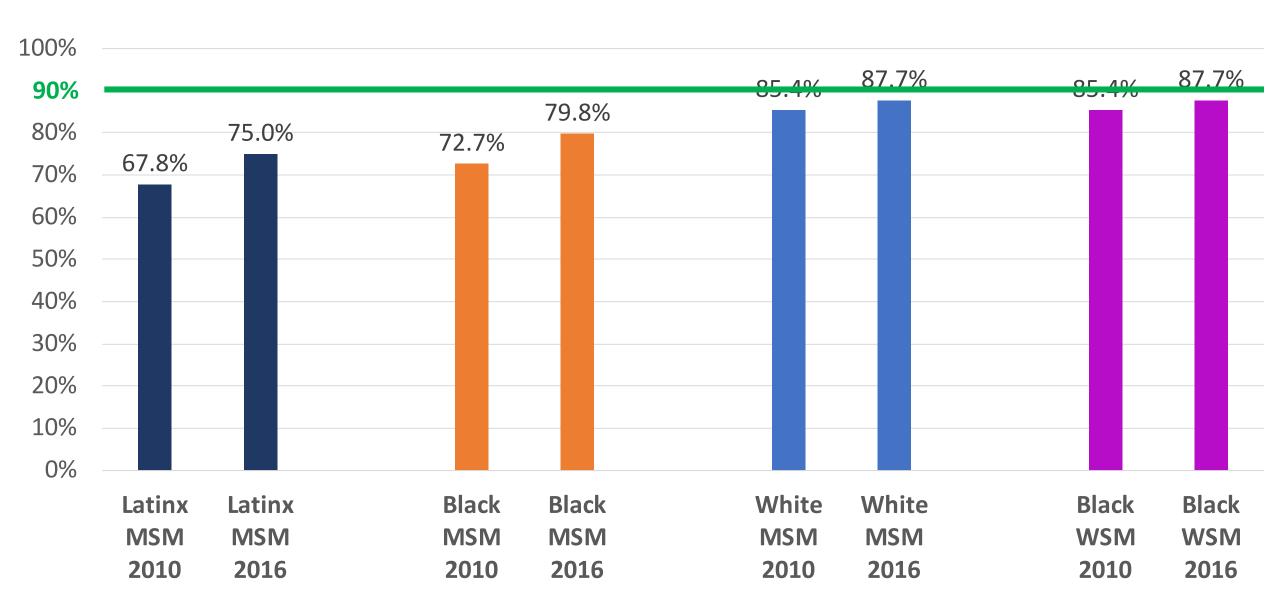
Achieving Together: 90/90/90 – Texas 2018

Diagnosis – 90%

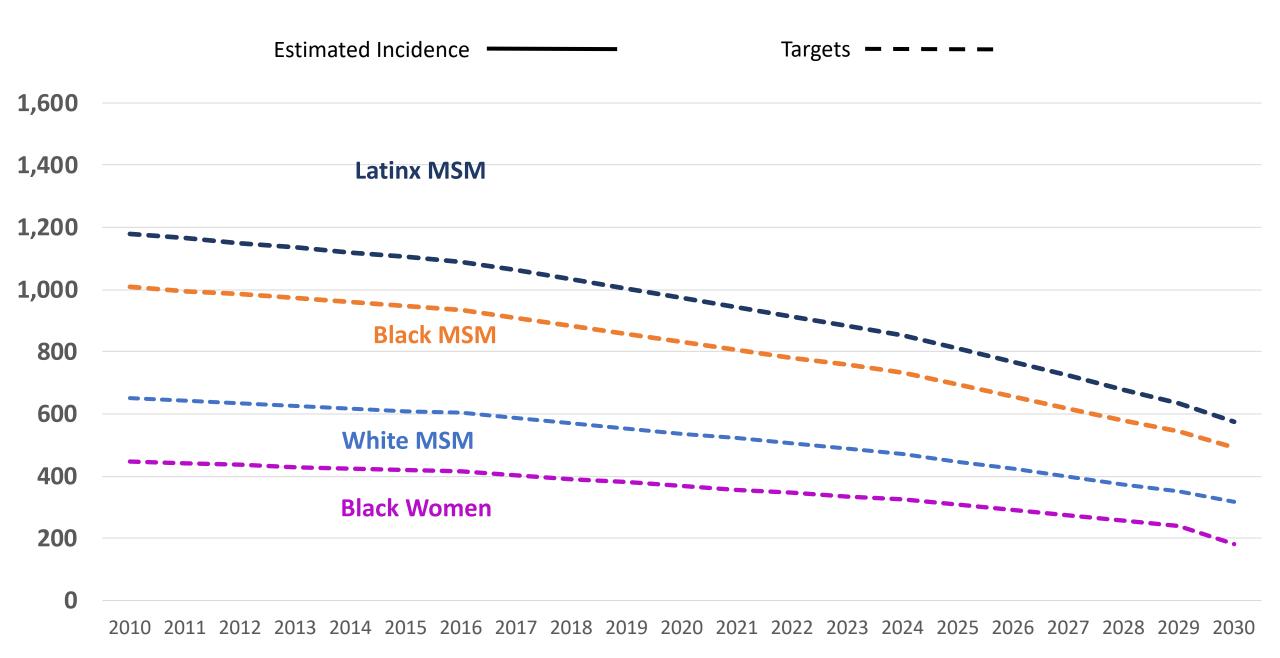


^{* 2017} estimate

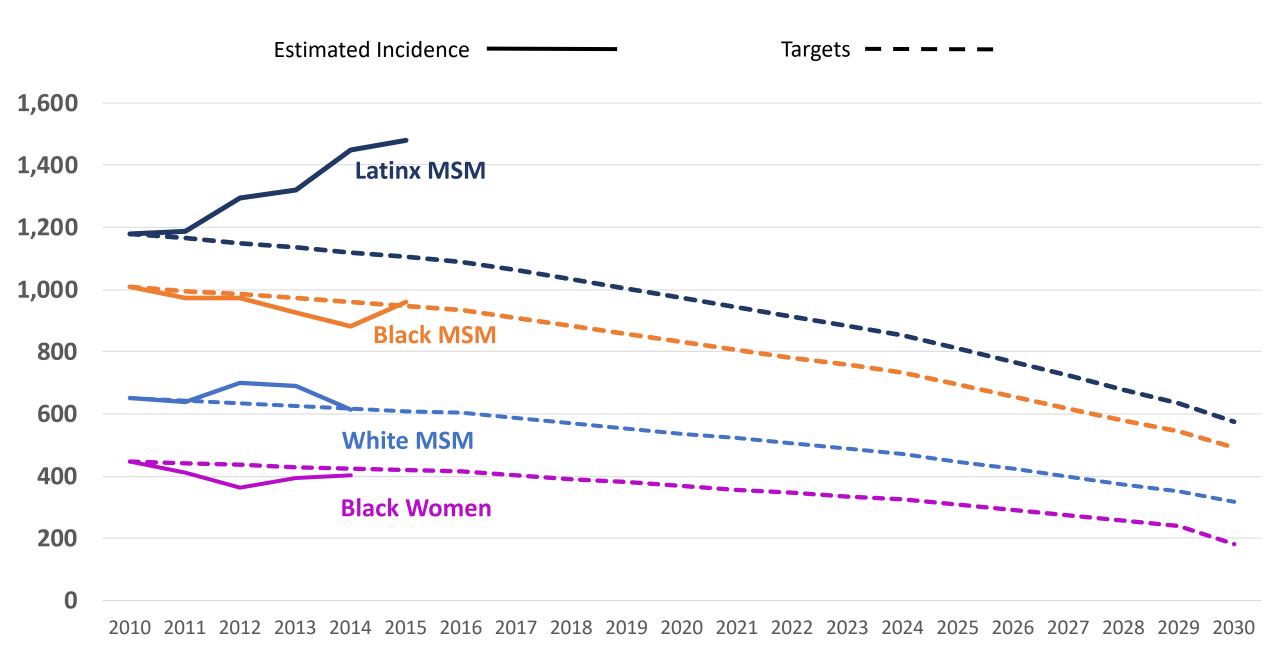
Achieving Together: Diagnosis rate by population



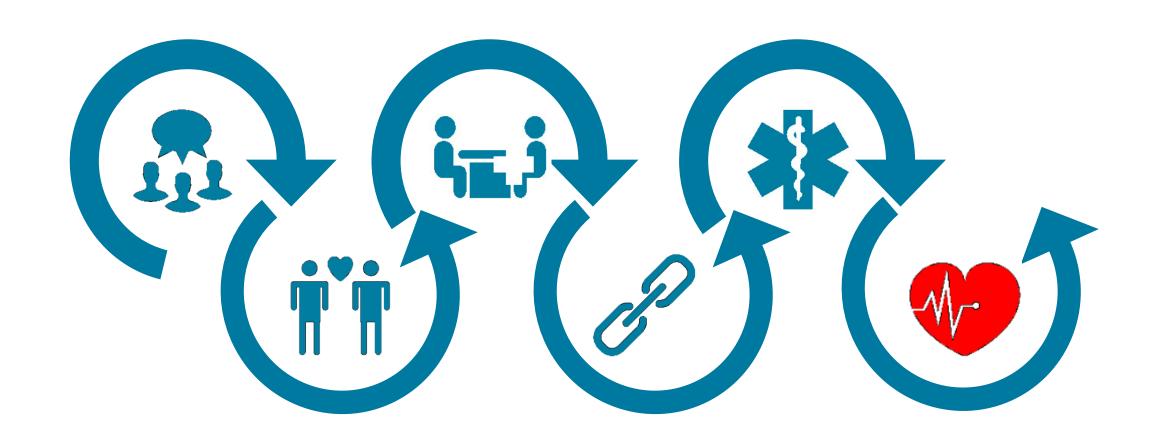
Achieving Together: Incidence Estimates and Projection



Achieving Together: Incidence Estimates and Projection

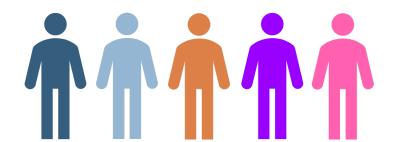


HIV Care Continuum



Priority Populations, Ft. Worth HSDA 2018

Locally Relevant
Populations for
Focused Prevention



Latinx MSM

White MSM

Black MSM

Black Women

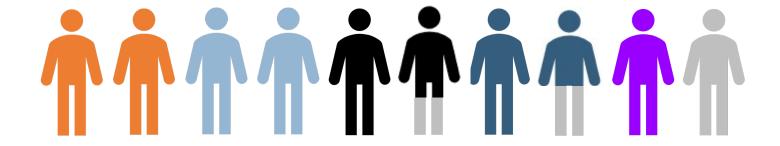
Transgender People

PWID

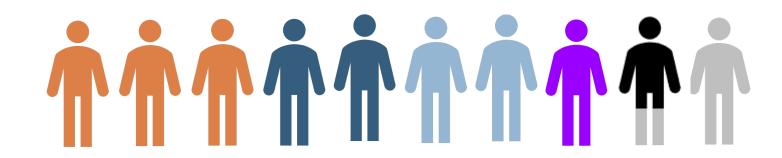
Latinx Women

Latinx Men who have Sex with Women

PLWH 2018 – 6,400

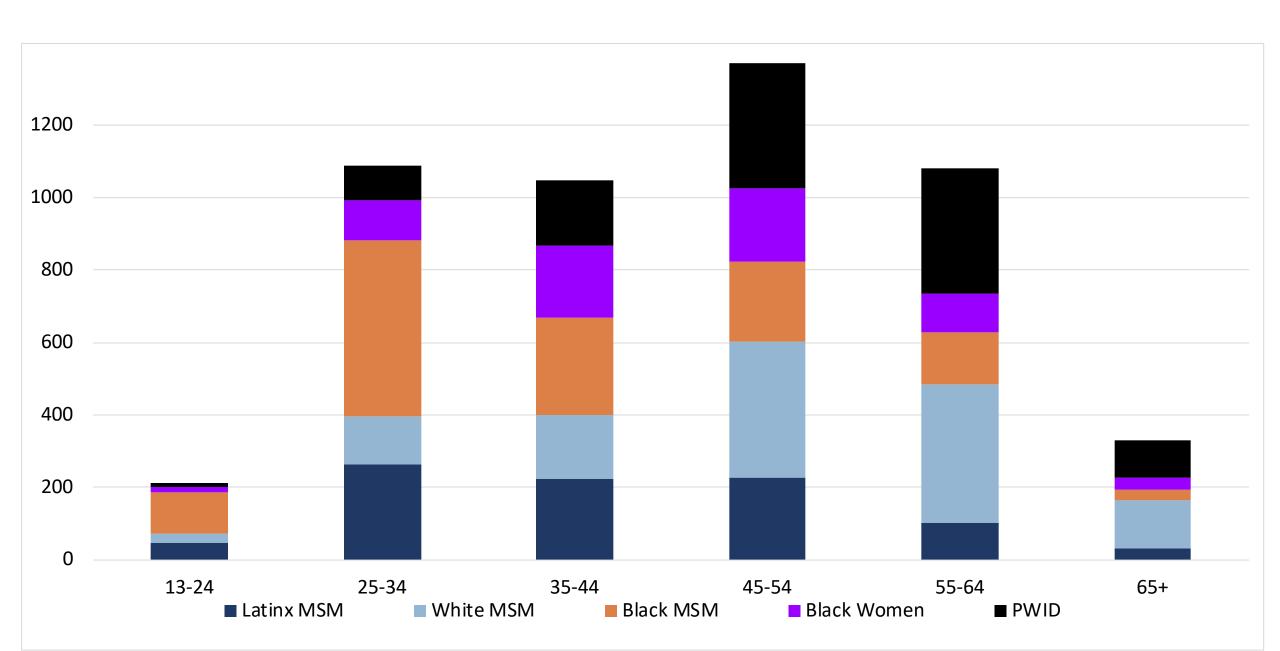


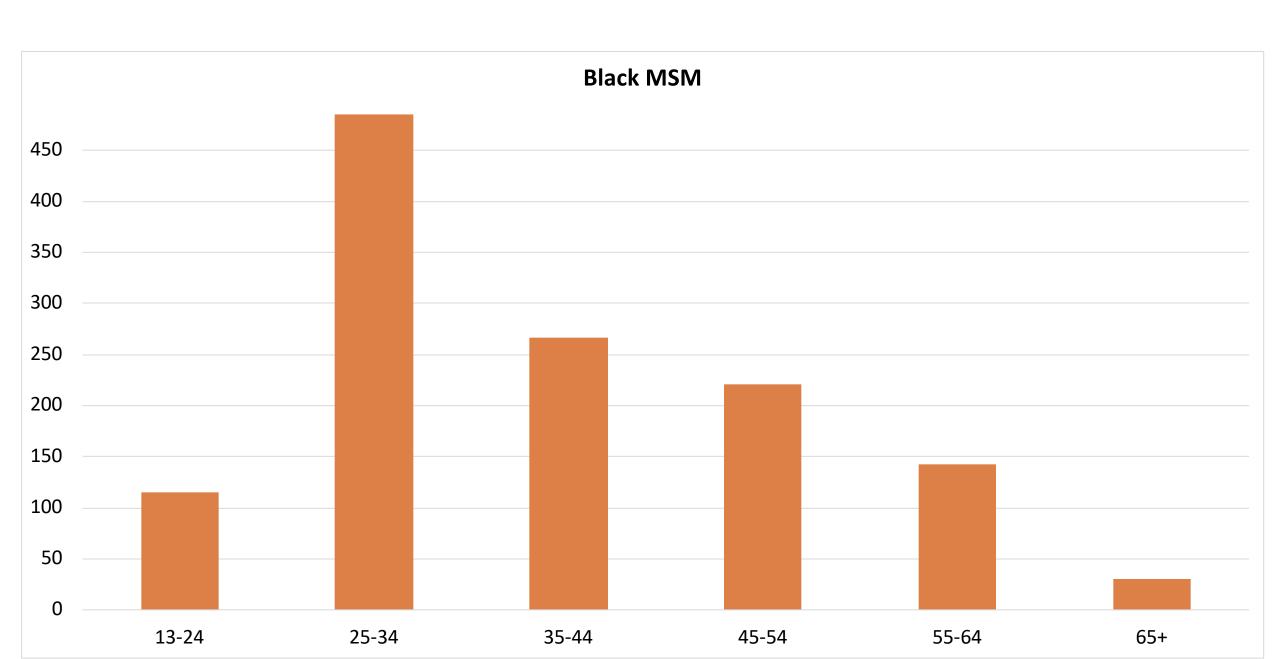
New Diagnoses 2018 – 287

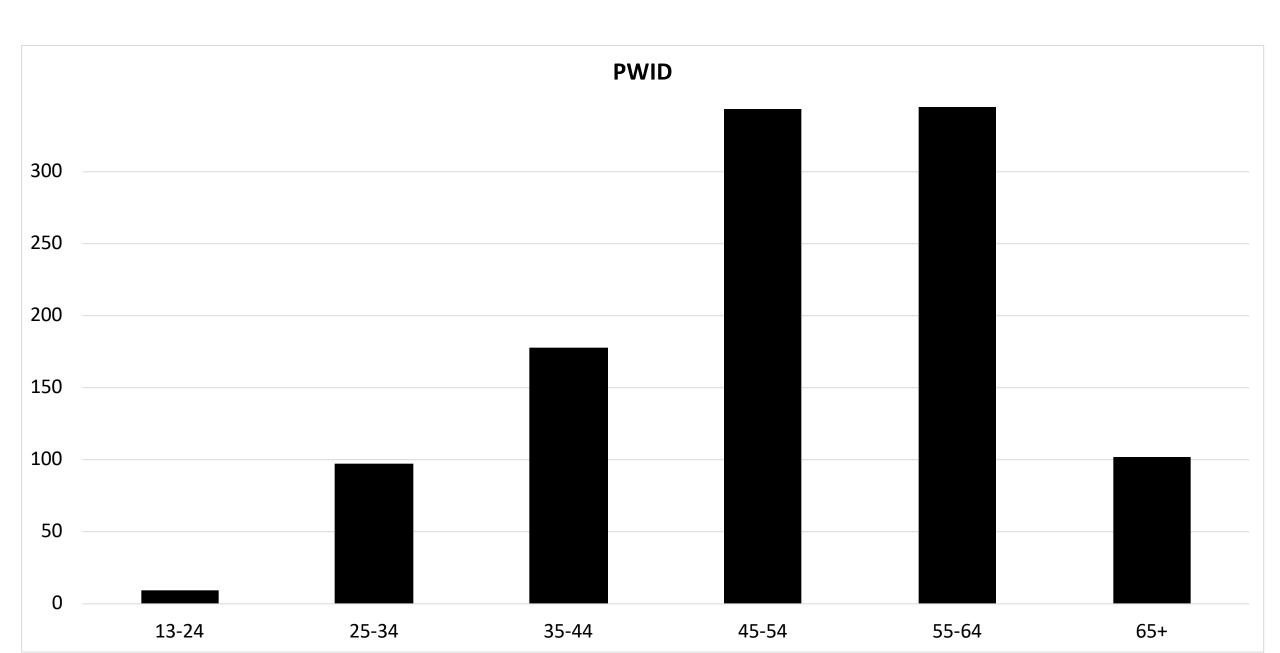


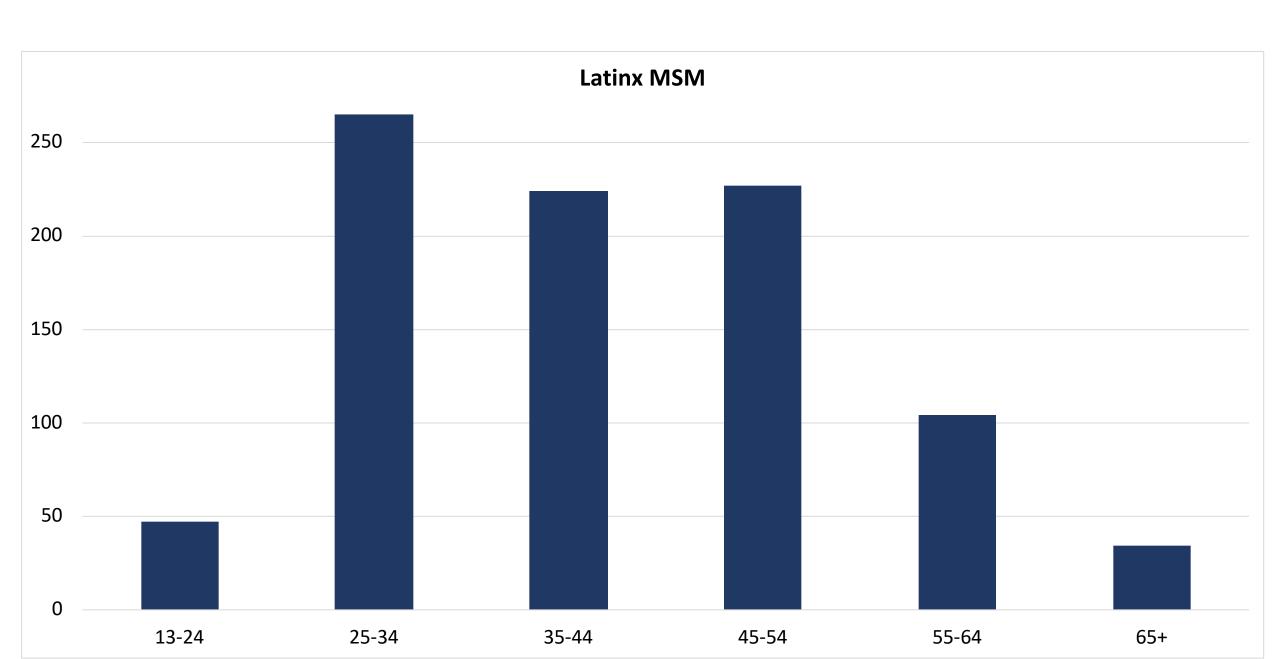
Top Diagnosing Facilities, 2013-2018

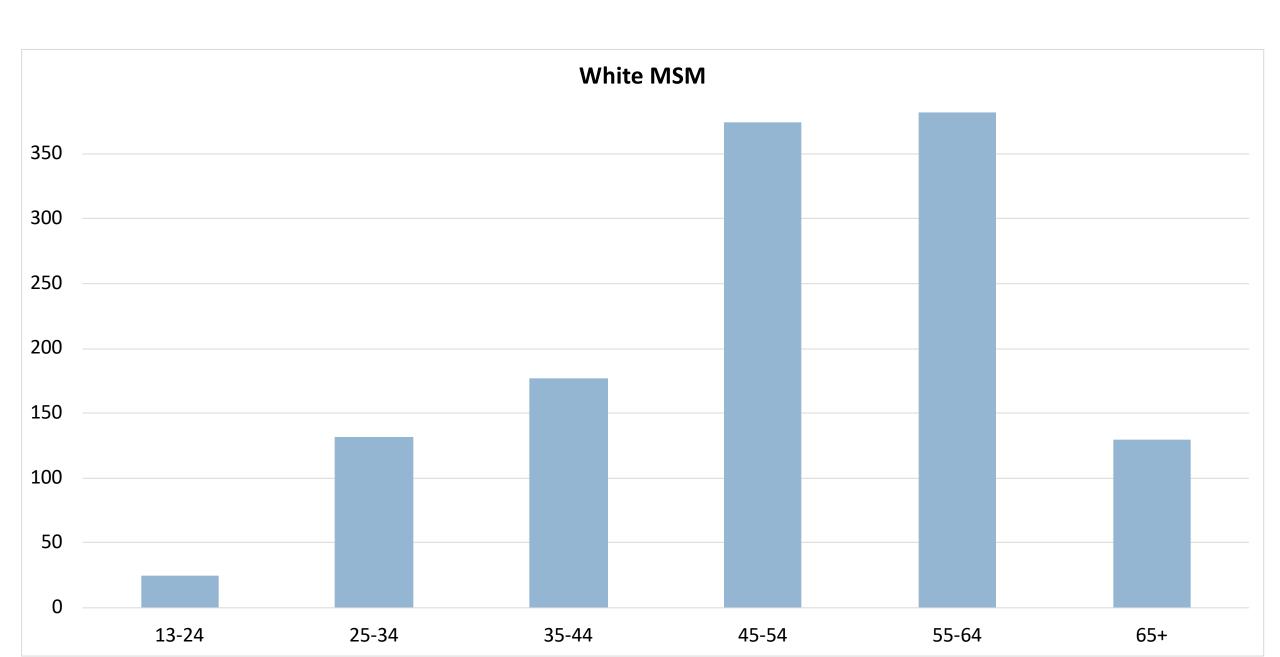
Facility	#	% total
JPS	352	20%
Tarrant County HD	204	12%
AIDS Outreach Center	83	5%
Tarrant County HD - Arlington	55	3%
Texas Health Harris Methodist	37	2%

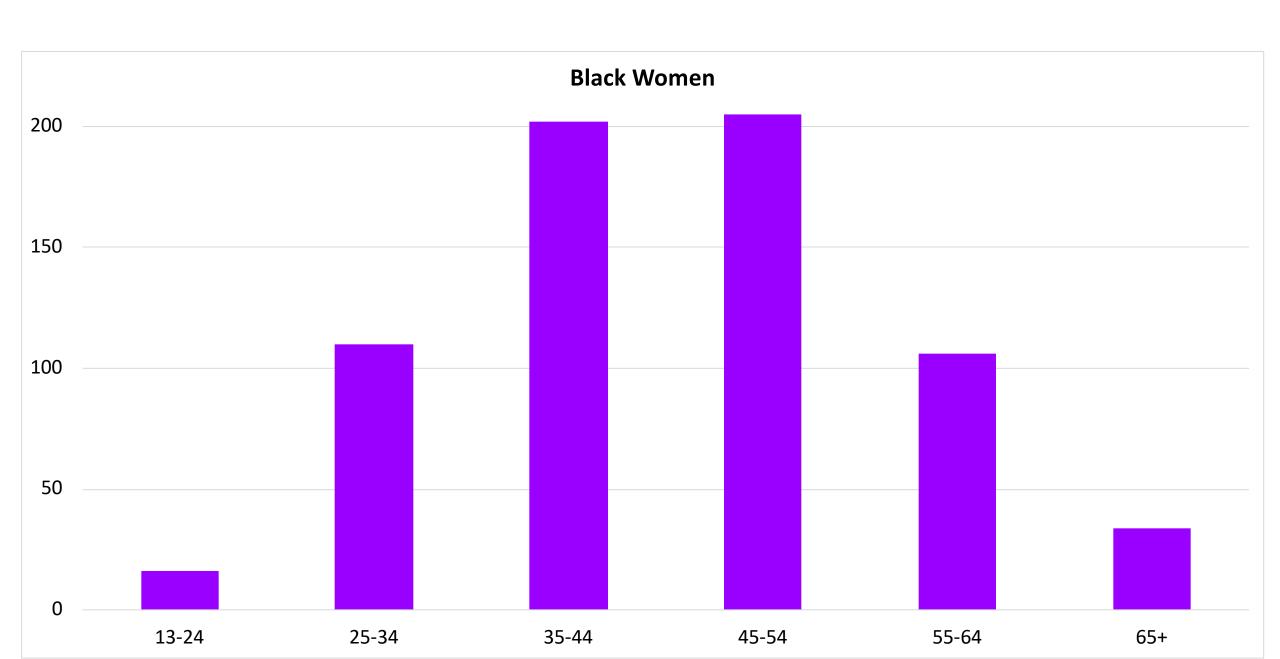




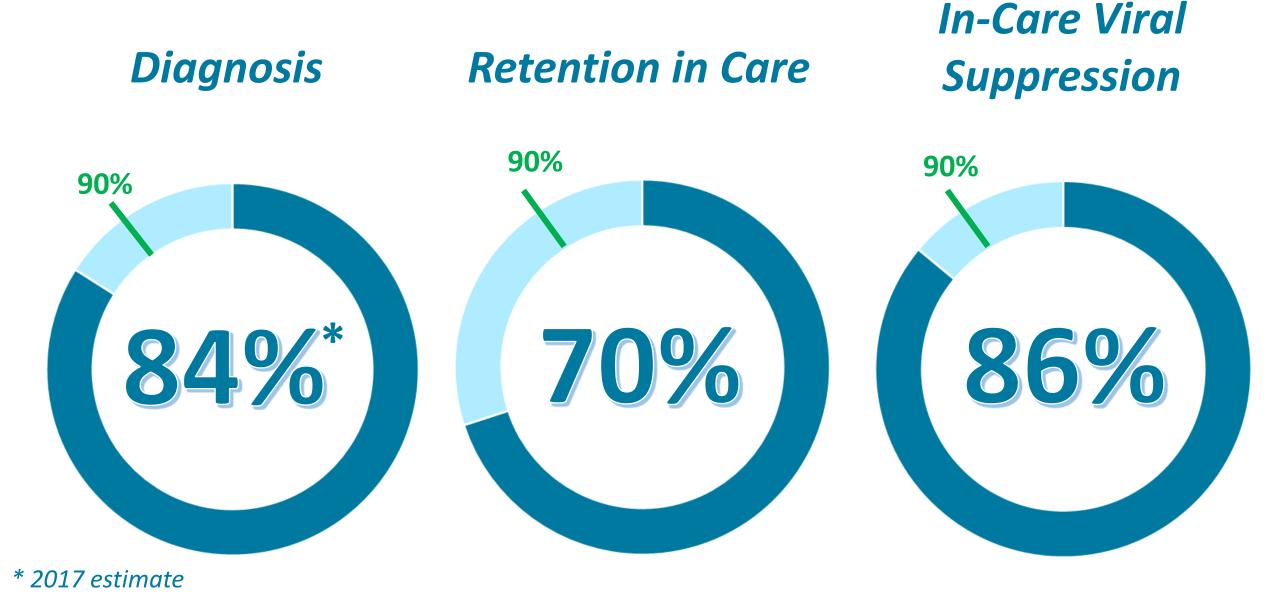




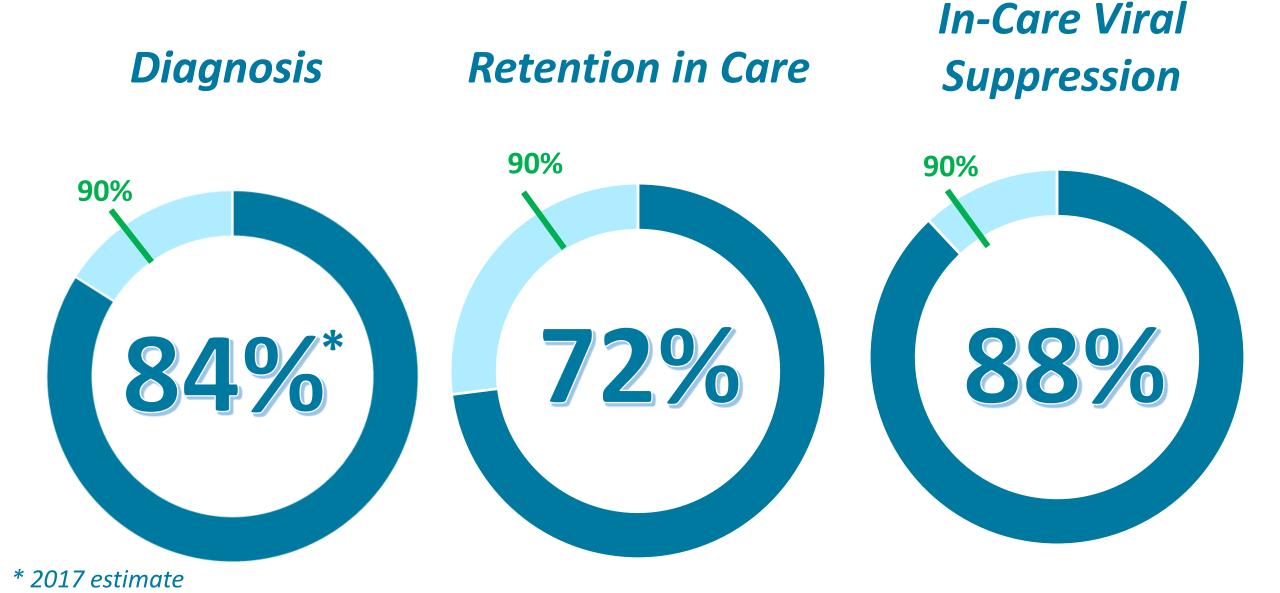




Achieving Together: 90/90/90 - Texas 2018



Achieving Together: 90/90/90 - Ft. Worth 2018



Treatment Cascade Stoplight System

Retention In Care

< 69%

70% - 89%

90% <

Stop and examine further, May be a priority



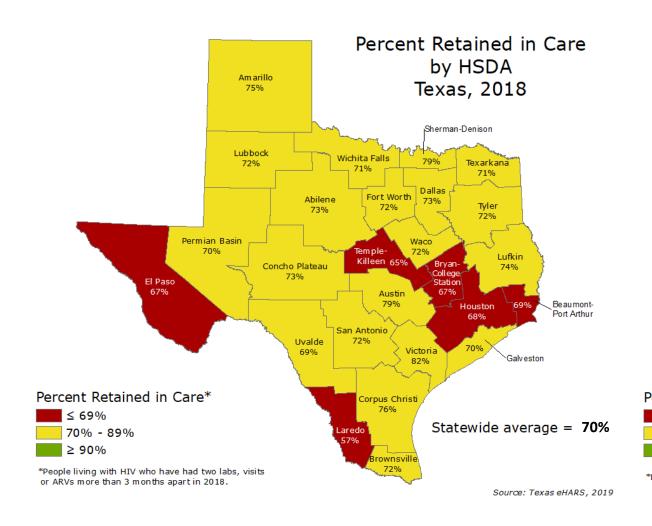
In-Care Viral Suppression

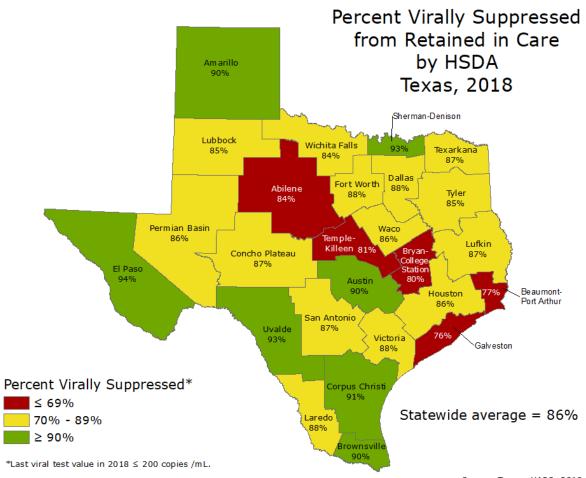
< 84%

85% - 89%

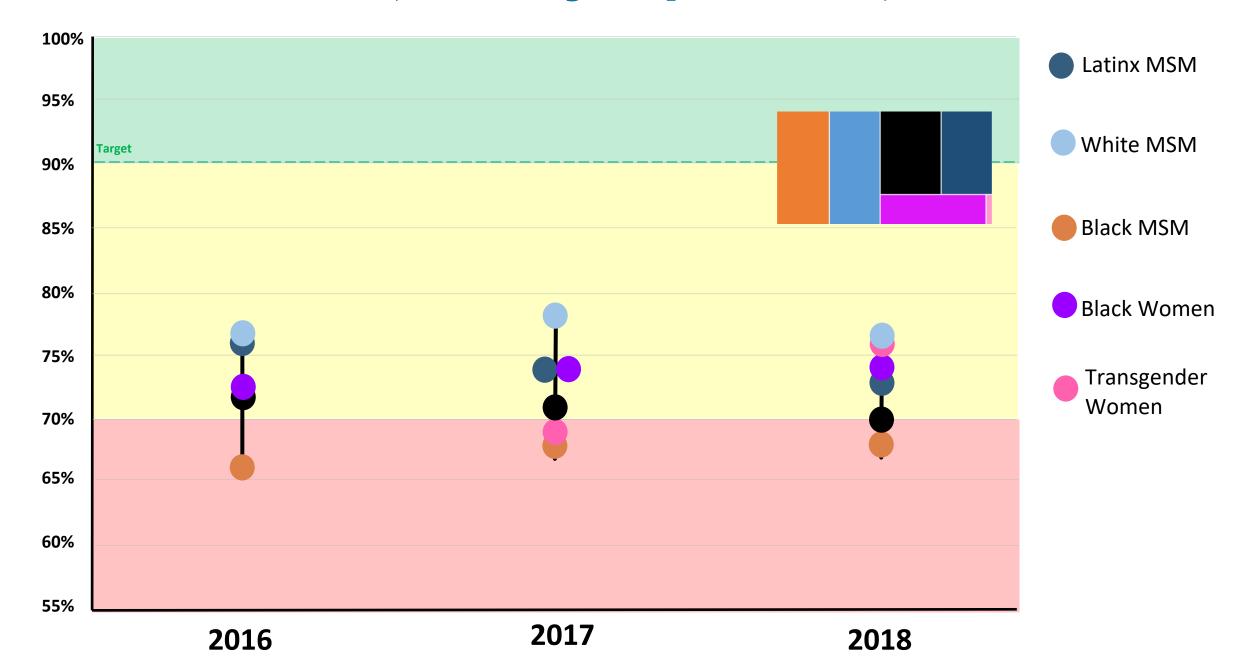
90% <

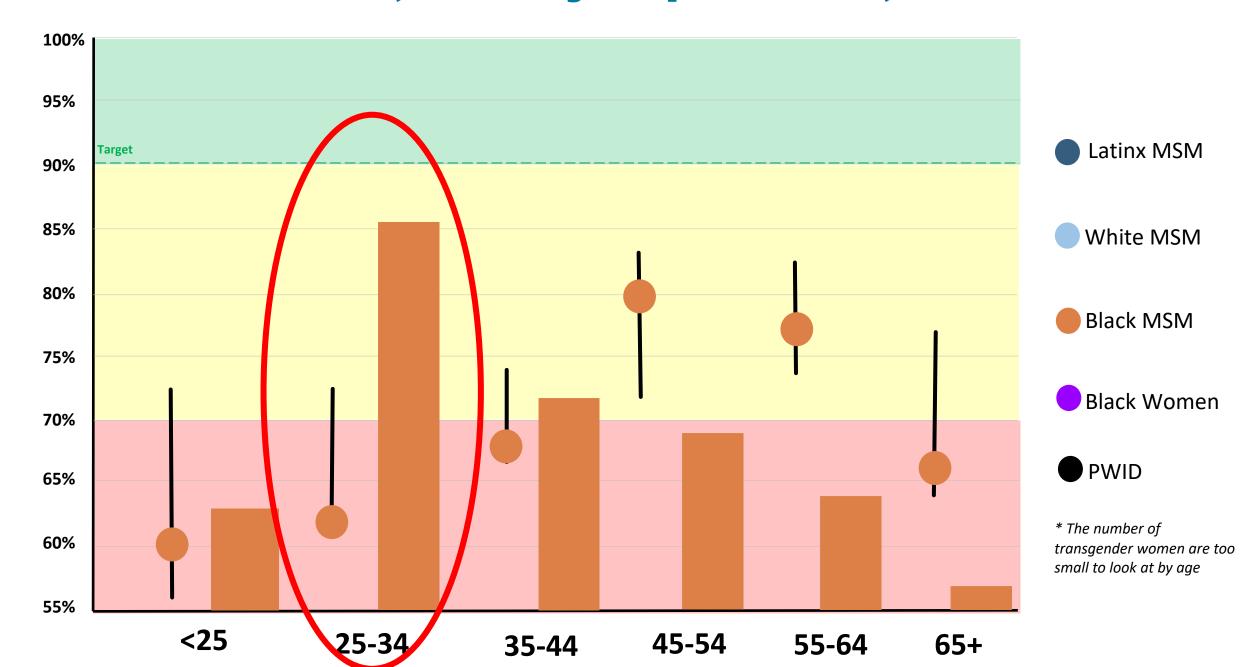
Treatment Cascade Stoplight System – Texas 2018

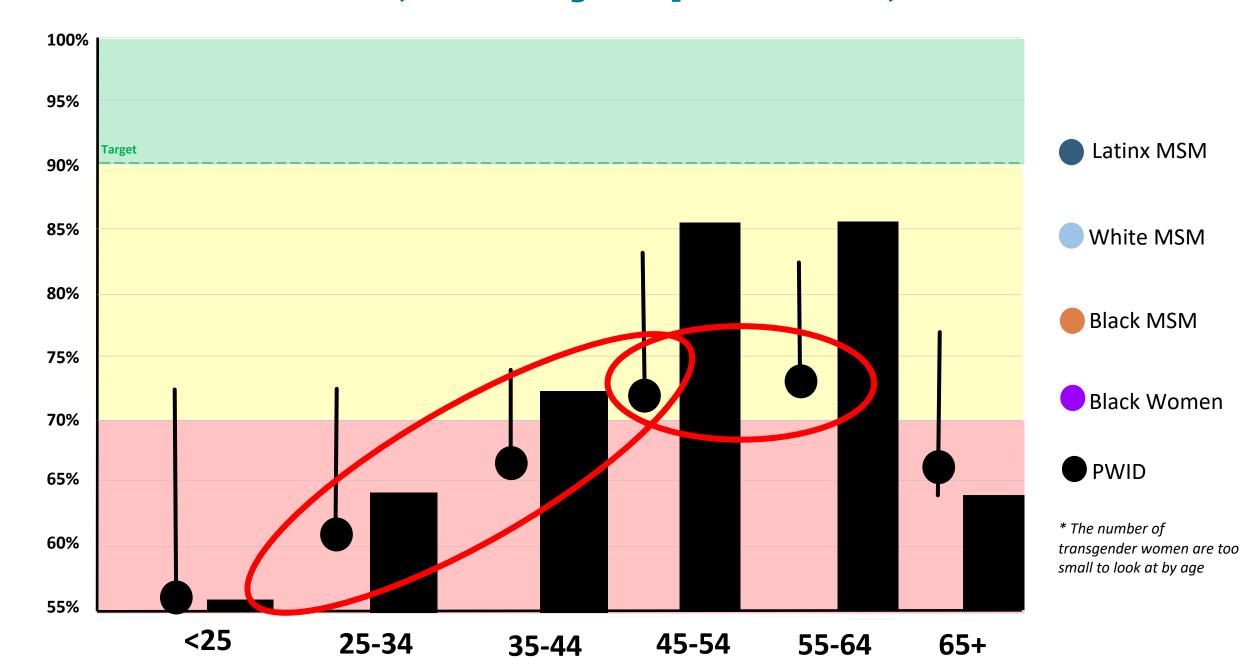


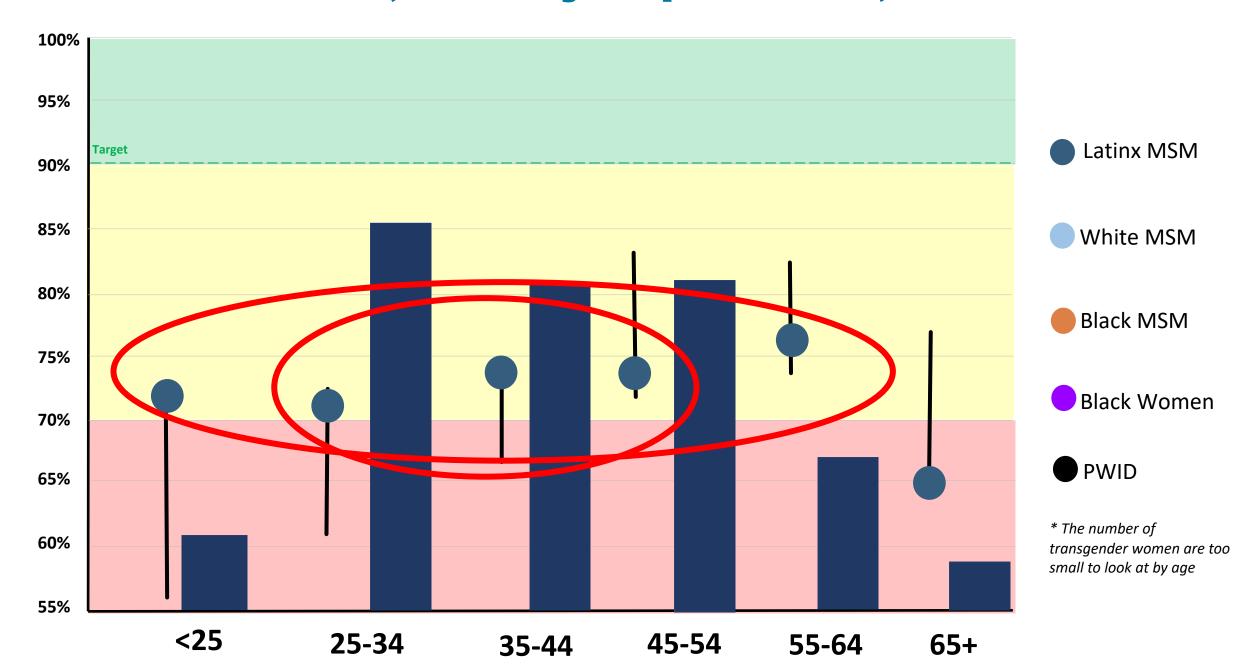


Source: Texas eHARS, 2019

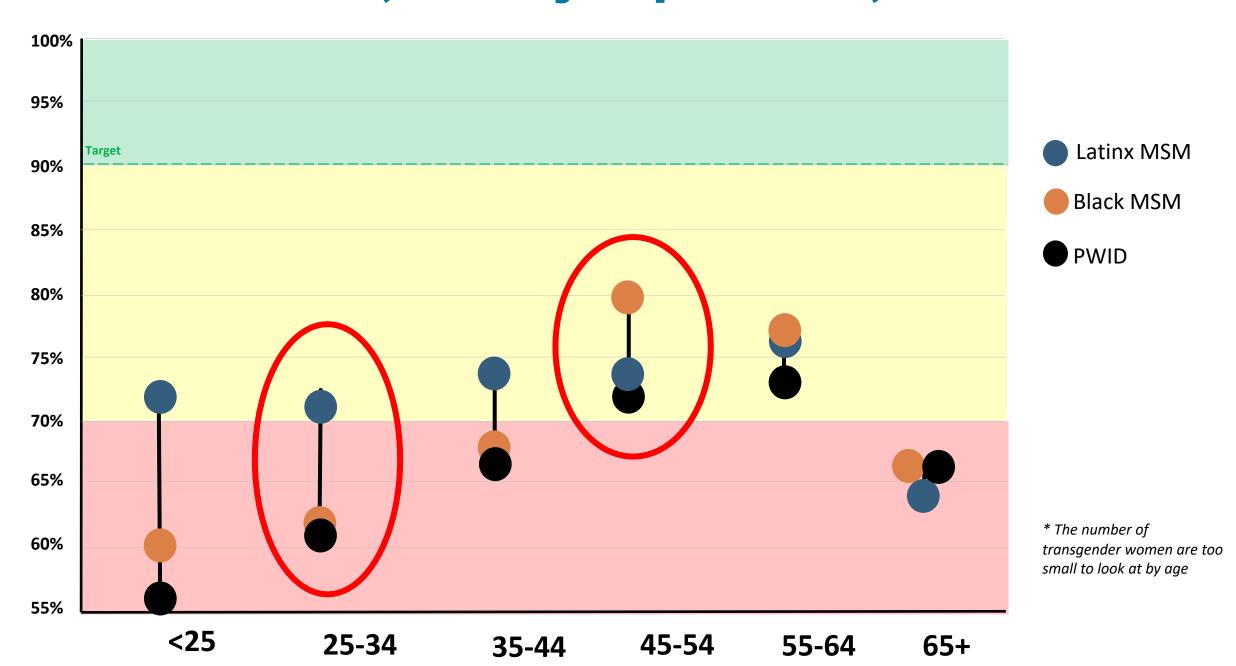








Retention in Care, Priority Populations, 2018

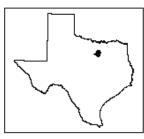


City of Fort Worth Retained in Care 2018

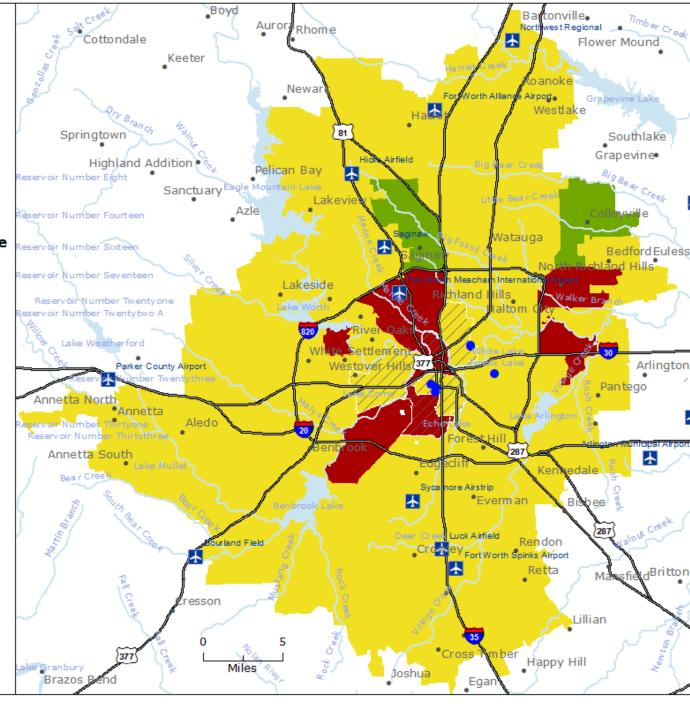
Statewide average = 67%

Percent Retained in Care by ZIP Code

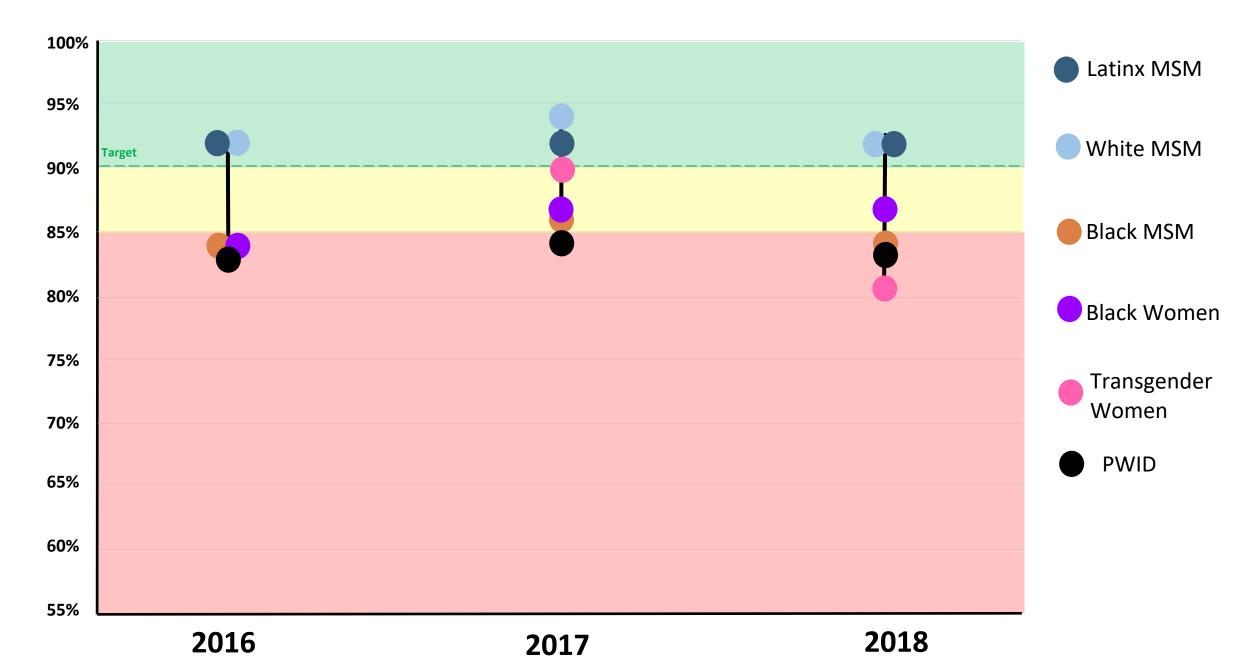
- ≤ 69%
- 70% 89%
- ≥ 90%
- No data/Not shown
- ≥ 1 HIV testing site
- Care facility
- City
- Airport
- Waterbody
- ---- Highway



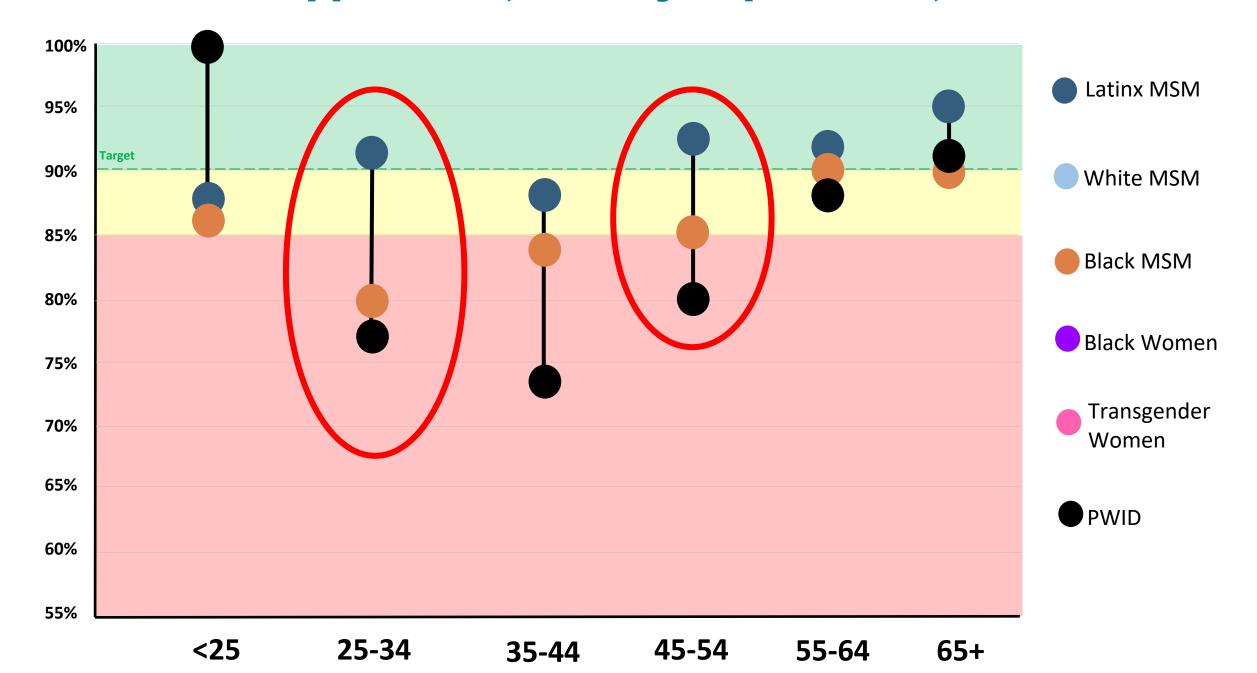
Source: Texas eHARS, 2019.



In-Care Viral Suppression, Priority Populations, 2018



In-Care Viral Suppression, Priority Populations, 2018

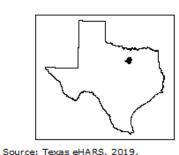


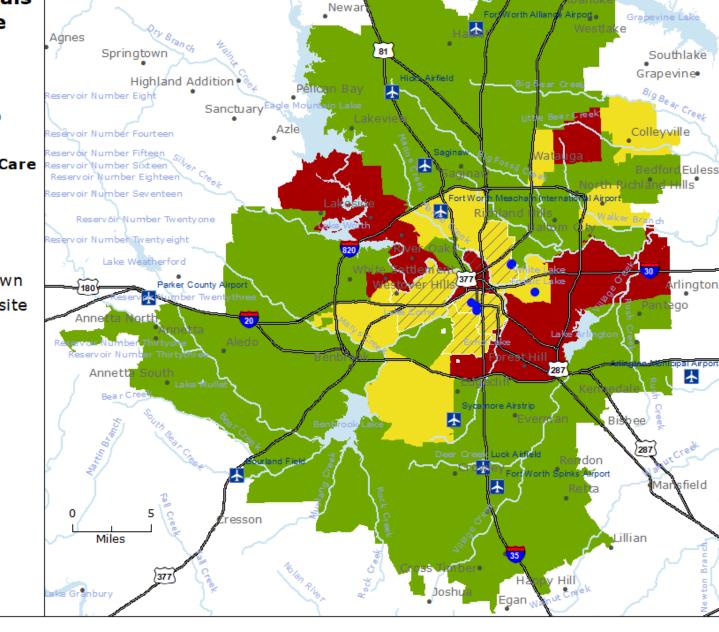
City of Fort Worth Suppression Among Individuals Retained in Care 2018

Statewide average = 84%

Percent Retained in Care by ZIP Code

- ≤ 84%
- 85% 89%
- ≥ 90%
- No data/Not shown
- ≥ 1 HIV testing site
- Care facility
- City
- Airport
- Waterbody
- ---- Highway





Bartonville Double Oak

Flower Mound

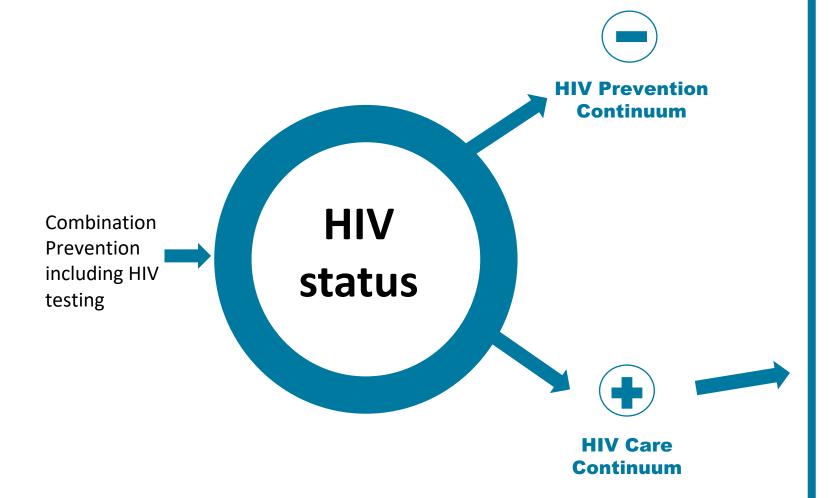
Boyd

Keeter

Cottondale

Aurora Rhome

Current System









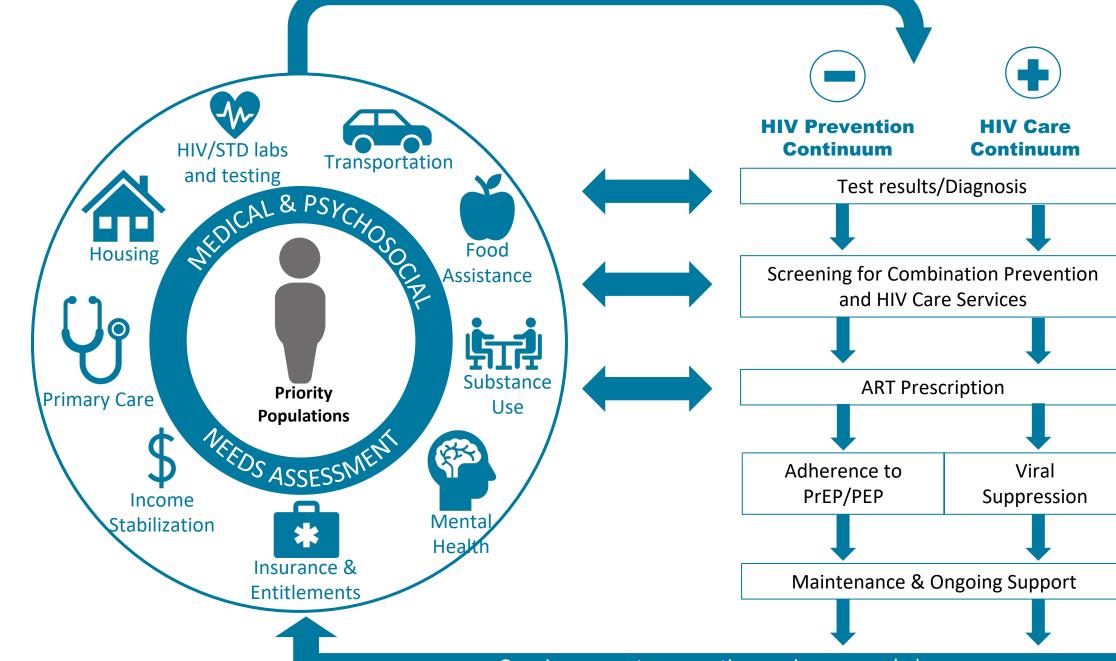




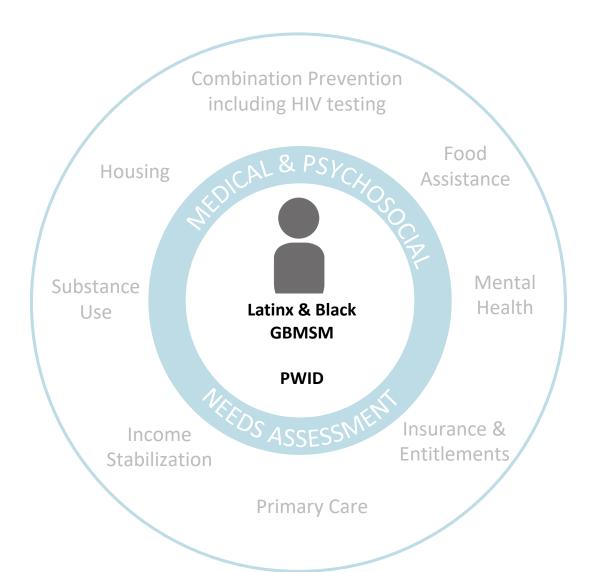






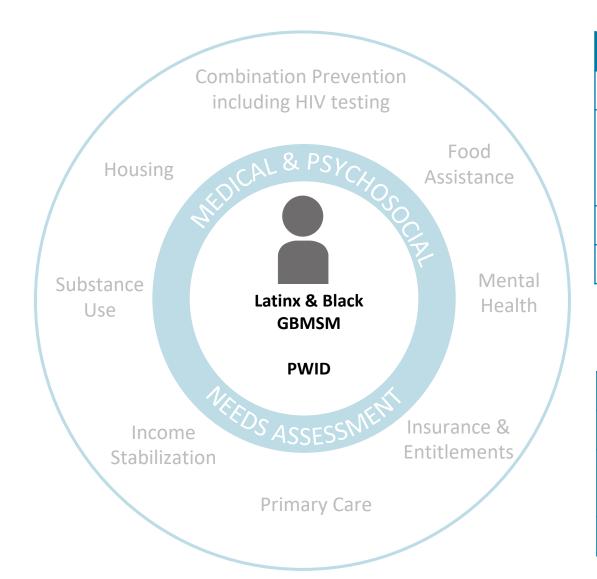


Public Awareness



Funding Stream	Activity
Core Prevention	Engagement of groups and communities to be served
PrEP/nPEP	Promotion of PrEP/nPEP through community education and awareness activities
	Promotion of adoption of PrEP/nPEP by local clinical providers
Ryan White Outreach	Promotion of Ryan White services for engaged groups and communities, including diagnosing providers

Entry to Wellness



Services		
HIV-	HIV+	
Core Prevention (Combination Prevention)	Core Prevention (Combination Prevention)	
Other Funding	Ryan White	
	Other Funding	

Staffing (at least 1 from each category)		
Prevention	Ryan White	
Core Prevention (Focused Testing)	Early Intervention Services	
PrEP/nPEP	Outreach Services	

Status Neutral - Staffing Care/Prevention Continuum

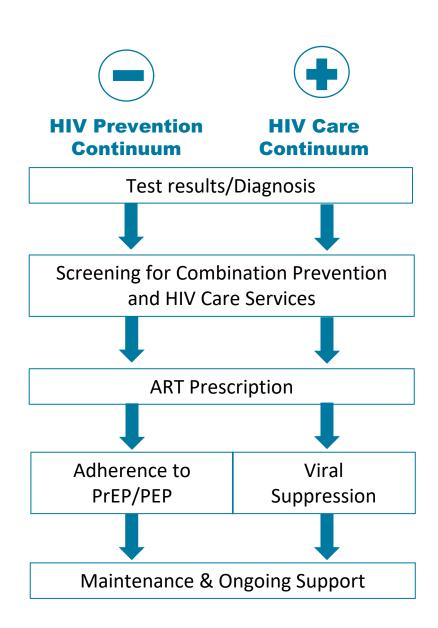
Prev - Core Prevention

RW - Early Intervention Services

RW – Outreach Services

Prev – PrEP/nPEP

Navigation staff, Clinical staff, medical testing, assistance in applying for PAP or other med payor sources, adherence counseling, education, combination prevention



Prev - Core Prevention

RW - Early Intervention Services

RW – Outreach Services

RW - AEW

RW – Referral for

Healthcare and Other

Services

RW – Medical Case

Management

RW – Non-Medical Case

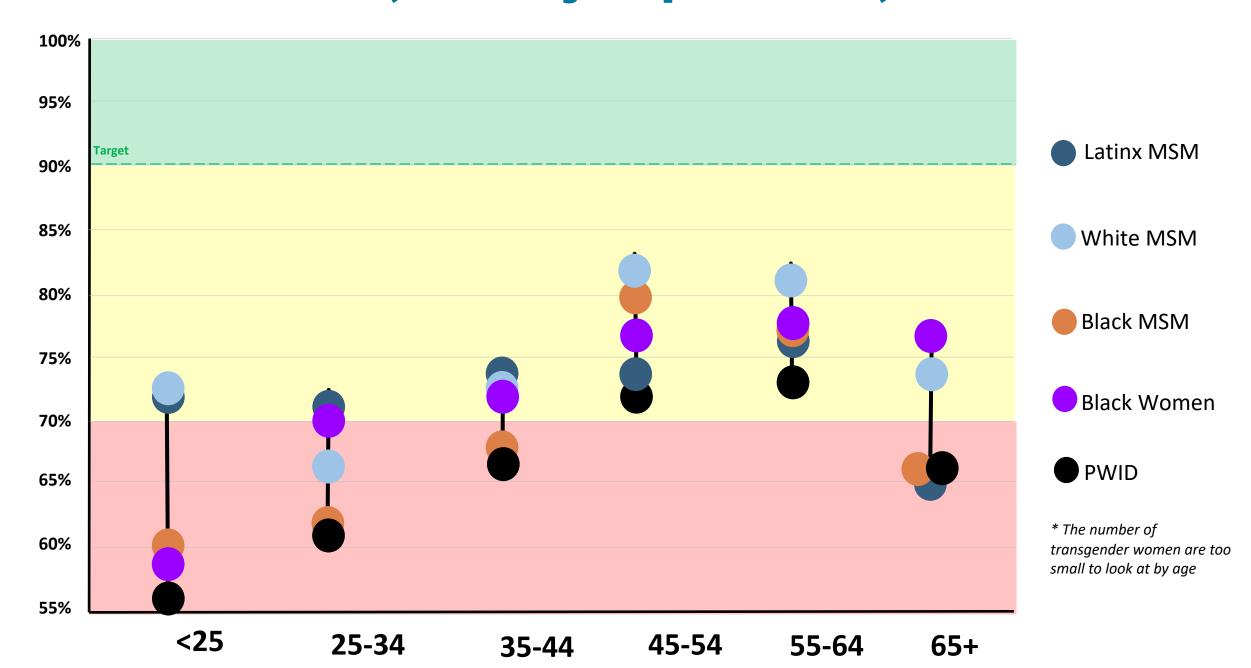
Management

Other Funding

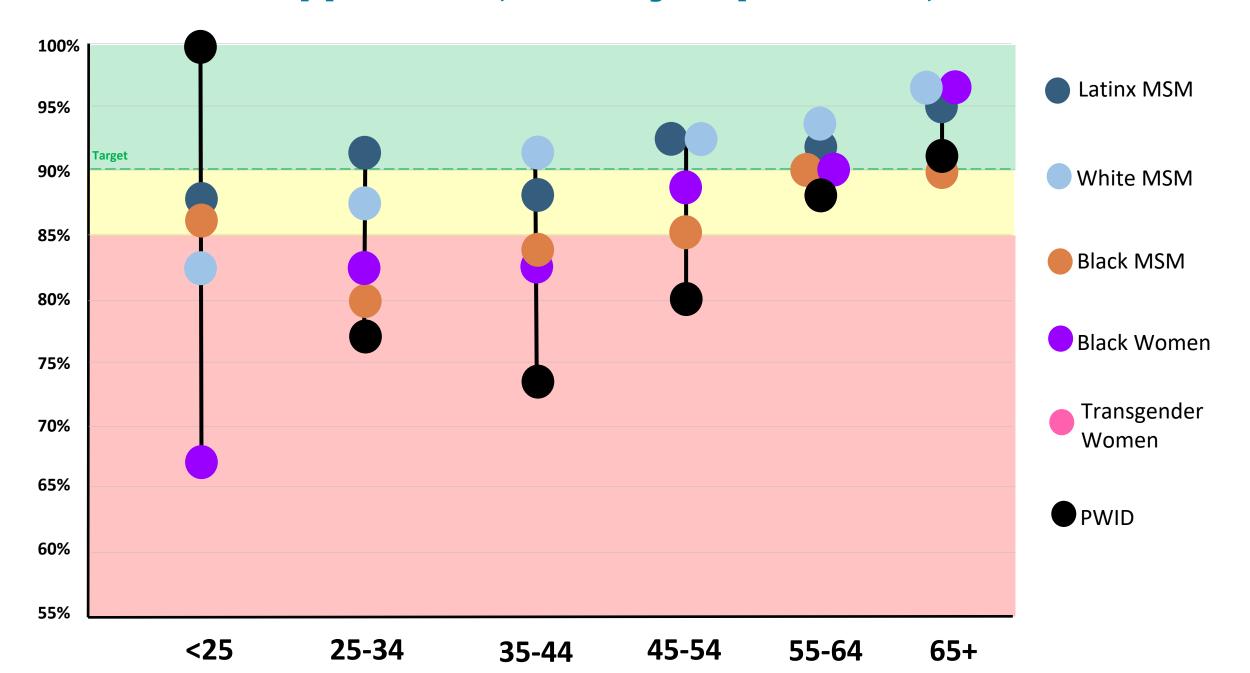
Other Funding

Supplemental Materials

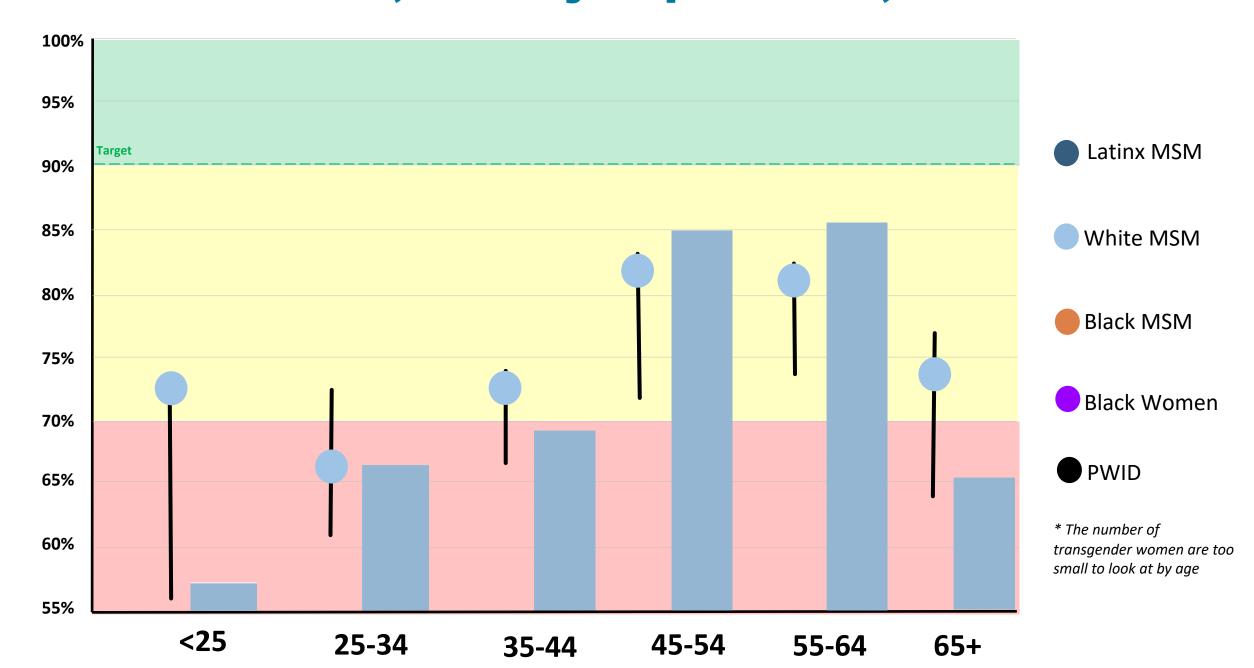
Retention in Care, Priority Populations, FW 2018



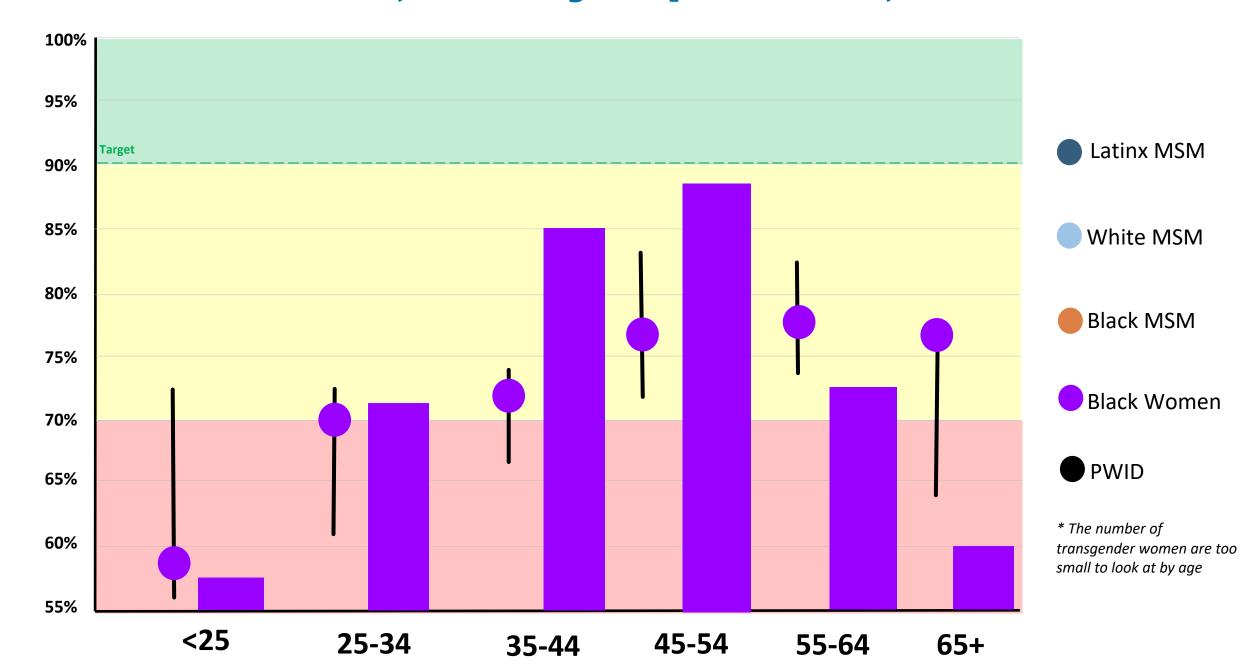
In-Care Viral Suppression, Priority Populations, FW 2018



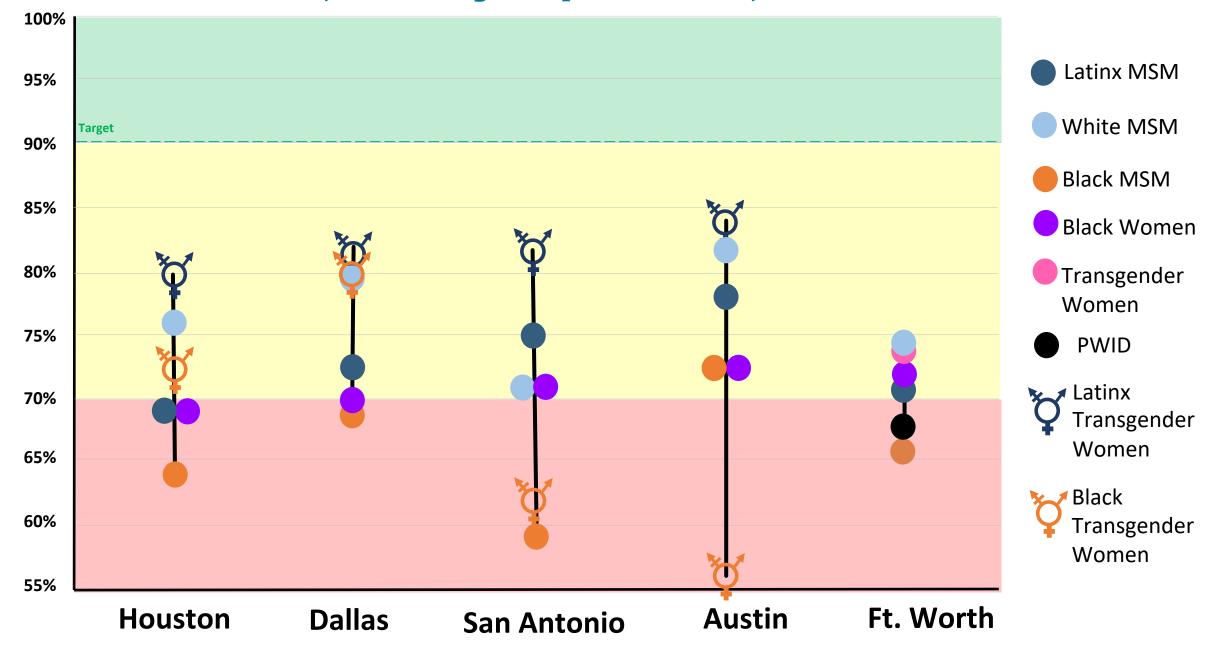
Retention in Care, Priority Populations, FW 2018



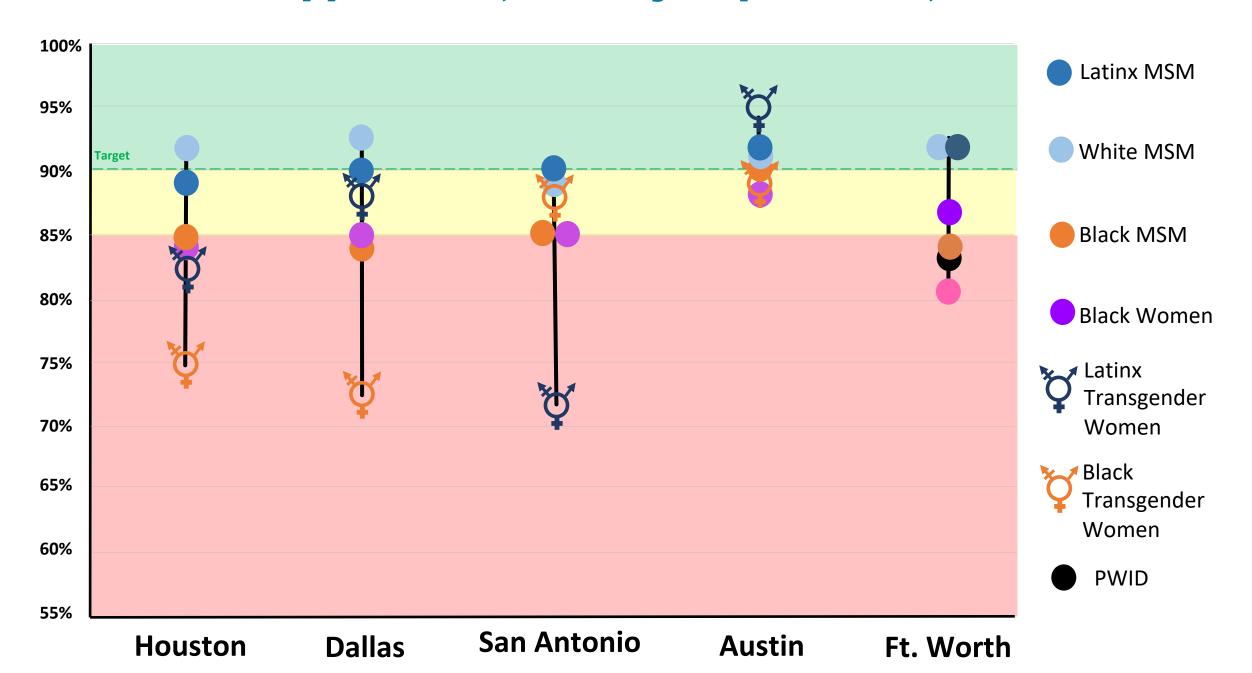
Retention in Care, Priority Populations, FW 2018



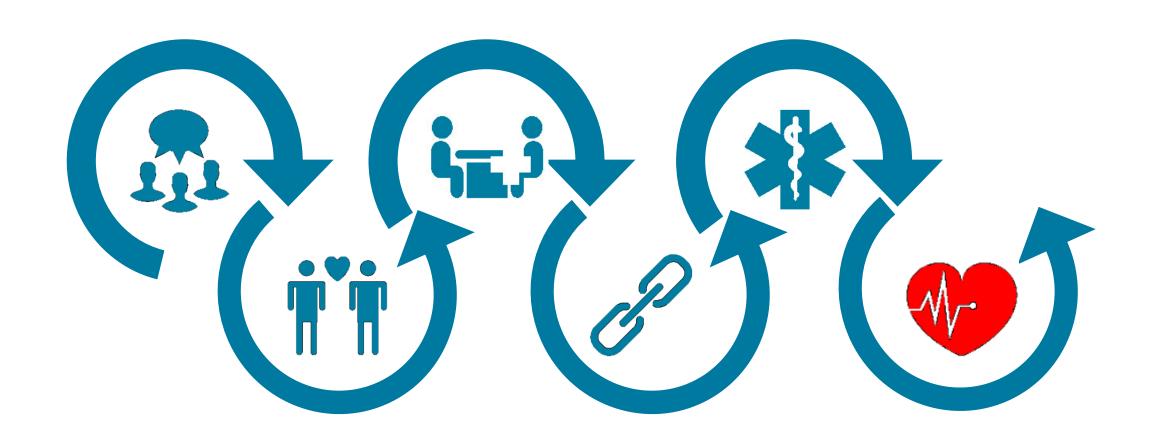
Retention in Care, Priority Populations, 2018



In-Care Viral Suppression, Priority Populations, 2018



Status Neutral in Action – Moving Forward



*Adapted from NYC DHMH Responds to the New York State Plan to End the Epidemic

Expand current Ryan White programs to include both PLWH and HIV negative individuals with increased vulnerabilities to acquiring HIV. As with Care Coordination for PLWH, Care Coordination for those with increased vulnerabilities will require a strong emphasis on support and navigation through the service system to realize the personal and public health benefits of available biomedical tools. Integrating the Prevention and Care Continuum and providing services through a Status Neutral lens is one of the goals of **Achieving Together: A Community Plan to End the HIV Epidemic in Texas** and the **Texas HIV Plan 2017-2021**.

Overall the goal is to optimize the utilization of effective HIV prevention interventions and other social services. This will be achieved by improving awareness of and access and adherence to all currently available biomedical tools and other HIV prevention interventions by helping all clients, regardless of HIV status, to meet their physical and psychosocial needs.

DSHS FUNDING:

Prevention: Core Prevention Program (engagement, testing condoms, linkage), PrEP and nPEP Program (promotion, navigation, clinical staff time, lab testing).

Ryan White Services: Medical Case Management, Non-Medical Case Management. Best Practices also include: Referral for Healthcare and Other Services and Outreach Services. (access to OAHS, Oral Health, MH, SUD, LPAP, Housing or HOPWA, Linguistic Services)



Public Awareness

Core Prevention	PrEP/nPEP	Ryan White Outreach
Engagement of groups and communities to be served	Promotion of PrEP/nPEP through community education and awareness activities	Promotion of Ryan White services for engaged groups and communities, including diagnosing providers
	Promotion of adoption of PrEP/nPEP by local clinical providers	



Focused Prevention & Full Diagnosis



Core Prevention	PrEP/nPEP	Ryan White Early Intervention Services*	Ryan White Outreach*
Condom Distribution	Delivery of PrEP/nPEP clinical and support services for HIV-individuals with increased vulnerabilities to acquiring HIV	Focused Testing, plus health education and combination prevention information	Focused Testing
Focused HIV and Syphilis testing plus health education and access to other STI and Hep C testing			Referral to PrEP/nPEP for HIV- individuals with increased vulnerabilities to acquiring HIV
Referral to PrEP/nPEP for HIV- individuals with increased vulnerabilities to acquiring HIV			

^{*} can't be used to replace existing prevention/testing funds, only to supplement when necessary or unavailable



Successful Linkage

Core Prevention	Ryan White MCM or N-MCM	Ryan White Early Intervention Services	Ryan White Referral to Healthcare and Other Services	Ryan White Outreach	ADAP Eligibility Worker (AEW)
Linkage/enrollment in medical care for PLWH	Linkage/enrollment in medical care for PLWH	Linkage/enrollment in medical care for PLWH	Linkage/enrollment in medical care for PLWH	Linkage/enrollment in medical care for PLWH	Enrollment in ADAP as appropriate
	Enrollment in ADAP as appropriate		Enrollment in ADAP as appropriate		
	Enrollment in PAP as appropriate		Enrollment in PAP as appropriate		



Ryan White MCM or N-MCM	Ryan White Referral to Healthcare and Other Services	Ryan White Outreach
Maintenance of medical care and treatment	Maintenance of medical care and treatment	Linkage/enrollment in medical care for PLWH
Access to OAHS, Oral Health, MH, SUD, LPAP, Housing or HOPWA, Linguistic Services and other core/support services as needed	Access to OAHS, Oral Health, MH, SUD, LPAP, Housing or HOPWA, Linguistic Services and other core/support services as needed	Re-engage PLWH who know their status but are out of care