**HIV/AIDS Care Continuum for the**

**Tampa- St. Petersburg Eligible Metropolitan Area**

**2022-2023**



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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**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

Mission Statement

The mission of the West Central Florida Ryan White Care Council is to manage a high quality, cost-effective, easily accessible, culturally responsive, and comprehensive continuum of care that improves the lives of all people living with and impacted by HIV.

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**HIV CARE CONTINUUM**

The Tampa**-**St. Petersburg Eligible Metropolitan Area (EMA), located on the west central coast of Florida, is made up of Hernando, Hillsborough, Pasco, and Pinellas Counties. The EMA uses Ryan White HIV/AIDS Program (RWHAP) Part A grant funds to support high-quality care and treatment for People with HIV (PWH) in the service area. The EMA’s total population is approximately 3.2 million, of which 61% are White (non-Hispanic/Latinx), 21% are Hispanic/Latinx (Latinx is a gender neutral term for Latino), and 12% are Black (non-Hispanic/Latinx). Cisgender Women (women who are not of transgender experience) represent 51% of the total population.

According to the Florida Department of Health, there were 14,667 people living with HIV/AIDS in the Tampa-St. Petersburg EMA in 2021.

The HIV care continuum is a public health model that outlines the steps people with HIV (PWH) go through from HIV diagnosis to, ideally, reach viral suppression. Viral suppression means that when a PWH is tested, the results show that HIV is undetectable in their blood. It’s important to know where, on the continuum there are gaps, so the Recipient (Hillsborough County who receives RWHAP Part A funds directly from the Health Resources and Services Administration) can determine where and how to focus services in each community. Closing these gaps increases viral suppression among individuals, and their communities, by using treatment as prevention against new cases of HIV.

In 2021, there were 5,288(36%) Black people with HIV/AIDS in the EMA. About 17% of Black people with HIV/AIDS were aware of their status and not in care. There were 2,765(19%) Hispanic/Latinx people with HIV/AIDS in the EMA in 2021 and about 18% were aware of their HIV status but were not in care. There were 6,215(42%) White people with HIV/AIDS in the EMA in 2021. About 14% of these White people with HIV/AIDS were aware of their HIV status but were not in care. Since 2018, there has been an increase in People with HIV getting care among all races in the EMA.

**Figure 1** shows the total number of People with HIV/AIDS in the EMA in 2021 by county.

**Figure 1: Tampa-St. Petersburg EMA HIV/AIDS Cases per County in 2021**

**Figure 2** shows the Eligible Metropolitan Area’s (EMA) Care Continuum. This graph was created using Centers for Disease Control and Prevention (CDC) data for each stage of the HIV care continuum.

What each stage of the Care Continuum means:

*- HIV Diagnosed* = Number of people ages 13 and older with HIV in the EMA at the end of the 2021 calendar year, this information was from data available 6/30/2022.

*- Receipt of Care* = People with HIV (PWH) who had viral load lab results, for their CD4 (Cluster count differentiation 4 (CD4) in 2021, from data available 6/30/2022.

*- Retained in Care* = PWH with two or more viral load (CD4) lab results, at least three months apart (90 days) in calendar year 2021, from data reported 6/30/2022.

*- Viral Load Suppression* = PWH with a suppressed viral load (<200 copies/mL) at the most recent VL test in calendar year 2021, from data reported 6/30/2022.

*- Viral Load Suppression, Retained in Care* = PWH with a suppressed viral load (<200 copies/mL) at the most recent VL test in calendar year 2021, from data reported 6/30/2022, with two or more viral load (CD4) lab results, at least three months apart (90 days) in calendar year 2021, from data reported 6/30/2022.

- *Linked to Care* = People with newly diagnosed HIV who were linked to care within one month (30 days) after diagnosis, from data reported 6/30/2022.

**Figure 2: Number and Percentage of PWH
Engaged in Selected Stages of the Diagnosis-Based Continuum of HIV Care
in the Tampa-St. Petersburg EMA, CY 2021.**

Source: CDC Division of HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; from data reported 6/30/2022 has been created by HAB DMHAP Data Team.

Per the above **Figure 2**, 10,381 of all People with HIV in the EMA, retained in care, had a suppressed viral load in 2021 and 79% of the 521 newly diagnosed PWH in the EMA had at least one documented HIV-related care visit within 30 days of diagnosis in calendar year 2021. Because this measure is only people with HIV diagnosed in a single year, it cannot be directly compared to other steps in the continuum. A person who begins care more than 30 days after diagnosis may still be included in later steps of the continuum but would not be counted as “linked to care.”

The HIV Care Continuum has improved from 2017 to 2021. Yearly retention in medical care, viral load suppression for those retained in medical care, and the overall percentage of people who are virally suppressed has increased during this time, as well. Between 2017 and 2021, the overall number of people with HIV who were retained in care (two doctor or lab visits at least three months apart over a year) increased from 73% to 78%. Viral load suppression increased from 65% to 74%. Virally suppressed people, retained in care, increased from 85% to 91%. Of note, these positive changes in retention in care and viral load suppression occurred during the COVID-19 pandemic, showing providers’ ability to adapt to challenging circumstances by using strategies like telehealth services to keep their clients in care.

The Tampa-St. Petersburg EMA improved outcomes, across each step of the care continuum, between 2017 and 2021 for gender identity, race, ethnicity, and age. Many of these improvements were because of the area’s Ryan White provider’s dedication to keeping track of, reporting, quickly linking people to care, and keeping them in care.

The EMA’s focus on Quality Improvement (QI) performance measures leads to better results across all steps of the Care Continuum. The providers have continued to give more attention to making sure that data is entered, appointments are kept, and clients are always engaged in care. The HIV Care Continuum tells us how the HIV numbers have changed in the EMA, either better or lower numbers. The EMA looks at these measures four times a year through the Quality Management workgroup, with the Recipient, the Care Council, and local prevention providers.

Those continuous quality improvement efforts have resulted in fewer instances of no shows for medical appointments, a higher percentage of people who have received a syphilis screening, and a more rigorous effort to ensure people with HIV have received HIV risk counseling. More recently, efforts have focused on improving the percentage of eligible individuals who have received an annual syphilis screening as well as increasing the percentage of all individuals who have received annual HIV risk counseling.

Care disparities based on race and ethnicity have declined over time, especially in retention in medical care and viral load suppression. A disparity in care is defined as a medical outcome for one group being higher or lower by at least five percentage points than another group of the same category. By 2021, the percentage of Black People with HIV kept in medical care was 76% compared to 71% in 2017. White People with HIV kept in medical care was 80% in 2021, up from 75% in 2017. Hispanic/Latinx people with HIV kept in care in 2021 was 77%, up from 72% in 2017.

These results also improved in regards to viral load suppression. Between 2017 and 2021, the number of White People with HIV who were virally suppressed increased from 71% to 79%. The rates for Black People with HIV increased from 58% to 68%. The rates for Hispanic/Latinx People with HIV increased from 64% to 74%.

**Figure 3** shows the Care Continuum for Black People with HIV in the Eligible Metropolitan Area (EMA).

**Figure 3: Number and Percentage of Black PWH
Engaged in Selected Stages of the Diagnosis-Based Continuum of HIV Care
in the Tampa-St. Petersburg EMA, CY 2021.**

Source: CDC Division of HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; from data reported 6/30/2022 has been created by HAB DMHAP Data Team.

Per the above figure, 86% of Black People with HIV retained in care in the EMA had a suppressed viral load in 2021. 77% of the 187 newly diagnosed Black PWH in the EMA had at least one documented HIV-related care visit within 30 days of diagnosis in calendar year 2021.

**Figure 4** shows the Care Continuum for White People with HIV in the Eligible Metropolitan Area (EMA).

**Figure 4: Number and Percentage of White PWH
Engaged in Selected Stages of the Diagnosis-Based Continuum of HIV Care
in the Tampa-St. Petersburg EMA, CY 2021.**

Source: CDC Division of HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; from data reported 6/30/2022 has been created by HAB DMHAP Data Team.

Per the above figure, 94% of White People with HIV retained in care in the EMA had a suppressed viral load in 2021. 79% of the 170 newly diagnosed White PWH in the EMA had at least one documented HIV-related care visit within 30 days of diagnosis in calendar year 2021.

**Figure 5** shows the Care Continuum for Hispanic/Latinx People with HIV in the Eligible Metropolitan Area (EMA).

**Figure 5: Number and Percentage of Hispanic/Latinx PWH
Engaged in Selected Stages of the Diagnosis-Based Continuum of HIV Care
in the Tampa-St. Petersburg EMA, CY 2021.**

Source: CDC Division of HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; from data reported 6/30/2022 has been created by HAB DMHAP Data Team.

Per the above figure, 93% of Hispanic/Latinx People with HIV retained in care in the EMA had a suppressed viral load in 2021. 81% of the 153 newly diagnosed PWH in the EMA had at least one documented HIV-related care visit within 30 days of diagnosis in calendar year 2021.

**Figure 6** shows the Care Continuum comparison for White, Black, and Hispanic/Latinx PWH in the Eligible Metropolitan Area (EMA).

**Figure 6:** **Percentage of White, Black, and Hispanic/Latinx PWH
Engaged in Selected Stages of the Diagnosis-Based Continuum of HIV Care
in the Tampa-St. Petersburg EMA, CY 2021**

Source: CDC Division of HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; from data reported 6/30/2022 has been created by HAB DMHAP Data Team.

**Figure 6** shows the Care Continuum comparison for All PWH and Youth with HIV/AIDS in the Eligible Metropolitan Area (EMA).

**Figure 6:** **Percentage of All PWH and Youth with HIV/AIDS
Engaged in Selected Stages of the Diagnosis-Based Continuum of HIV Care
in the Tampa-St. Petersburg EMA, CY 2021**

Per the above figures, disparities between White, Black, Hispanic/Latinx, and Youth PWH have improved since 2017, but they still exist in the Care Continuum, particularly among viral suppression rates. Outreach to individuals in these categories will focus on improving the following steps of the care continuum: retention in medical care, prescriptions of Anti-Retroviral Therapy, and ideally viral suppression. To increase these numbers, information about each of these populations is collected by the quality management consultant and reported to the Recipient, and Care Council, every three months, to determine which steps of the Care Continuum need more attention to eventually increase viral suppression.