

**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

**PLANNING AND EVALUATION COMMITTEE**

**EPIC SUNCOAST HOSPICE GARDEN HOUSE**

**THURSDAY, MARCH 11, 2021**

**9:30 A.M. – 11:00 A.M.**

**MINUTES**

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| **CALL TO ORDER** | The meeting was called to order by Chair, Kirsty Gutierrez, at 9:32 a.m. |
| **ATTENDANCE** | Members Present In-Person: Nolan Finn, Sheryl Hoolsema, Kirsty Gutierrez, Elizabeth RuggMembers Present Virtually/Conference Call: Marylin MeridaMembers Absent: None.Guests Present: Emily Hughart, David CavalleriRecipient Staff Present: Aubrey Arnold, Rose MartinezLead Agency Staff Present: Yashika Everhart, Darius LightseyHealth Council Staff Present: Lisa Nugent, Katie Scussel, Naomi Ardjomand-Kermani |
| **CHANGES TO AGENDA** | None. |
| **ADOPTION OF MINUTES** | **The minutes for October 8, 2020 were approved, by acclamation (M: Finn; S: Hoolsema).****The minutes for December 10, 2020 were approved, by acclamation (M: Rugg; S: Hoolsema).****The minutes for February 11, 2021 were approved, by acclamation (M: Finn; S: Rugg).** |
| **CARE COUNCIL REPORT** | Planning Council Support staff, Naomi Ardjomand-Kermani gave the Care Council report:Recipient, Aubrey Arnold, informed Care Council members that the Funding Year (FY) 2020-2021 ended February 28, 2021. FY 2021-2022 began on March 1, 2021 with a partial award of $2,307,619 received. Part A still awaits their full notice of award for the 2021 funding year (FY) but expects no decrease in funding.Although the last year has been extremely challenging for many reasons, financials are currently under review and Part A anticipates expending over 95% of their total funding award. Arnold noted that the Health Resources and Services Administration (HRSA) is waiving the 95% spend-out for 2020 for areas struggling with expending their award due to challenges posed by COVID-19. The Hillsborough Ending the HIV Epidemic (EtHE) grant, which runs concurrent with the Part A funding cycle, has received a partial award of $240,000 to start the new funding year (FY). They hope for an increase from the first year’s $1,000,000 award and do not expect a decrease. All contracts are in place for the new FY and were sent to the Board of County Commissioners (BOCC) for renewal at their February 17, 2021 meeting. Arnold then emphasized the need for in-person quorum at the upcoming April 2021 Care Council meeting (to be hosted by Metro Inclusive Health’s Saint Petersburg office) for business to be actionable. This is necessary to remain in compliance with the Florida Sunshine Law. When possible, meetings will allow for participants to join in virtually or by way of conference line. He went on to clarify that this requirement is legislative and not a local determination and offered to speak directly to anyone with questions. Lead Agency staff, Yashika Everhart, began Part B’s update reminding participants that the new fiscal year begins April 1, 2021. They are currently working internally on renewals and information for new contracts. Everhart went on to inform attendees that Tallahassee has allowed a year extension on current provider contracts, but a new request for applications (RFA) will be announced later this year. Enrollment to the Affordable Care Act (ACA) marketplace is still open, for those who were unable to enroll during the usual period. The Pinellas AIDS Drug Assistance Program (ADAP) has available appointments and Everhart requested that anyone in need of services ask their case manager to contact their office for assistance. Lead Agency staff, Darius Lightsey, reported that Pinellas is in the process of setting up agreements and will begin a series of cultural equity trainings with all Pinellas EHE awardees, led by Gwendolyn Reese, starting March 10, 2021. Housing Opportunities for People with AIDS (HOPWA) representative and Care Council member, Kayon Henderson, reported submitting paperwork to the United States Department of Housing and Urban Development (HUD) and receiving approval for HOPWA funding. They were able to assist 650 individuals with housing and spent $4.2 million for funding year (FY) 2019. Although services have been active since November 2020, they only recently received their total award notice for $4.3 million. Although they lost one former agency, Metro Inclusive Health is now a newly funded agency to jump on board to provide new support services. They will be providing short-term mortgage, rental, and utility assistance with coverage in all four counties with 13 total contracts.HOPWA is attempting to partner with HIV services agencies that provide housing with a housing counseling agency. They have many people on a voucher program and are looking for innovative ways to get people off the voucher program so waiting lists turnover more quickly and more people end up homeowners. Membership committee Chair, Tonicia Freeman-Foster, reported that the membership committee discussed issues with recruitment; specifically issues with cultural humility and the need for Care Council member training prior to pursuing more recruitment efforts. They continue to wait for the final report from the National Minority HIV/AIDS Council (NMAC) so the committee has decided to seek other leadership training in the interim to ensure that the Care Council is as inclusive as possible and equipped with the skills to do so. |
| **TAMPA – SAINT PETERSBURG ELIGIBLE METROPOLITAN AREA (EMA) 2020 CARE CONTINUUM** | Planning Council Support (PCS) staff, Naomi Ardjomand-Kermani, presented the 2020 Care Continuum for the Tampa-St. Petersburg Eligible Metropolitan Area (EMA) **(Figure 1)**, located on the west central coast of Florida, is comprised of Hernando, Hillsborough, Pasco, and Pinellas Counties. This population-based continuum of care for the EMA, specifically identifies the number of persons diagnosed\* with HIV; number of persons in care\*\*; number of persons retained in care\*\*\*; and number of persons with a suppressed viral load\*\*\*\*. **Figure 1: Number and Percentage of PWH Engaged in Selected Stages of the Continuum of HIV CareTampa-St. Petersburg EMA (excl. DOC\*)*** 15,834 are estimated to be living with HIV, accounting for 13.5% who are unaware of their status
* 92% of the 537 diagnosed with HIV in 2019 had documented HIV-related care within 3 months of diagnosis
* 87% of People with HIV in care had a suppressed viral load
* 90% of People with HIV retained in care had a suppressed viral load

*\* Department of Corrections*Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2019*\*HIV Diagnosed = Include persons whose HIV diagnosis occurred during the period specified, data as of 6/30/2020.**\*\*In Care = People with HIV (PWH) with at least one documented viral load (VL) or cluster of differentiation 4 (CD4) lab, medical visit, or prescription from 1/1/2019 through 3/31/2020, data as of 6/30/2020.**\*\*\*Retained in Care = PWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2019 through 6/30/2020, data as of 6/30/2020.* *\*\*\*\*Viral Load Suppression = PWH with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2019 through 3/31/2020, data as of 6/30/2020.*The 2020 Care Continuum also depicts disparities among viral suppression rates for three of the most disproportionately impacted minority populations in the EMA: all Black persons living with HIV; cisgender men living with HIV who engage in male-to-male sexual contact (MMSC), and all heterosexual cisgender women living with HIV. The poverty rate among many Black populations is high. The socioeconomic issues associated with poverty, such as lack of access to high-quality health care, safe and stable housing, and inclusive, comprehensive, and culturally appropriate HIV prevention education all increase Black populations’ vulnerability to HIV and comorbid health risk. The graph was developed using HIV/AIDS Surveillance data from the Florida Department of Health. **Figure 2** depicts the EMA’s HIV Care Continuum for Black People with HIV. In 2019, Black People with HIV made up 37% of HIV cases among all People with HIV, although Black persons made up only 12% of the EMA’s total population. This disparity reflects the marginalized social status of Black populations in the United States, which is further exaggerated by the stigmatization of HIV, identifying as a gender or sexual minority-based discrimination, medical mistrust[[1]](#footnote-2), and the fear of mistreatment. As shown in **Figure 2,** viral suppression rates among these populations, within the Tampa-St. Petersburg EMA, are low overall (68%), but increases 18% if the Person with HIV is retained in HIV-related care.**Figure 2: Number and Percentage of Black PWH Engaged in Selected Stages of the Continuum of HIV CareTampa-St. Petersburg EMA (excl. DOC)*** 90% of the 208 Black persons diagnosed with HIV in 2019 had documented HIV-related care within 3 months of diagnosis
* 79% of Black People with HIV in care had a suppressed viral load
* 86% of Black People with HIV retained in care had a suppressed viral load

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2019Socioeconomic barriers such as homophobia, stigma, and lack of access to quality health care especially affect Black[[2]](#footnote-3) cisgender men who engage in male-to-male sexual contact (MMSC). These barriers to care, combined with a fear of discrimination and a lack of accessible, comprehensive, and inclusive safer sex education, may prevent cisgender men who engage in MMSC of all races/ethnicities from seeking HIV testing and treatment. As a result, cisgender men who engage in MMSC are more vulnerable to HIV. **Figure 3** depicts the EMA’s HIV Care Continuum for cisgender male-to-male sexual contact (MMSC). In 2019, MMSC made up 75% of all cisgender men living with HIV and 57% of the total number of HIV cases in the EMA. The graph was developed using HIV/AIDS Surveillance data from the Florida Department of Health. As is seen in **Figure 3**, 92% of PWH who engage in MMSC were virally suppressed when retained in care, as compared to viral suppression among the overall population of PWH who engage in MMSC (77%), within in the EMA.**Figure 3: Number and Percentage of PWH Who Engage in Cisgender MMSC Engaged in Selected Stages of the Continuum of HIV CareTampa-St. Petersburg EMA (excl. DOC)*** 93% of the 335 PWH who engage in MMSC diagnosed with HIV in 2019 had documented HIV-related care within 3 months of diagnosis
* 77% of PWH who engage in MMSC in care had a suppressed viral load
* 92% of PWH who engage in MMSC retained in care had a suppressed viral load

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2019.In general, receptive sex is the most common mode of HIV transmission among all genders, thus those who engage in MMSC and cisgender **women who engage in heterosexual receptive anal and/or vaginal sex are among those most vulnerable to HIV. Some cisgender women, including those in monogamous partnerships, may not be aware of their partners’ sexual and injection drug use behaviors and forgo safer sex practices, such as the use of condoms/barriers, pre-exposure prophylaxis (PrEP), or HIV testing.**Cisgender women who have experienced sexual assault/trauma[[3]](#footnote-4), and lack familial and/or social support, may also be more likely to **engage in survival sex work[[4]](#footnote-5), increasing their vulnerability to contracting HIV, especially if they are unable access PrEP and/or unable to negotiate condom use with their sexual partners.****Figure 4** depicts the EMA’s HIV Care Continuum for cisgender heterosexual women with HIV. In 2019, heterosexual women made up 19% of the total number of HIV cases, but 68% of all heterosexual People with HIV in the EMA. Once again, as seen in **Figure 4**,viral suppression is far likelier when PWH are retained in care and this is no different among cisgender heterosexual women. An additional barrier to retention in care is a lack of accessible and affordable childcare. Nationally, cisgender women with HIV are twice as likely (76%) as cisgender men with HIV (34%) to be caring for at least one child under the age of 18[[5]](#footnote-6). The graph was developed using HIV/AIDS Surveillance data from the Florida Department of Health.**Figure 4: Number and Percentage of Cisgender Heterosexual Women with HIV Engaged in Selected Stages of the Continuum of HIV CareTampa-St. Petersburg EMA (excl. DOC)*** 93% of the 72 Cisgender heterosexual women diagnosed with HIV in 2019 had documented HIV-related care within 3 months of diagnosis
* 73% of Cisgender heterosexual women with HIV in care had a suppressed viral load
* 89% of Cisgender heterosexual women with HIV retained in care had a suppressed viral load

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2019.Committee member, Marylin Merida, requested that future charts be easier to compare and suggested a shadow bar graph showing the EMA’s numbers as compared to the Care Continuum for all Ryan White clients within the EMA. Staff, Ardjomand-Kermani, thanked Merida for the suggestion and promised to do so, moving forward.**The Planning and Evaluation committee approved the 2020 care continuum report for the** **Tampa – Saint Petersburg Eligible Metropolitan Area (EMA) to be forwarded on to the Care Council for adoption (M: Hoolsema; S: Finn). This was approved by acclamation.** |
| **TAMPA – SAINT PETERSBURG ELIGIBLE METROPOLITAN AREA (EMA) 2020-2021 EPIDEMIOLOGY REPORT** | Planning Council Support (PCS) staff, Naomi Ardjomand-Kermani, presented the 2020-2021 Epidemiology Report which examines the demographic characteristics such as: gender, ethnicity, county of residence, mode of transmission and age at diagnosis. Information was broken out by geographic area including Total Service Area (TSA), Eligible Metropolitan Area (EMA) and non-EMA counties. Incidence data was provided to assess the increases and decreases in the epidemic. According to the Florida Department of Health’s Epidemiological Profile, new HIV cases (incidence) in the EMA rose 3.5% from 2017 to 2018 but decreased overall by 1.1% from 2017 to 2019. New cases of AIDS decreased 11.2% from 2017 to 2019. The most common mode of transmission for HIV in the EMA was cisgender (those who agree with their designation at birth) male-to-male sexual contact (MMSC), followed by cisgender male-to-female heterosexual contact, and persons who inject drugs (PWID) among all genders. Changes in the incidence and prevalence for HIV and AIDS, from 2017 to 2019, are shown in **Figure 1**.**Figure 1: Tampa/St. Petersburg EMA Epidemiological Profile**

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| --- | --- | --- | --- |
|  | **CY 2017** | **CY 2018** | **CY 2019** |
| **Incidence** | **Prevalence** | **Incidence** | **Prevalence** | **Incidence** | **Prevalence** |
| **HIV** | 543 | 6,361 | 562 | 6,467 | 537 | 6,591 |
| **AIDS** | 285 | 7,409 | 263 | 7,354 | 253 | 7,360 |
| **TOTAL** | 828 | 13,770 | 825 | 13,821 | 790 | 13,951 |

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2017, 2018, 2019 The incidence of HIV among cisgender men in the EMA increased from 431 cases in 2017 to 445 cases in 2019: a 3.2% increase. During the same time frame, new HIV cases among cisgender women decreased by 16.5% from 109 to 91. The incidence of cisgender male AIDS cases decreased 14%, from 222 to 191 cases. The incidence of cisgender female AIDS cases increased 1.6% from 61 to 62 cases.HIV incidence is shown in **Figure 2**. Over the past three years there has been a slight increase in the incidence of HIV in the EMA among White and Latinx populations. From 2017-2019, HIV incidence increased 4.5% for Latinx persons and 6.5% for White persons, while new cases of HIV decreased 10.3% among Black persons. Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2017, 2018, 2019.AIDS incidence is shown in **Figure 3**. There has been a decrease in the incidence of AIDS among Black, White, and Latinx populations, with the most significant decrease among Latinx persons. From 2017-2019, the incidence of AIDS decreased by 6.3% for White persons, 11% for Black persons, and 25% for Latinx persons. The “other” race category is the combined number of cases among Asian, American Indian/Alaska Native (Indigenous), Native Hawaiian/Pacific Islander, and those who identify as multi-race. This racial category experienced a 33% increase in new AIDS cases; however, contextually this was an increase from 6 to 8 cases over the three-year period.Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2017, 2018, 2019.The 2019 calendar year saw minor demographic changes in HIV and AIDS prevalence. White persons in the EMA represented two-thirds of the population and 42% of all HIV cases. Black persons accounted for 37% and Latinx persons represented 19% of all HIV cases. White persons represented the largest prevalence of AIDS cases in the EMA with 44%, followed by Black persons with 36%, and Latinx persons with 17%. Black persons were disproportionately impacted by HIV/AIDS representing 37% of HIV cases and 36% of the AIDS cases, although only 12% of the EMA’s total population was Black. **THE EPIDEMIC BY TOTAL SERVICE AREA**The State of Florida is comprised of numbered areas. The West Central Florida Ryan White Care Council covers three areas: Area 5, Area 6, and Area 14. The data is not available by county, only by area or EMA. To provide information regarding all the areas covered by the Care Council and not just the EMA, **Figures 4 – 9** represent the three geographic areas that make up the Total Service Area (TSA). **AREA 5: PASCO & PINELLAS COUNTIES****Figure 4: HIV by Year of Diagnosis in Area 5****by County of Residence at Diagnosis, 2017-2019**

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| --- | --- | --- | --- | --- |
| **County***HIV Incidence* | **2017** | **2018** | **2019** | **2018-2019** *% Change* |
| **Pasco** | 40 | 52 | 46 | -12% |
| **Pinellas** | 178 | 180 | 196 | 9% |

Source: Florida Department of Health, HIV/AIDS Section, 2019.**Figure 5: AIDS by Year of Diagnosis in Area 5****by County of Residence at Diagnosis, 2017-2019**

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| --- | --- | --- | --- | --- |
| **County***AIDS Incidence* | **2017** | **2018** | **2019** | **2018-2019** *% Change* |
| **Pasco** | 28 | 22 | 21 | -5% |
| **Pinellas** | 93 | 85 | 88 | 4% |

Source: Florida Department of Health, HIV/AIDS Section, 2019.**AREA 6: HERNANDO, HILLSBOROUGH, & MANATEE COUNTIES****Figure 6: HIV by Year of Diagnosis in Area 6****by County of Residence at Diagnosis, 2017-2019**

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| --- | --- | --- | --- | --- |
| **County***HIV Incidence* | **2017** | **2018** | **2019** | **2018-2019***% Change* |
| **Hernando** | 18 | 17 | 10 | -41% |
| **Hillsborough** | 307 | 313 | 285 | -9% |
| **Manatee** | 46 | 44 | 37 | -16% |

Source: Florida Department of Health, HIV/AIDS Section, 2019.**Figure 7: AIDS by Year of Diagnosis in Area 6****by County of Residence at Diagnosis, 2017-2019**

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| --- | --- | --- | --- | --- |
| **County***AIDS Incidence* | **2017** | **2018** | **2019** | **2018-2019** *% Change* |
| **Hernando** | 11 | 13 | 5 | -62% |
| **Hillsborough** | 153 | 143 | 139 | -3% |
| **Manatee** | 26 | 21 | 17 | -19% |

Source: Florida Department of Health, HIV/AIDS Section, 2019.**AREA 14: HARDEE, HIGHLANDS, & POLK COUNTIES****Figure 8: HIV by Year of Diagnosis in Area 14****by County of Residence at Diagnosis, 2017-2019**

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| --- | --- | --- | --- | --- |
| **County***HIV Incidence* | **2017** | **2018** | **2019** | **2018-2019***% Change* |
| **Hardee** | 1 | 2 | 0 | -100% |
| **Highlands** | 5 | 6 | 13 | 117% |
| **Polk** | 97 | 110 | 129 | 17% |

Source: Florida Department of Health, HIV/AIDS Section, 2019.**Figure 9: AIDS by Year of Diagnosis in Area 14****by County of Residence at Diagnosis, 2017-2019**

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| --- | --- | --- | --- | --- |
| **County***AIDS Incidence* | **2017** | **2018** | **2019** | **2018-2019** *% Change* |
| **Hardee** | 0 | 2 | 1 | -50% |
| **Highlands** | 6 | 4 | 8 | 100% |
| **Polk** | 45 | 45 | 56 | 24% |

Source: Florida Department of Health, HIV/AIDS Section, 2019.**The Planning and Evaluation committee approved the 2020-2021 epidemiology report for the Tampa – Saint Petersburg Eligible Metropolitan Area (EMA) to be forwarded on to the Care Council for adoption (M: Finn; S: Rugg). This was approved by acclamation.** |
| **COMMUNITY INPUT/****ANNOUNCEMENTS** | Committee Chair, Kirsty Gutierrez, announced that Metro Inclusive Health began providing Pfizer vaccines 3 weeks ago and almost 75% of their staff are now vaccinated. Appointments will be available for booking on April 9, 2021, for all who qualify. |
| **ADJOURNMENT**  | There being no further business to come before the Committee, the meeting was adjourned at 11:00 a.m. |

1. Scharff DP, Mathews KJ, Jackson P, Hoffsuemmer J, Martin E, Edwards D. More than Tuskegee: understanding mistrust about research participation. J Health Care Poor Underserved. 2010;21(3):879-897. doi:10.1353/hpu.0.0323 [↑](#footnote-ref-2)
2. Matthews DD, Herrick AL, Coulter RW, et al. Running Backwards: Consequences of Current HIV Incidence Rates for the Next Generation of Black MSM in the United States. *AIDS Behav*. 2016;20(1):7-16. doi:10.1007/s10461-015-1158-z [↑](#footnote-ref-3)
3. Cavanaugh CE, Hansen NB, Sullivan TP. HIV sexual risk behavior among low-income women experiencing intimate partner violence: the role of posttraumatic stress disorder. *AIDS Behav*. 2010;14(2):318-327. doi:10.1007/s10461-009-9623-1 [↑](#footnote-ref-4)
4. Marshall BD, Shannon K, Kerr T, Zhang R, Wood E. Survival sex work and increased HIV risk among sexual minority street-involved youth. *J Acquir Immune Defic Syndr*. 2010;53(5):661-664. doi:10.1097/QAI.0b013e3181c300d7 [↑](#footnote-ref-5)
5. Schuster MA, Kanouse DE, Morton SC, et al. HIV-infected parents and their children in the United States. *Am J Public Health*. 2000;90(7):1074-1081. doi:10.2105/ajph.90.7.1074 [↑](#footnote-ref-6)