**HIV/AIDS Care Continuum for the**

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

**2023-2024**



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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Produced on behalf of The Ryan White Care Council under contract with the Health Care Services Department within the Human Services of Hillsborough County, Ryan White Program, and the Florida Department of Health in Pinellas County.

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $10,779,094 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

**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 3.3 million, of which 60% 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 15,155 people living with HIV/AIDS in the Tampa-St. Petersburg EMA in 2022.

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 2022, there were 5,375 (36%) Black people with HIV/AIDS in the EMA. About 18% of Black people with HIV/AIDS were aware of their status and not in care. There were 3,019 (20%) Hispanic/Latinx people with HIV/AIDS in the EMA in 2022 and about 18% were aware of their HIV status but were not in care. There were 6,329 (42%) White people with HIV/AIDS in the EMA in 2022. About 15% 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 2022 by county.

**Figure 1: Tampa-St. Petersburg EMA HIV/AIDS Cases per County in 2022**

A map of the state of texas

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**Figure 2** shows the Eligible Metropolitan Area’s (EMA) Care Continuum. This graph was created using Centers for Disease Control and Prevention (CDC) definitions 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 2022 calendar year, this information was from data available 6/30/2023.

*- Receipt of Care* = People with HIV (PWH) who had viral load lab results, for their CD4 (Cluster count differentiation 4 (CD4) in 2022, from data available 6/30/2023.

*- Retained in Care* = PWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from January 1 of the year specified through June 30 of the following year, data as of 6/30/2023

*- Viral Load Suppression* = PWH with a suppressed viral load (<200 copies/mL) at the most recent VL test in calendar year 2022, from data reported 6/30/2023.

*- Viral Load Suppression, Retained in Care* = PWH with at least one documented VL or CD4 lab, medical visit,or prescription from January 1 of the year specified through March 31 of the following year that also hasa suppressed VL (<200 copies/mL) on the last VL from January 1 of the year specified through March 31 of the following year, data as of 6/30/2023

- *Linked to Care* = People with newly diagnosed HIV who were linked to care within one month (30 days) after diagnosis, from data reported 6/30/2023.

**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 2022.**

Source: Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section Tampa- St. Petersburg EMA Epidemiological Profile CY 2022.

Per the above **Figure 2**, 10,622 of all People with HIV in the EMA, retained in care, had a suppressed viral load in 2022 and 81% of the 516 newly diagnosed PWH in the EMA had at least one documented HIV-related care visit within 30 days of diagnosis in calendar year 2022. 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 2018 to 2022. All stages of the Care Continuum have improved over this time period, most notably in viral load suppression rates for those in care and those retained in care. Between 2018 and 2022, 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 74% to 77%. Viral load suppression increased from 67% to 74%. Virally suppressed people, retained in care, increased from 87% to 91%. These positive changes have taken place during and immediately following the Covid-19 pandemic. These improvements show providers flexibility and dedication to keeping clients engaged in care. Providers utilized new and unique strategies such as telehealth appointments to keep clients retained in care and maintain and improve viral load suppression in the EMA.

Overall, The Tampa-St. Petersburg EMA improved outcomes, across each step of the care continuum, between 2018 and 2022 for gender identity, race, ethnicity, and age. There are some demographics which have seen decreases in certain steps of the Care Continuum. Most notably, American Indian and Alaska Natives have seen decreases in retention in care and viral load suppression. There have also been decreases in linkage to care numbers across many age groups. Many of these decreases were less than a 2 percent change. Many of the 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.

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 2022, the percentage of Black People with HIV kept in medical care was 74% compared to 72% in 2018. White People with HIV kept in medical care was 79% in 2022, up from 77% in 2018. Hispanic/Latinx people with HIV kept in care in 2022 was 77%, up from 70% in 2018.

These results also improved in regards to viral load suppression. Between 2018 and 2022, the number of White People with HIV who were virally suppressed increased from 72% to 79%. The rates for Black People with HIV increased from 62% to 68%. The rates for Hispanic/Latinx People with HIV increased from 66% to 75%.

**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 2022.**

Source: Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section Tampa- St. Petersburg EMA Epidemiological Profile CY 2022.

Per the above figure, 86% of Black People with HIV retained in care in the EMA had a suppressed viral load in 2022. 79% of the 168 newly diagnosed Black PWH in the EMA had at least one documented HIV-related care visit within 30 days of diagnosis in calendar year 2022.

**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 2022.**

Source: Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section Tampa- St. Petersburg EMA Epidemiological Profile CY 2022.

Per the above figure, 94% of White People with HIV retained in care in the EMA had a suppressed viral load in 2022. 79% of the 172 newly diagnosed White PWH in the EMA had at least one documented HIV-related care visit within 30 days of diagnosis in calendar year 202

**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 2022.**

Source: Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section Tampa- St. Petersburg EMA Epidemiological Profile CY 2022.

Per the above figure, 94% of Hispanic/Latinx People with HIV retained in care in the EMA had a suppressed viral load in 2022. 81% of the 152 newly diagnosed PWH in the EMA had at least one documented HIV-related care visit within 30 days of diagnosis in calendar year 2022.

**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 2022**

Source: Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section Tampa- St. Petersburg EMA Epidemiological Profile CY 2022.

**Figure 7** shows the Care Continuum comparison for All PWH and Youth with HIV/AIDS in the Eligible Metropolitan Area (EMA).

**Figure 7:** **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 2022**

Source: Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section Tampa- St. Petersburg EMA Epidemiological Profile CY 2022.

Per the above figures, disparities between White, Black, Hispanic/Latinx, and Youth PWH have improved since 2018, 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. Starting this year, the quality management consultant has also begun disseminating this information to the providers themselves to encourage more timely input of data as well as encouraging more strategic outreach to individuals who may fall out of care or show decreases in the latter stages of the Care Continuum.