

HIV/AIDS Care Continuum for the Tampa- St. Petersburg Eligible Metropolitan Area

2019



Rob Marlowe, Board Chair
Elizabeth Rugg, Executive Director
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WHO WE ARE

The health councils were created in 1983 by Florida Statute to identify, address and resolve health care issues of local concern. Each health council is a private, non-profit organization governed by a Board of Directors. The Board members are appointed by County Commissioners to represent the concerns of health care consumers, providers and purchasers.

The Suncoast Health Council, Inc. (SHC) serves Pasco and Pinellas counties. The Council has extensive experience working with for-profit and non-profit agencies, public health organizations, consumers and professionals. Collaboration and cooperation are critical to the success of our mission.

We have three strategic goals: (1) support the accessibility of health care and social support systems through *comprehensive health planning*; (2) obtain and provide *education* about essential community health challenges and solutions; and (3) participate as collaborative partners to develop and sustain efficient and cost effective *service delivery* systems.

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TO LEARN MORE ABOUT THE HEALTH COUNCIL

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WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL

Mission Statement

We are a planning body that assesses needs, plans, allocates resources, and evaluates HIV/AIDS services to improve the lives of those infected and affected.

Members

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HIV CARE CONTINUUM

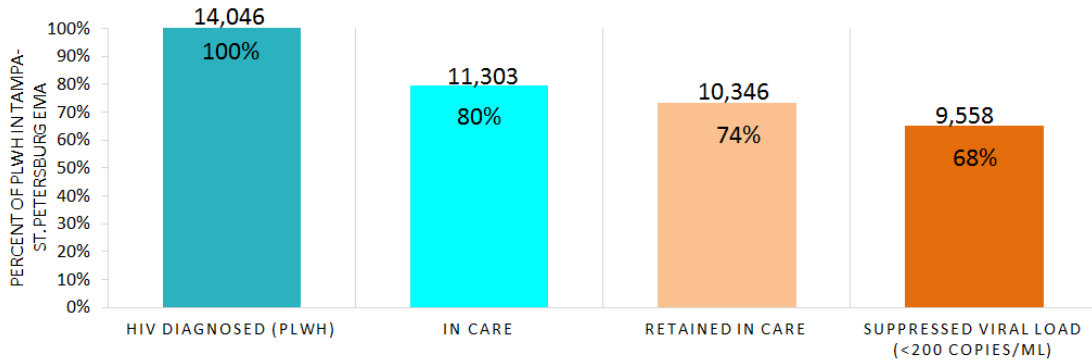
The Tampa-St. Petersburg Eligible Metropolitan Area (EMA), located on the west central coast of Florida, is comprised of Hernando, Hillsborough, Pasco, and Pinellas Counties. **Figure 1** depicts the EMA's population-based HIV Care Continuum. The graph was developed using HIV/AIDS Surveillance data from the Florida Department of Health. Definitions and data sources for the Care Continuum are:

- *HIV Diagnosed* = the number of persons known to be diagnosed and living with HIV in the EMA through 2018, regardless of AIDS status or where diagnosed, as of 12/31/2018.
- *In Care* = The number of People with HIV having at least one HIV-related medical care service involving either a VL or CD4 test or a refill of a HIV-related prescription in 2018.
- *Retained in Care* = the number of People with HIV having two or more care visits or labs in the previous year (2017), at least 3 months apart.
- *Viral Load Suppression* = People with HIV diagnosed and having a suppressed viral load (<200 copies/ml) from their last viral load in 2018.

Limitations of this data include:

- Ensuring that all 138,328 People with HIV/AIDS, 119,661 of which are aware of their status, that are presumed alive and living in Florida in eHARS are valid.
- These data are generated from the merging of the following databases: enhanced HIV/AIDS Reporting System (eHARS) database, Florida's CAREWare database, and the AIDS Drug Assistance Program (ADAP) database. The analysis of these data depends on the completeness of laboratory reporting in eHARS, maintaining timely reporting of deaths, maintaining accurate current addresses, and accommodating for in and out migration.
- Assuming that persons not in care based on the data matches above are truly not in care.
- The diagnosed-based HIV Care Continuum approach was utilized as the estimated number of those who have not been diagnosed with HIV in the EMA was unavailable.

Figure 1: Number and Percentage of Persons Living with HIV Engaged in Selected Stages of the Continuum of HIV Care Tampa-St. Petersburg EMA (excl. DOC), 2018



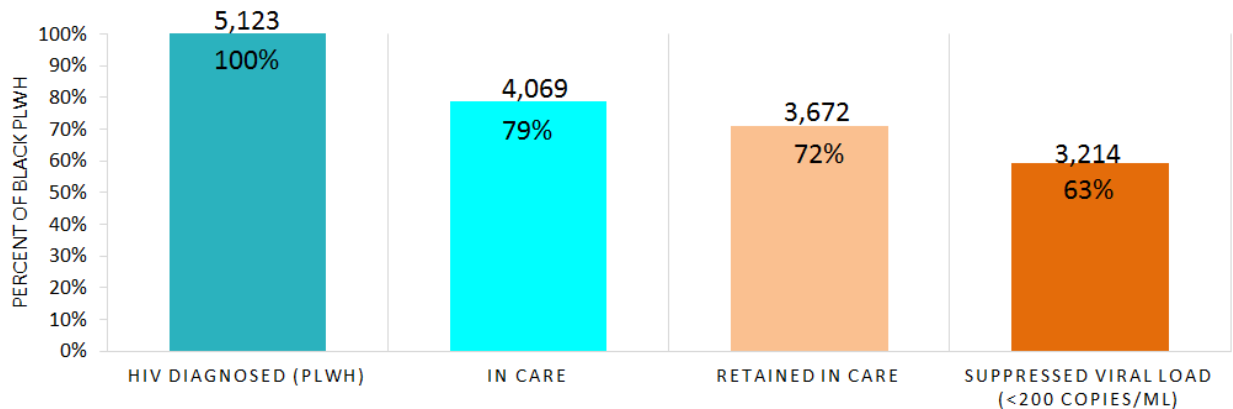
- 16,237 are estimated to be living with HIV, accounting for 15.6% who are unaware of their status
- 92% of the 581 diagnosed with HIV in 2018 had documented HIV-related care within 3 months of diagnosis
- 85% of People with HIV in care had a suppressed viral load
- 88% of People with HIV retained in care had a suppressed viral load

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2018

In the following three graphs, disparities among the viral suppression rates for three of the most disproportionately impacted minority populations are highlighted.

Figure 2 depicts the EMA’s HIV Care Continuum for Black People with HIV. In 2018, Black People with HIV made up 37% of HIV cases among all people living with HIV, although Black persons made up only 12% of the EMA’s total population. The graph was developed using HIV/AIDS Surveillance data from the Florida Department of Health:

Figure 2: Number and Percentage of Black Persons Living with HIV Engaged in Selected Stages of the Continuum of HIV Care Tampa-St. Petersburg EMA (excl. DOC), 2018



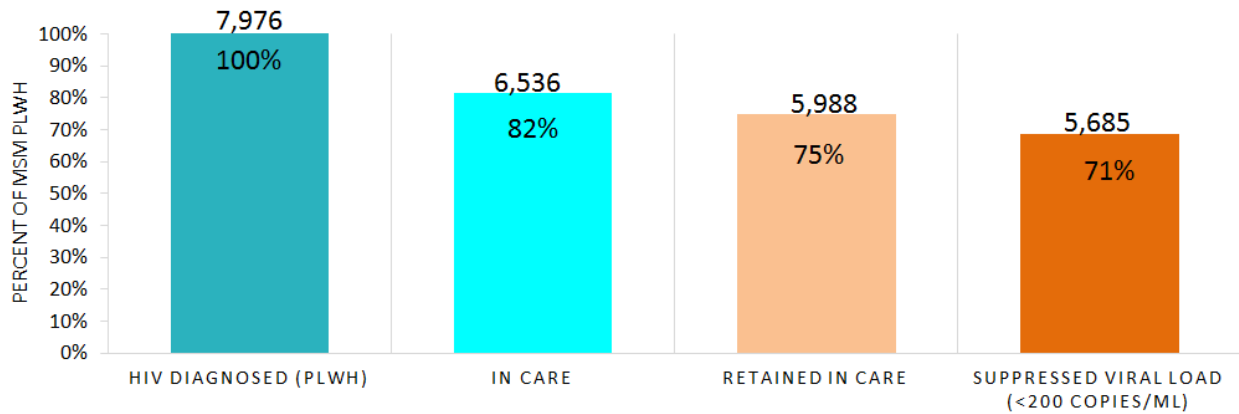
In comparison to the above graph, which represents the total population of Black persons with HIV in the EMA, the following statistics are specific to Black persons, living with HIV in the Tampa-St.Petersburg EMA, who are receiving Part A Ryan White services:

- 91% of the 221 Black persons diagnosed with HIV in 2018 had documented HIV-related care within 3 months of diagnosis
- 79% of Black People with HIV in care had a suppressed viral load
- 83% 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 2018

Figure 3 depicts the EMA’s HIV Care Continuum for Men Who Have Sex with Men. In 2018, Men Who Have Sex with Men made up 76% of all 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:

Figure 3: Number and Percentage of Men Who Have Sex with Men Living with HIV Engaged in Selected Stages of the Continuum of HIV Care Tampa-St. Petersburg EMA (excl. DOC), 2018



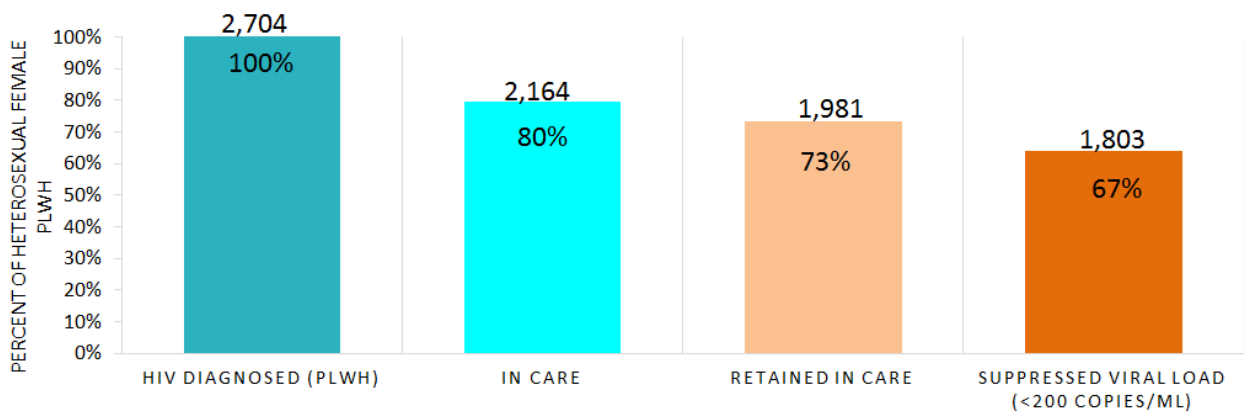
In comparison to the above graph, which represents the total population of MSMs with HIV in the EMA, the following statistics are specific to MSMs, living with HIV in the Tampa-St.Petersburg EMA, who are receiving Part A Ryan White services:

- 92% of the 367 MSMs diagnosed with HIV in 2018 had documented HIV-related care within 3 months of diagnosis
- 87% of MSMs with HIV in care had a suppressed viral load
- 90% of MSMs with HIV retained in care had a suppressed viral load

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2018

Figure 4 depicts the EMA’s HIV Care Continuum for heterosexual women who are living with HIV. In 2018, heterosexual women made up 24% of the total number of HIV cases, but 69% of all heterosexual People with HIV in the EMA. The graph was developed using HIV/AIDS Surveillance data from the Florida Department of Health:

Figure 4: Number and Percentage of Heterosexual Women with HIV Engaged in Selected Stages of the Continuum of HIV Care Tampa-St. Petersburg EMA (excl. DOC), 2018



In comparison to the above graph, which represents the total population of Heterosexual Women with HIV in the EMA, the following statistics are specific to Heterosexual Women, living with HIV in the Tampa-St.Petersburg EMA, who are receiving Part A Ryan White services:

- 93% of the 81 heterosexual women diagnosed with HIV in 2018 had documented HIV-related care within 3 months of diagnosis
- 78% of Heterosexual women with HIV in care had a suppressed viral load
- 79% of Heterosexual women with HIV retained in care had a suppressed viral load

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2018.