

HIV/AIDS Epidemiology Profile 2013

Memphis Transitional Grant Area



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HIV Disease and AIDS Surveillance Data

HIV Disease: represents all new diagnoses with HIV infection regardless of the stage of disease.

AIDS: persons with HIV disease who have one of the following:

- a CD4+ count less than 200 *or*
- CD4+ percentage less than 14% *or*
- one of the **27 AIDS-Defining Conditions**

HIV+ persons are reported to surveillance systems twice: once at initial diagnosis and again at AIDS diagnosis.

27 AIDS-Defining Conditions

- **Bacterial infections, multiple or recurrent***
- **Candidiasis of bronchi, trachea, or lungs**
- **Candidiasis of esophagus[†]**
- **Cervical cancer, invasive[§]**
- **Coccidioidomycosis, disseminated or extrapulmonary**
- **Cryptococcosis, extrapulmonary**
- **Cryptosporidiosis, chronic intestinal (>1 month's duration)**
- **Cytomegalovirus disease (other than liver, spleen, or nodes), onset at age >1 month**
- **Cytomegalovirus retinitis (with loss of vision)[†]**
- **Encephalopathy, HIV related**
- **Herpes simplex: chronic ulcers (>1 month's duration) or bronchitis, pneumonitis, or esophagitis (onset at age >1 month)**
- **Histoplasmosis, disseminated or extrapulmonary**
- **Isosporiasis, chronic intestinal (>1 month's duration)**

27 AIDS-Defining Conditions

- **Kaposi sarcoma**[†]
- **Lymphoid interstitial pneumonia or pulmonary lymphoid hyperplasia complex**^{*†}
- **Lymphoma, Burkitt (or equivalent term)**
- **Lymphoma, immunoblastic (or equivalent term)**
- **Lymphoma, primary, of brain**
- ***Mycobacterium avium* complex or *Mycobacterium kansasii*, disseminated or extrapulmonary**[†]
- ***Mycobacterium tuberculosis* of any site, pulmonary,^{†§} disseminated,[†] or extrapulmonary[†]**
- ***Mycobacterium*, other species or unidentified species, disseminated[†] or extrapulmonary[†]**
- ***Pneumocystis jirovecii* pneumonia**[†]
- **Pneumonia, recurrent**^{†§}
- **Progressive multifocal leukoencephalopathy**
- ***Salmonella* septicemia, recurrent**
- **Toxoplasmosis of brain, onset at age >1 month[†]**
- **Wasting syndrome attributed to HIV**

* Only among children aged <13 years

† Condition that might be diagnosed presumptively.

§ Only among adults and adolescents aged ≥13 years.

General Epidemiology: Incidence

Incidence: the number of new cases of HIV in a specified time period.

- ex. **380** HIV disease cases were diagnosed in the Memphis TGA in 2013.

Incidence rate: Number of new cases of HIV expressed per unit of population.

- ex. **28.9** HIV disease cases per 100,000 people were diagnosed in the Memphis TGA in 2013.

HIV incidence helps us understand how HIV is spreading now and how to more effectively focus prevention efforts.

General Epidemiology: Prevalence

Prevalence: the proportion of a population known to be living with HIV or AIDS.

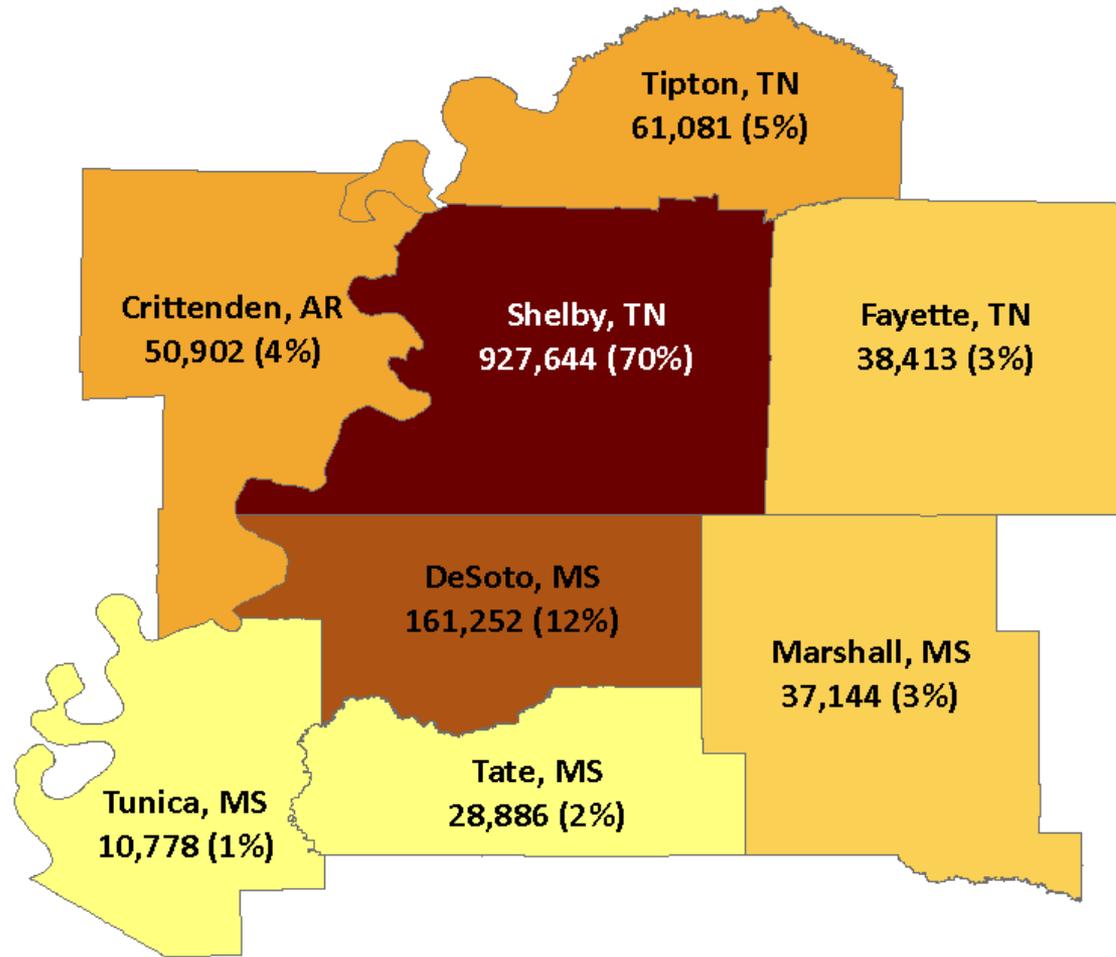
- Typically expressed as a percentage of the population at a point in time.
- ex. **8,136** PLWHA in the Memphis TGA as of December 31, 2013 (**0.62%** of the total TGA population).
- PLWHA=“persons living with HIV or AIDS”

Prevalence provides a snapshot of the burden of infection in a given population and helps us more effectively focus care efforts.

General Demographics of the Memphis TGA Population

- County Populations
- Race/Ethnicity
- Poverty
- Educational Attainment
- Health Insurance Coverage

County Population, Memphis TGA, 2010 Census



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Memphis and Shelby County
Health Department

Data Source: United States Census Bureau, 2010 Decennial Census
Prepared by the Shelby County Health Department Epidemiology Section, 04/21/2014

0 4.25 8.5 17 25.5 34 Miles

Memphis TGA Residents by Race/Ethnicity, 2010 Census

County	Non-Hispanic White	Non-Hispanic Black	Hispanic
	%	%	%
Shelby	38.7	51.9	5.6
Fayette	68.2	28.0	2.2
Tipton	76.7	18.7	2.1
Crittenden	45.2	51.0	2.0
De Soto	70.4	21.8	5.0
Marshall	48.9	46.8	3.2
Tate	66.1	30.2	2.2
Tunica	23.1	73.2	2.3
Total TGA	46.2	45.5	5.0

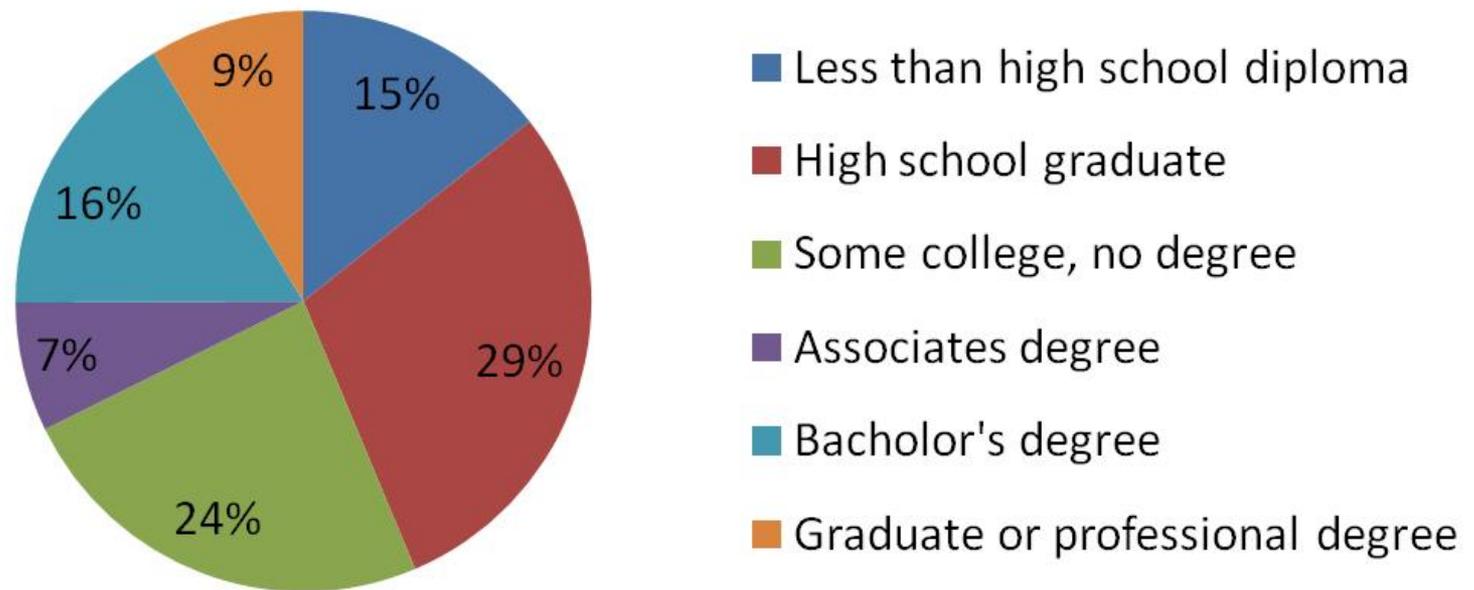
46% of the Memphis TGA population is White, 45.5% Black and 5% Hispanic. Race and ethnicity varies by county.

Poverty among Memphis TGA Residents, 2010 Census

Total TGA Population	19.10%
<i>Age</i>	
Under 18 years	27.60%
18 to 64 years	17.10%
65 years and over	9.50%
<i>Sex</i>	
Male	17.20%
Female	20.80%
<i>Race/Ethnicity</i>	
White	9.60%
Black	28.60%
Hispanic (of any race)	38.60%

19% of all Memphis TGA residents are in poverty; residents under 18 years, females and Hispanic have the highest poverty rates.

Educational Attainment among Memphis TGA Residents aged 25+ Years, 2010 Census



15% of residents have less than a high school diploma, 29% have high school degree, 25% have bachelors or higher.

Health Insurance Coverage among Memphis TGA Residents, 2010

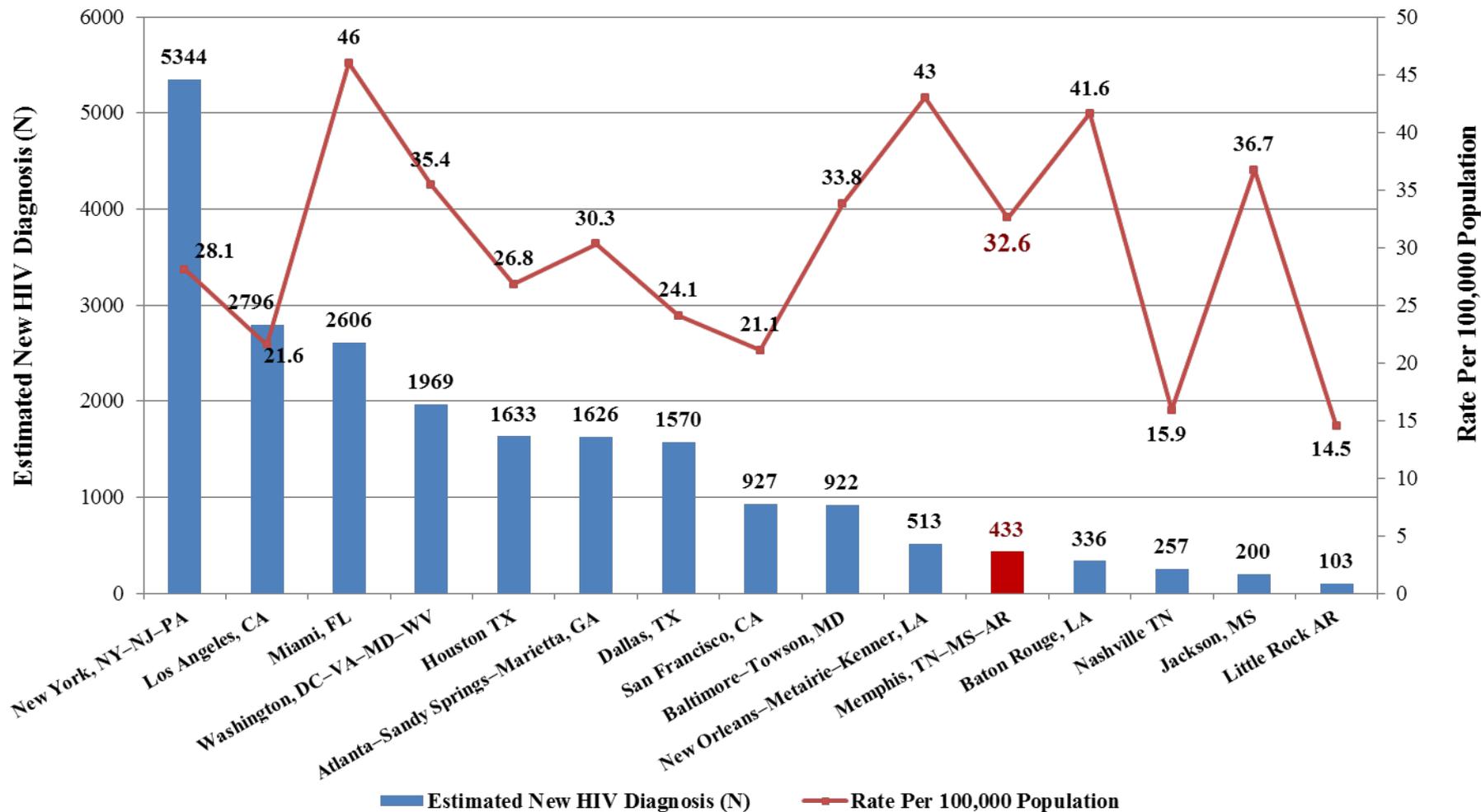
County	Under 18 years	18 to 64 years	65 years and older
Shelby	6.90%	22.00%	0.60%
Fayette	9.10%	14.50%	0.00%
Tipton	3.70%	20.30%	0.20%
Crittenden	3.40%	26.70%	0.00%
DeSoto	11.20%	19.40%	0.00%
Marshall	20.30%	25.20%	0.00%
Tate	13.70%	22.80%	0.00%
Memphis TGA	6.10%	22.80%	0.60%

Almost 23% of all adults aged 18-64 years in the Memphis TGA do not have health insurance coverage.

Scope of the HIV Epidemic in the Memphis TGA

- Incidence
- Prevalence
- Deaths
- Co-Infections
- STDs

Estimated New HIV Disease Diagnoses in US Metro Areas, 2011

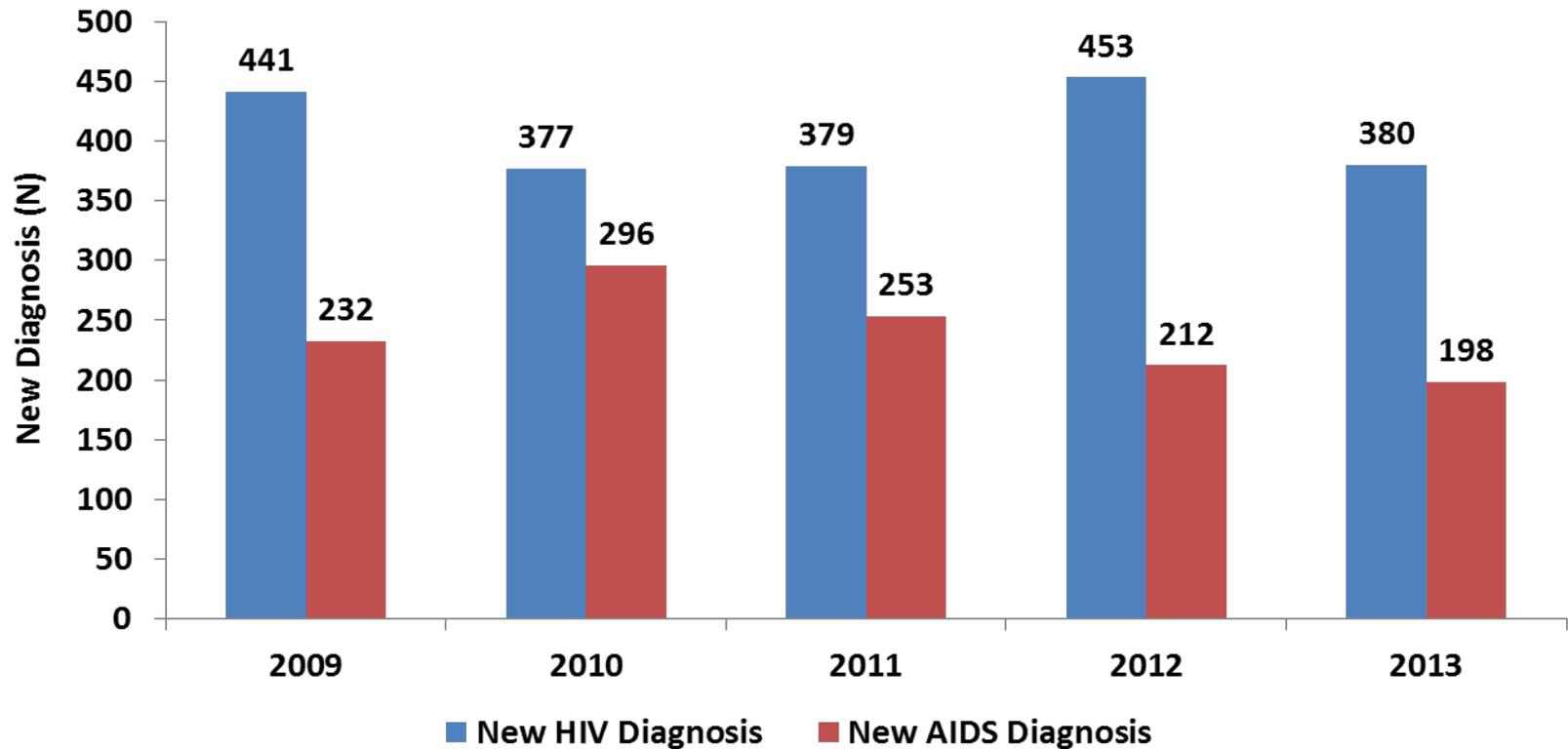


*Memphis TGA has a low number of estimated new infections, but an HIV incidence rate equal to or higher than major urban areas. (**Ranked 7** in metropolitan statistical area of residence—United States)*

Source: Centers for Disease Control and Prevention:

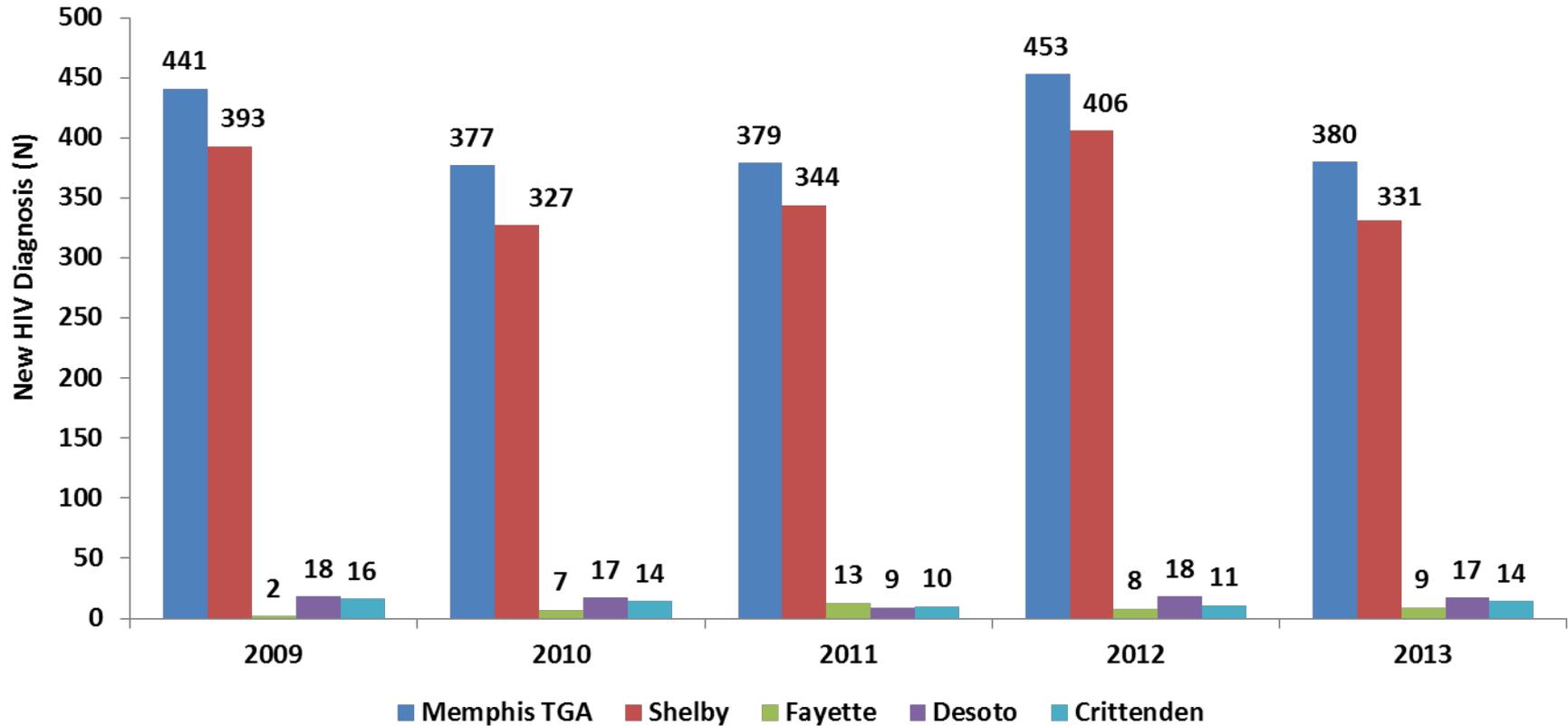
http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=75

New HIV Disease and AIDS Diagnoses, Memphis TGA, 2009-2013



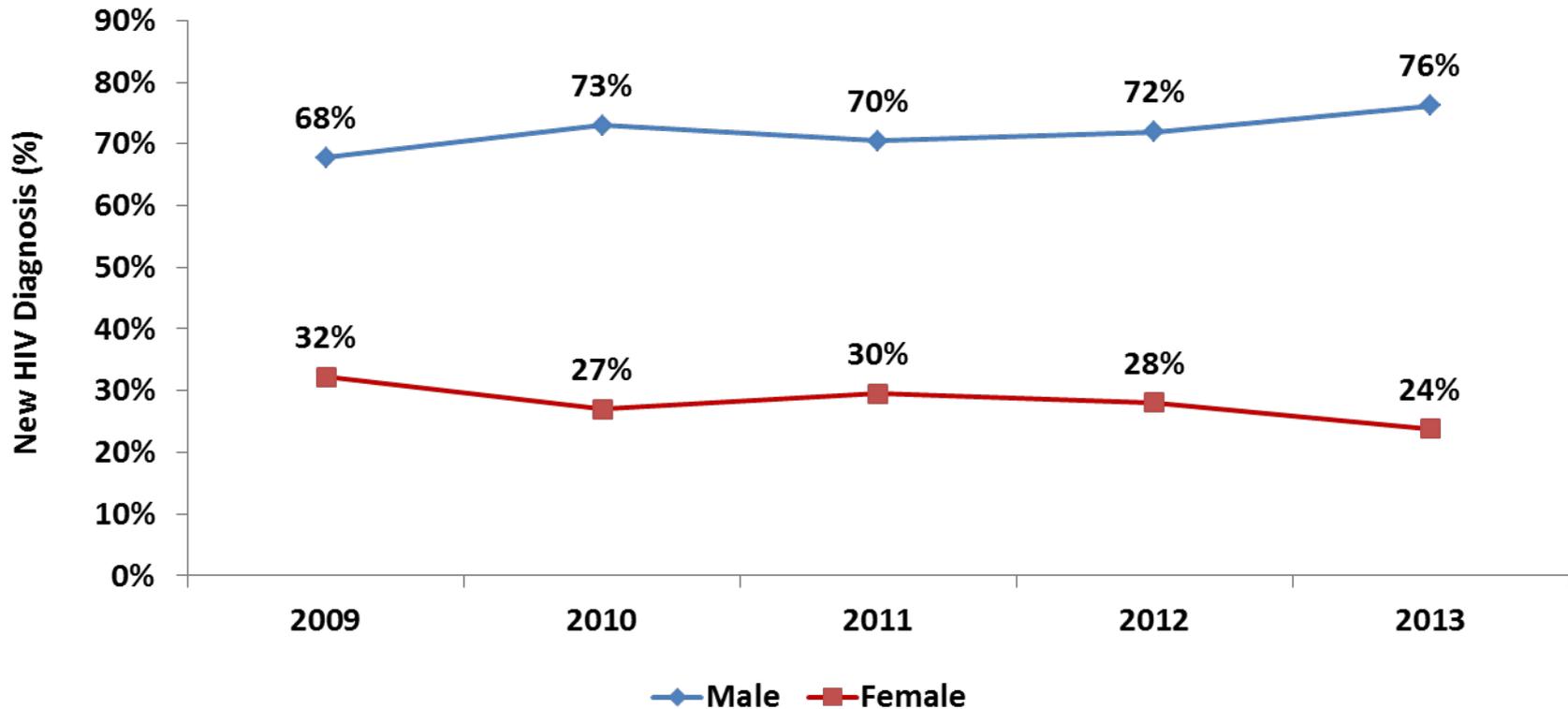
HIV disease diagnoses and AIDS diagnoses should never be added together. HIV disease diagnoses are based on year of initial disease diagnoses. AIDS diagnoses are based on the year of AIDS diagnosis.

New HIV Disease Cases by County, Memphis TGA, 2009-2013



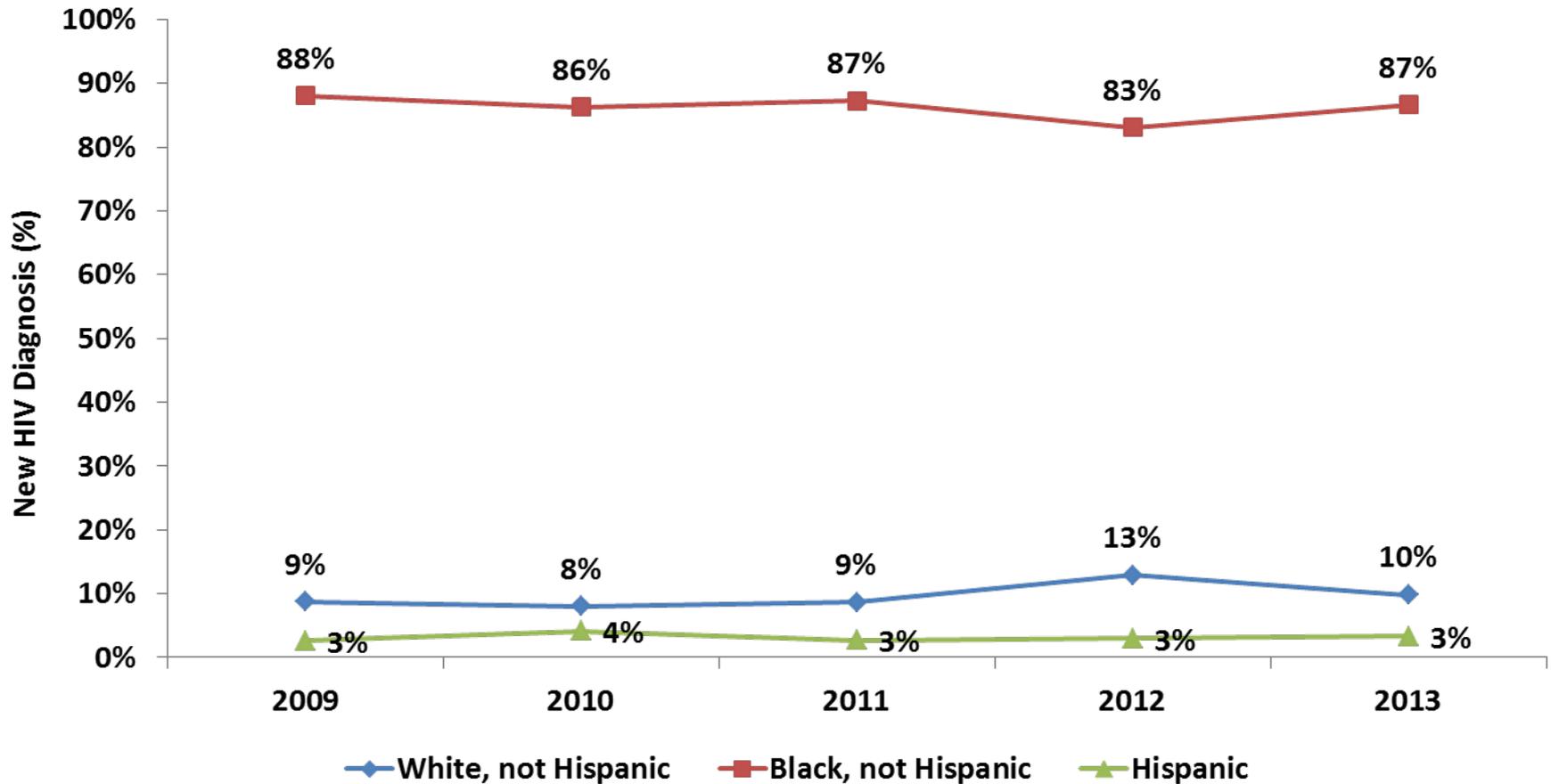
Less than five cases are routinely reported in Tate, Tunica and Marshall and Tipton. Cases have increased in Shelby Counties.

New HIV Disease Cases by Gender, Memphis TGA, 2009-2013



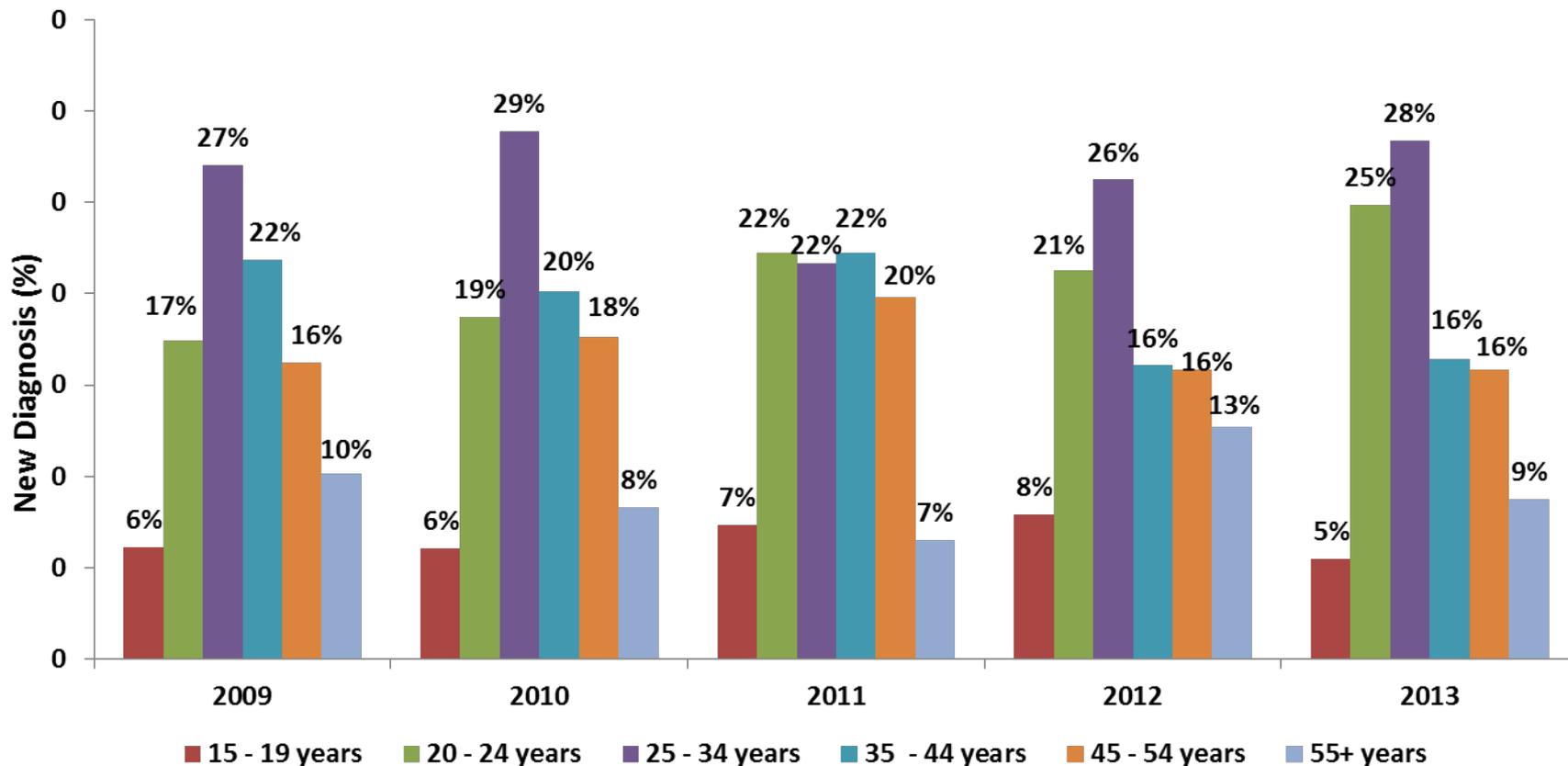
In 2013, 76% of all new HIV diagnoses in the Memphis TGA were among males.

New HIV Disease Cases by Race/Ethnicity, Memphis TGA 2009-2013



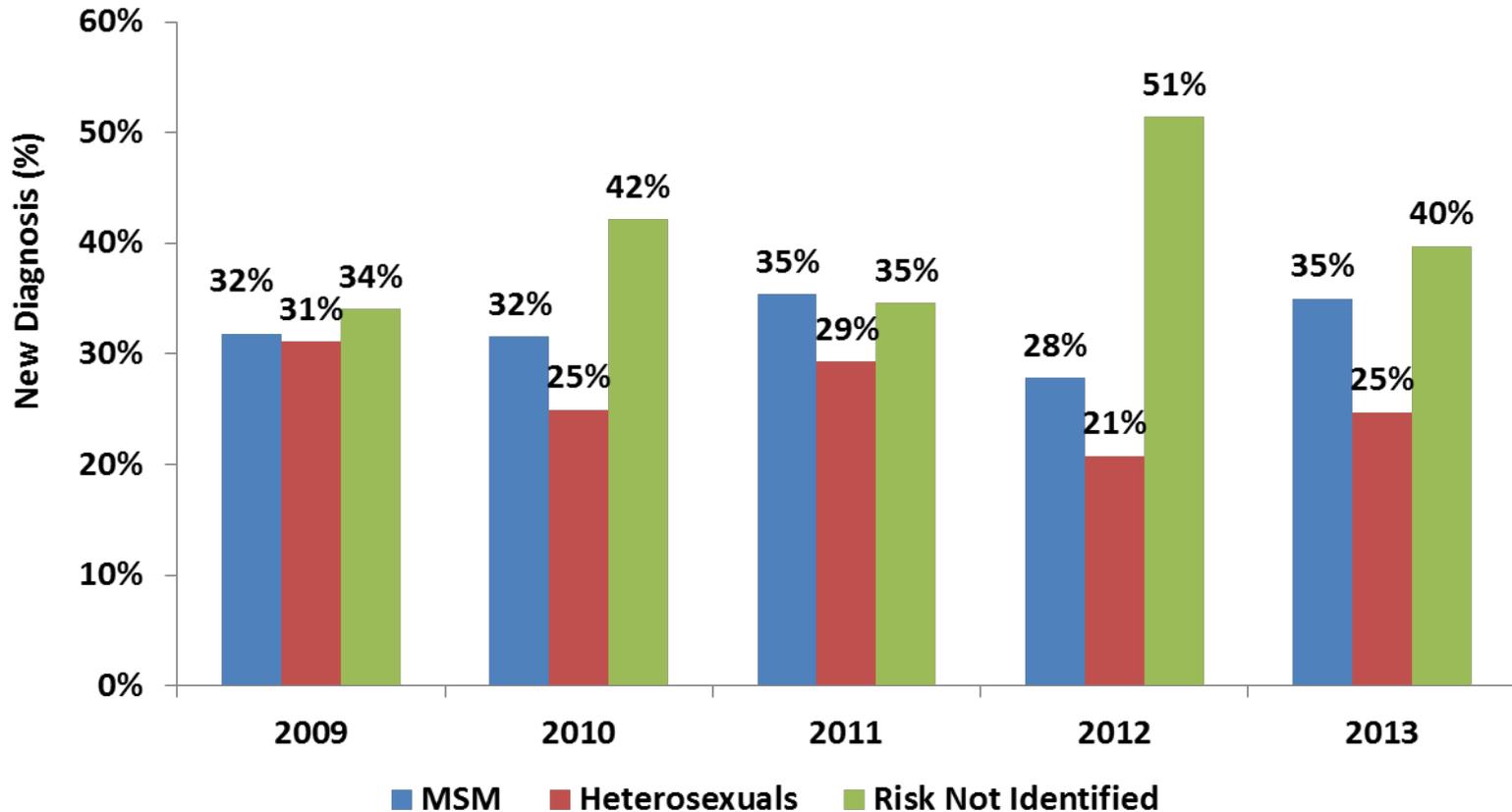
In 2013, 87% of all new HIV diagnoses were among Non-Hispanic Black, 10% Non-Hispanic Whites, and 3% Hispanic.

New HIV Disease Cases by Age, Memphis TGA, 2009-2013



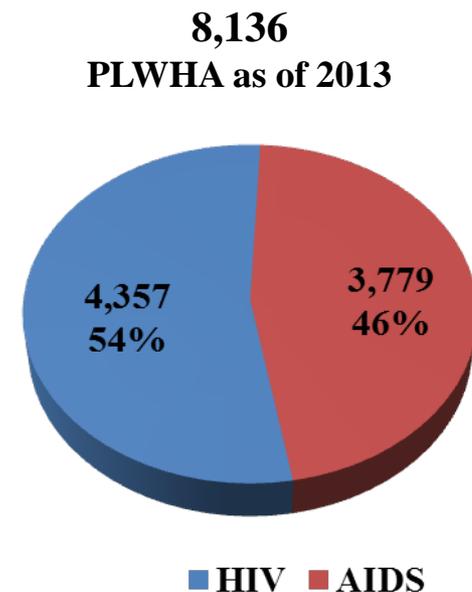
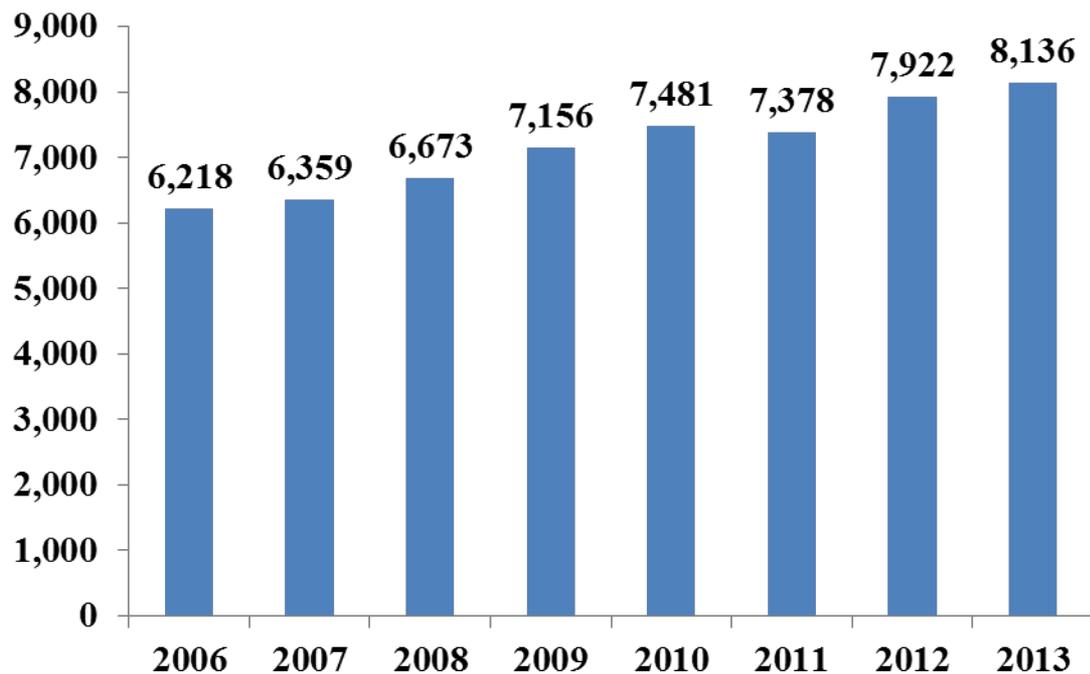
New HIV diagnoses are distributed among all age groups. In 2013, 59% of new diagnoses were among the adolescence young adults 15-34 years of Age.

New HIV Disease Cases by Risk Transmission Category, Memphis TGA, 2009-2013



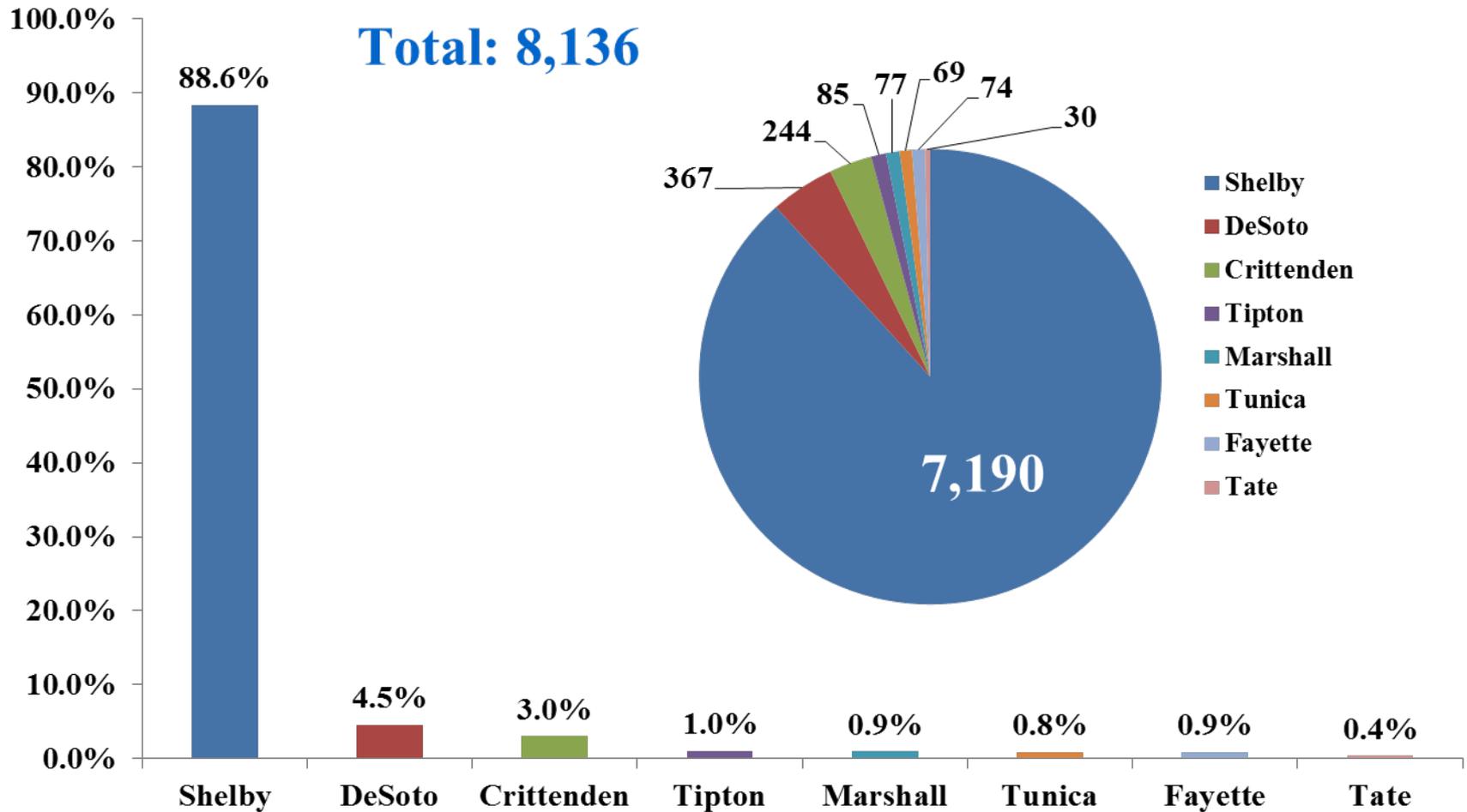
In 2013, 35% of new diagnoses were among MSM, 25% attributed to heterosexual transmission and 40% had no reported/identified risk.

PLWHA in the Memphis TGA, 2006-2013

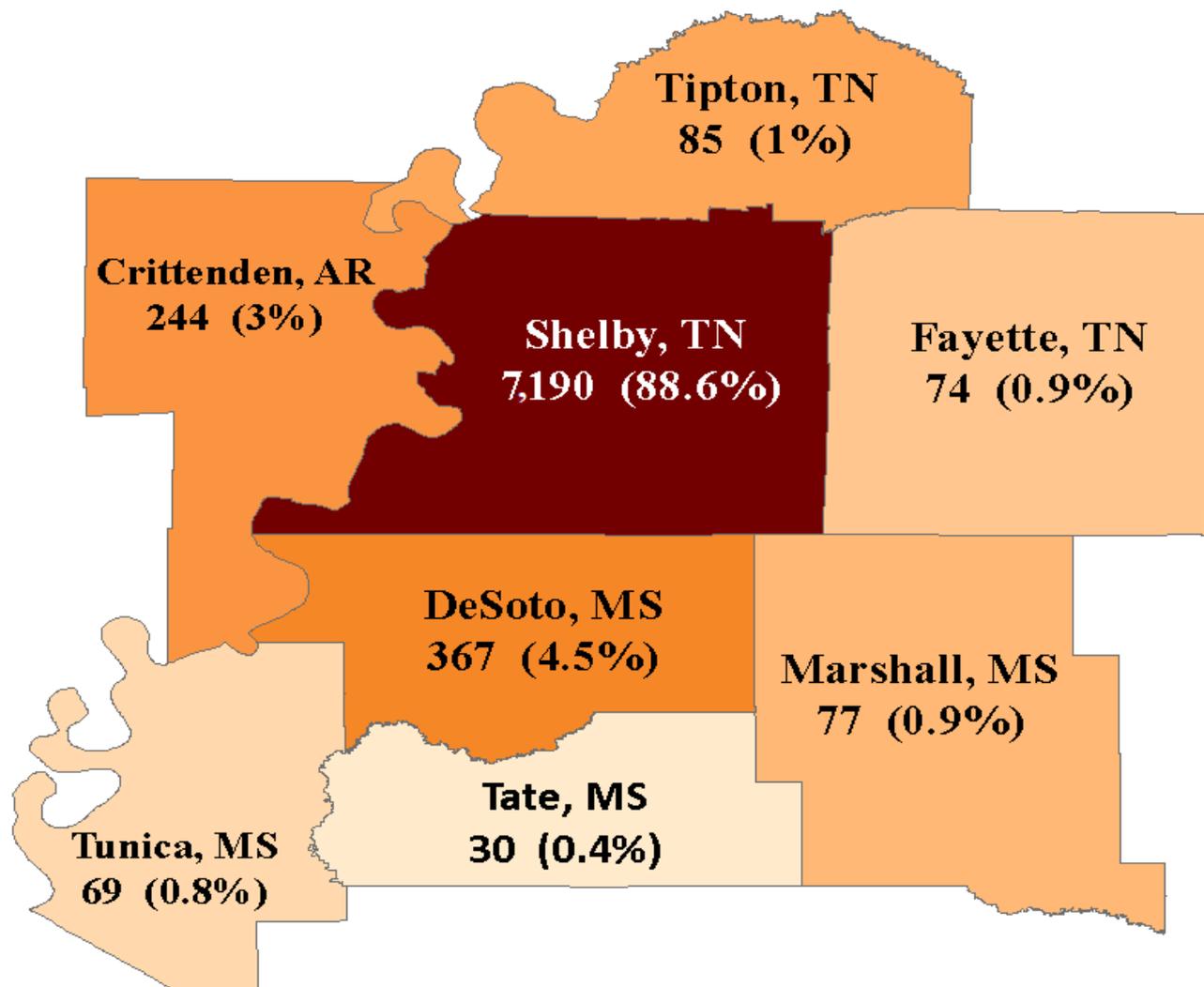


8,136 PLWHA in the Memphis TGA as of 2013; 54% with HIV (4,357) and 46% with AIDS (3,779). PLWHA in Memphis TGA accounts for 42% of those in Tennessee (19083), in 2012

PLWHA in the Memphis TGA, by County, as of 2013



People living With HIV/AIDS by County, Memphis TGA, as of 2013



Note: Data as of 12/31/2013
Data Source: eHARS: TN, AR, MS
Prepared by the Shelby County Health Department Epidemiology Section

0 4.5 9 18 27 36 Miles

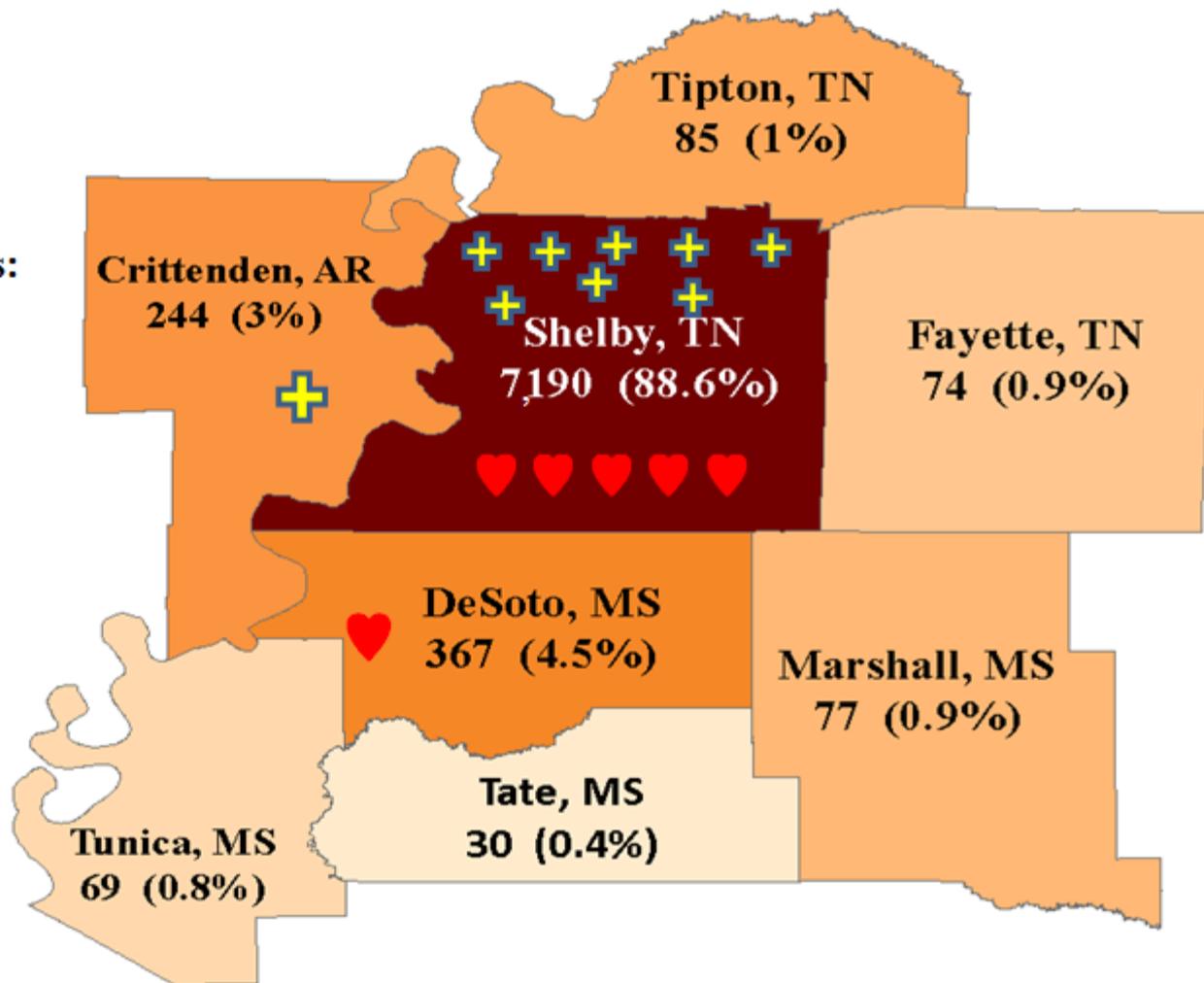
HIV/AIDS Service providers by County, Memphis TGA, 2013



Types of Service Providers:

 : Outpatient Medical

 : Supportive service



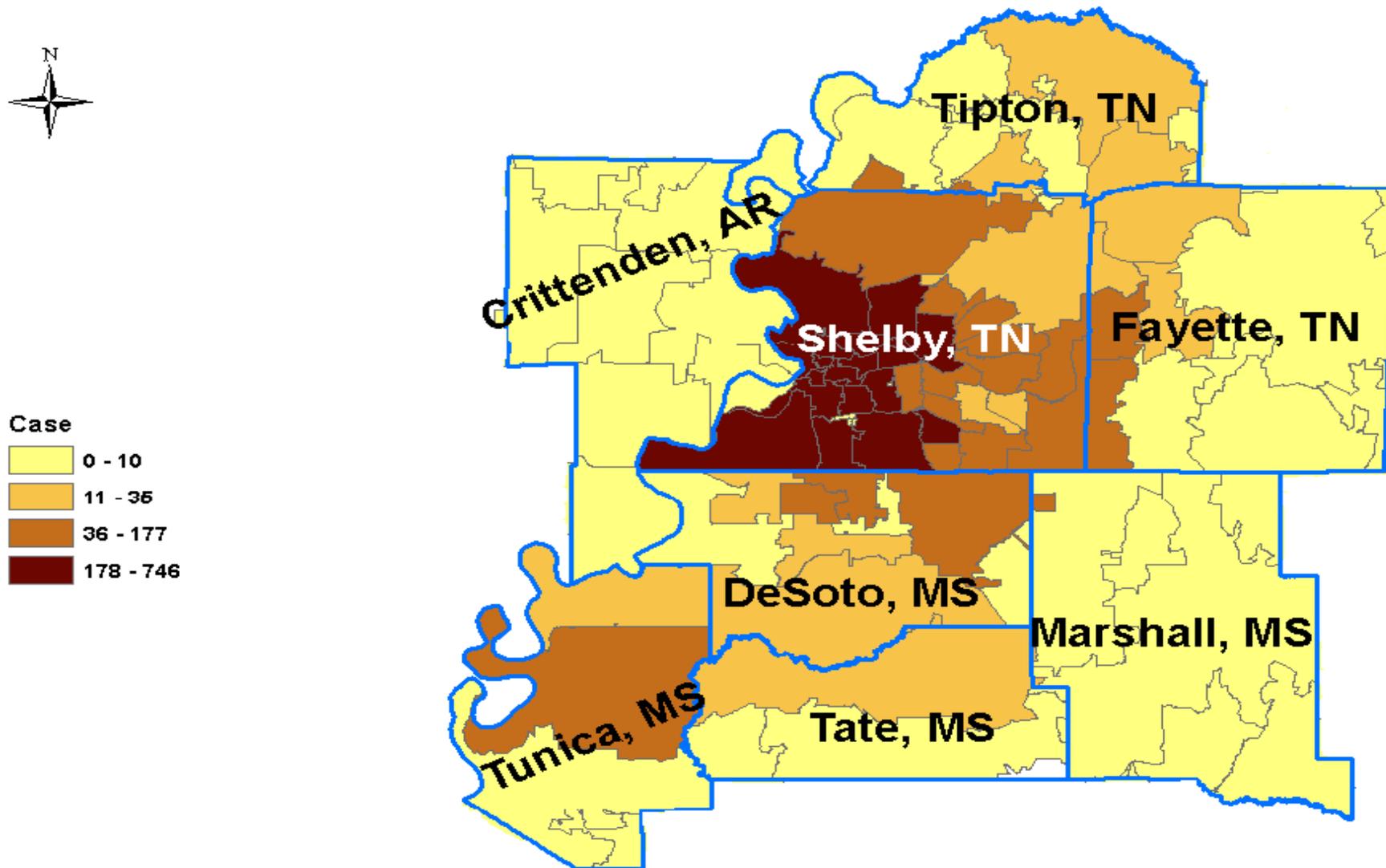
Note: Data as of 12/31/2013

Data Source: eHARS: TN, AR, MS

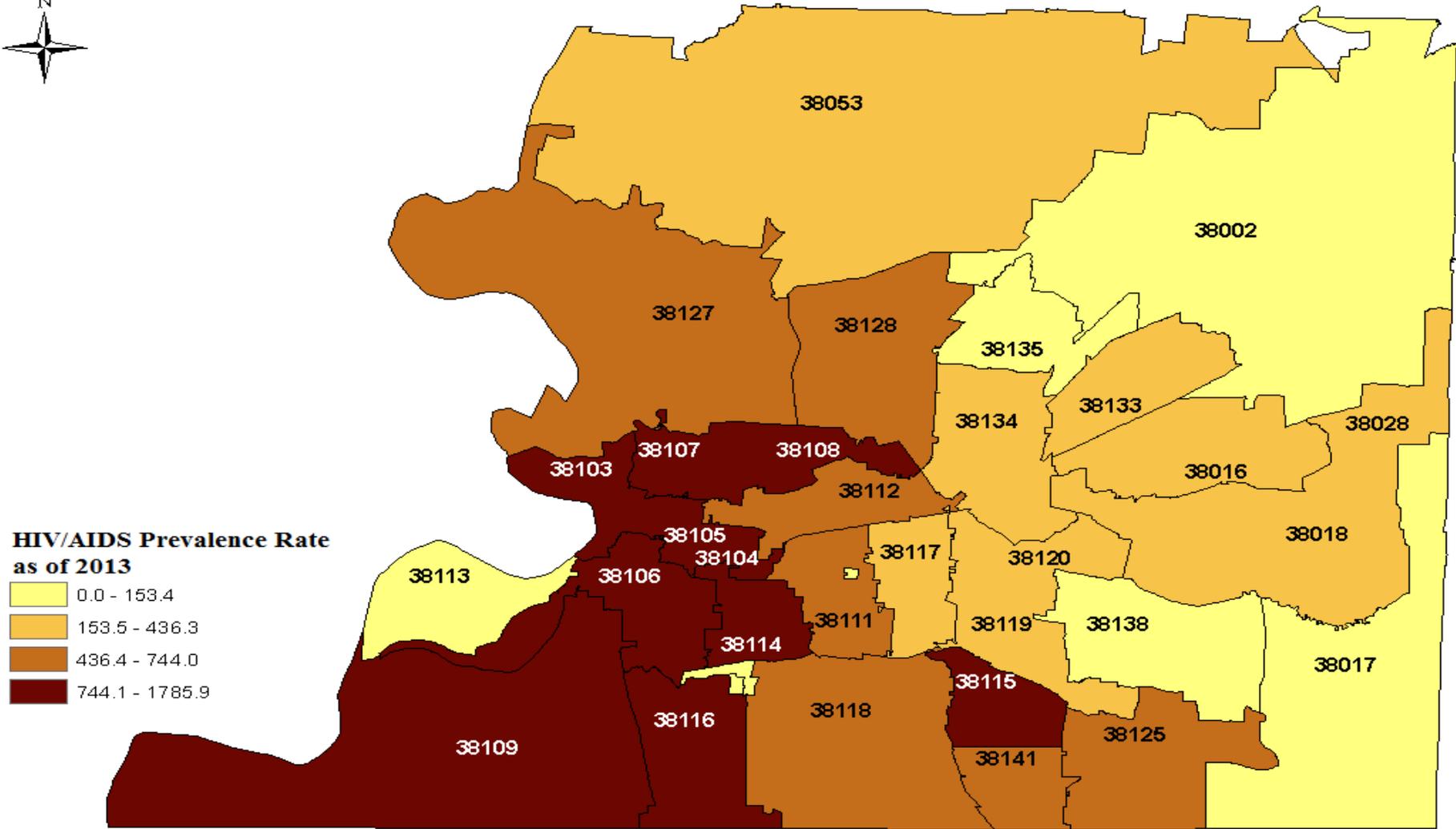
Prepared by the Shelby County Health Department Epidemiology Section



PLWHA in Memphis TGA by Zip Code, as of 2013



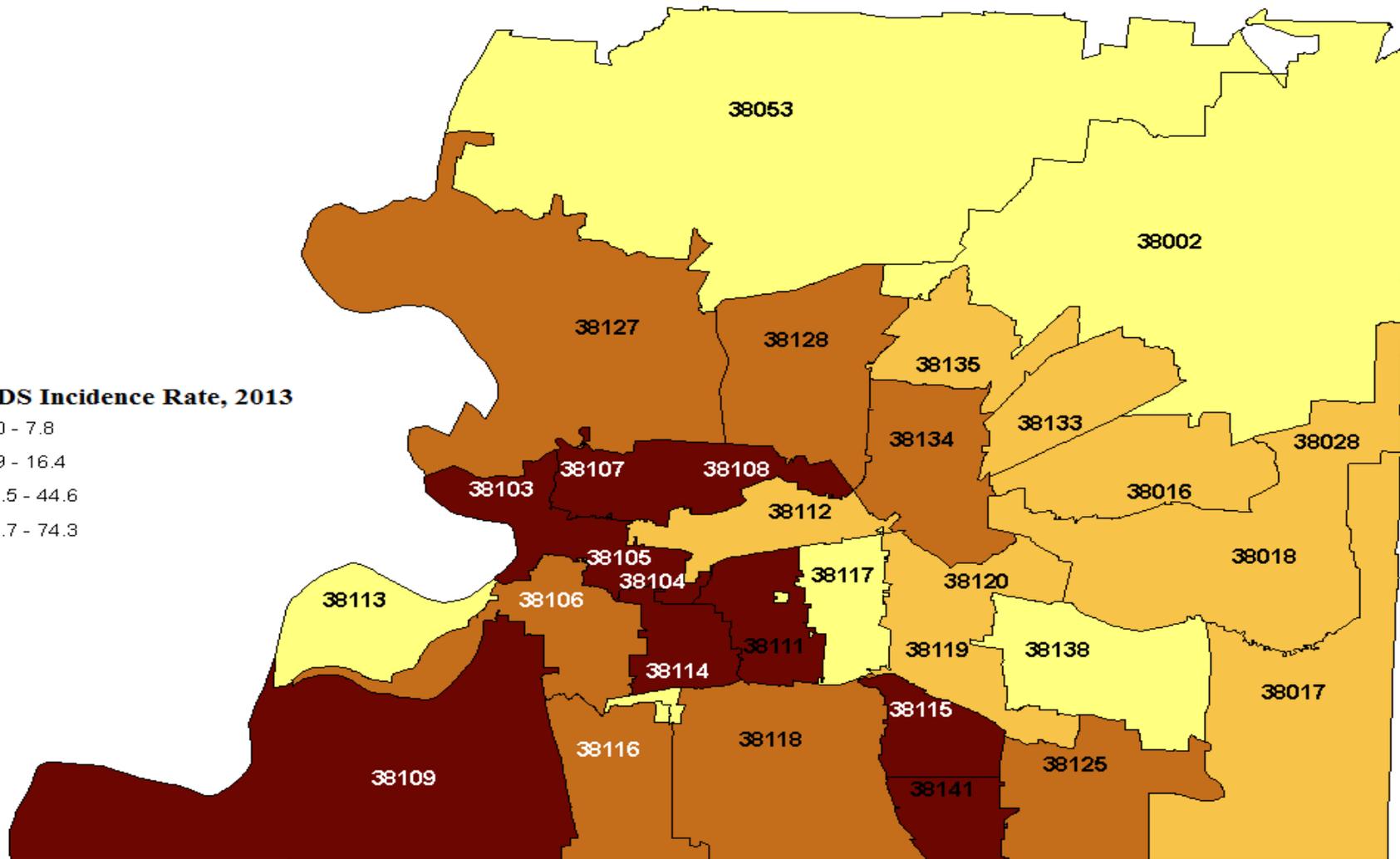
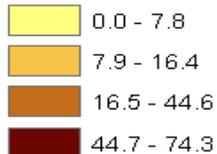
Rates (per 100,000) of HIV/AIDS Prevalence in Shelby County, as of 2013



Rates (per 100,000) of HIV/AIDS Incidence, Shelby County, in 2013



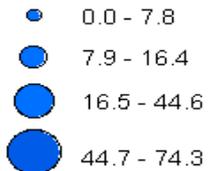
HIV/AIDS Incidence Rate, 2013



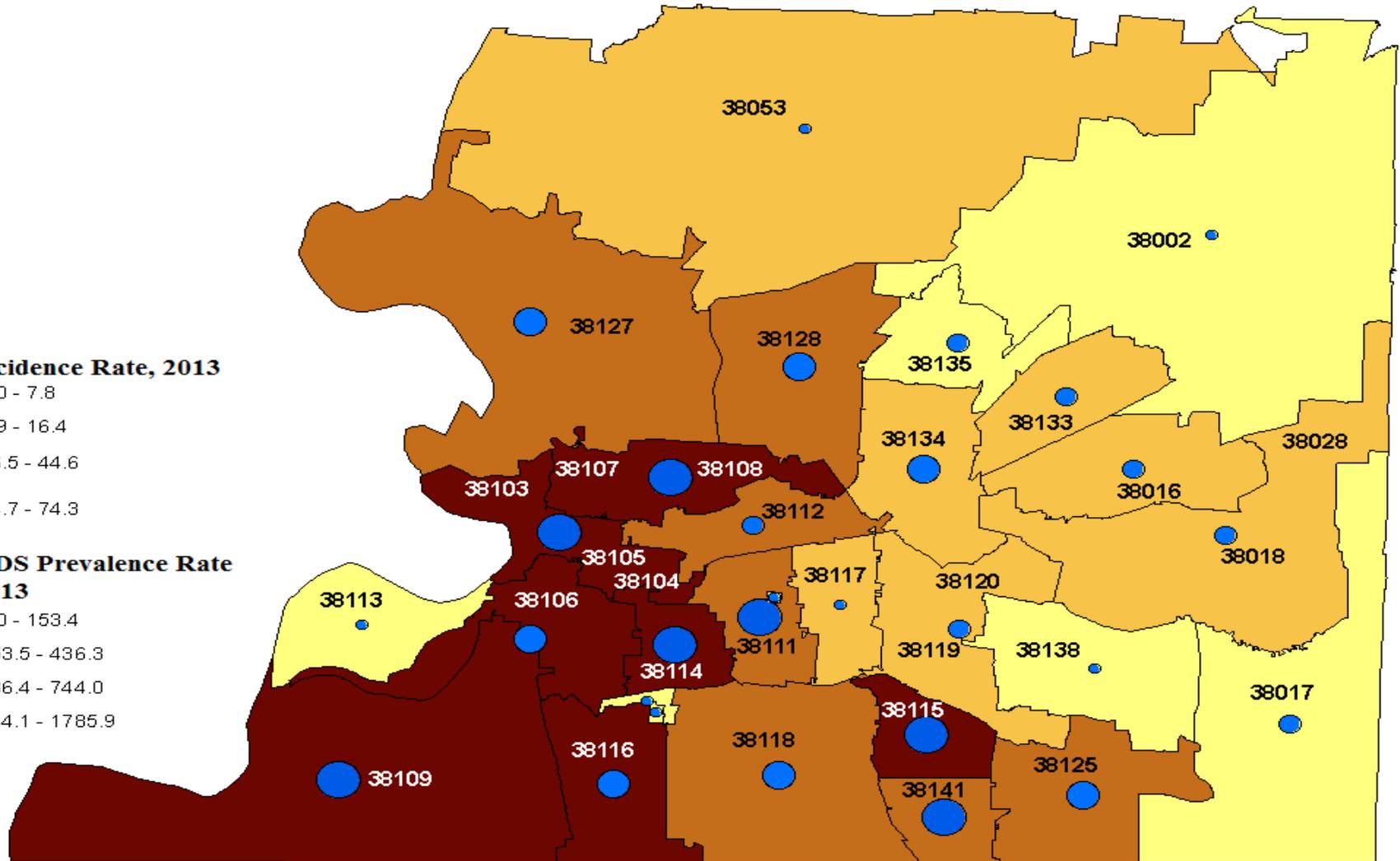
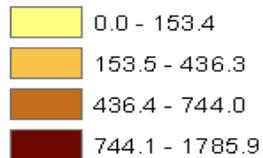
Rates (per100,000) of HIV/AIDS Prevalence and Incidence, Shelby County, 2013



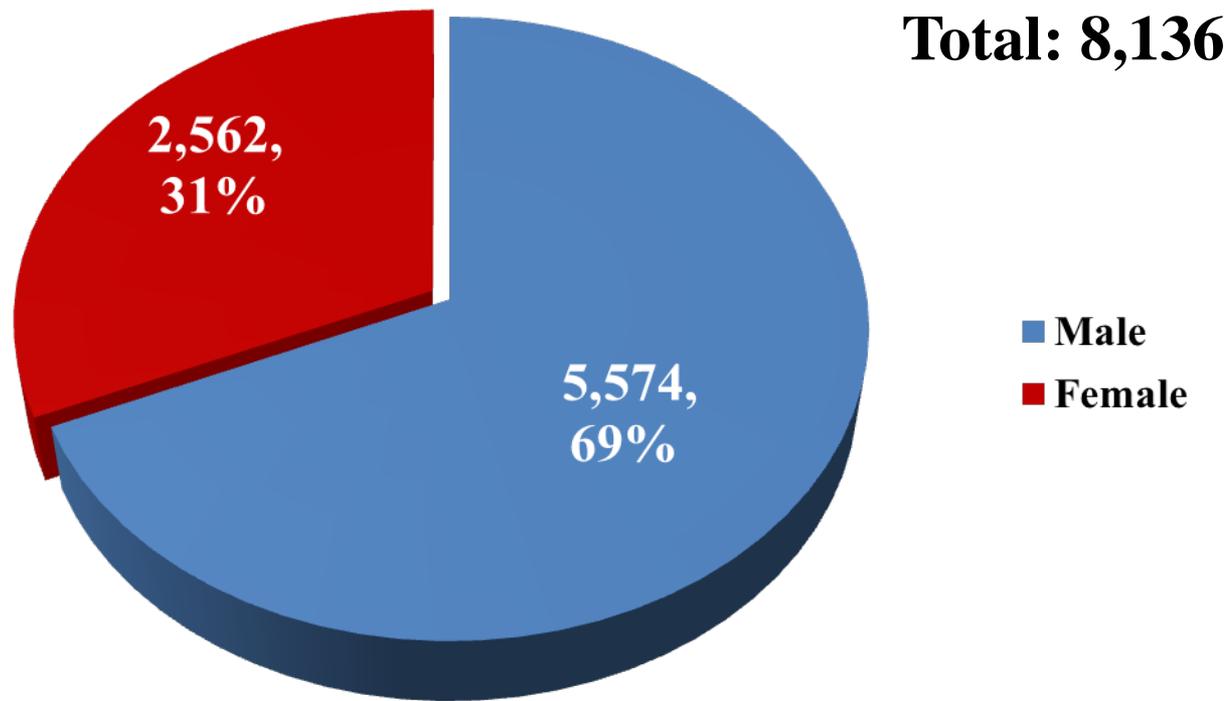
HIV Incidence Rate, 2013



HIV/AIDS Prevalence Rate as of 2013

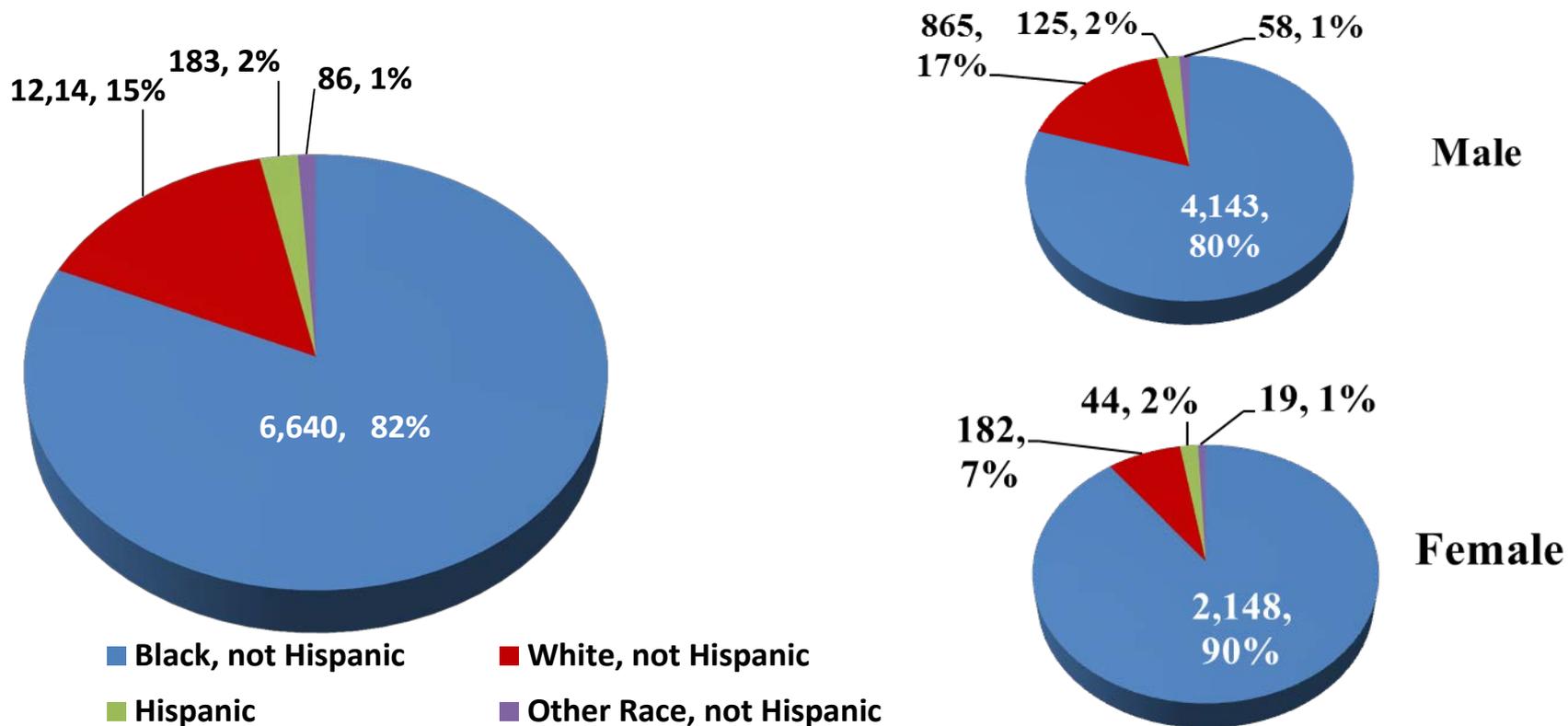


PLWHA in the Memphis TGA by Gender, as of 12/31/2013



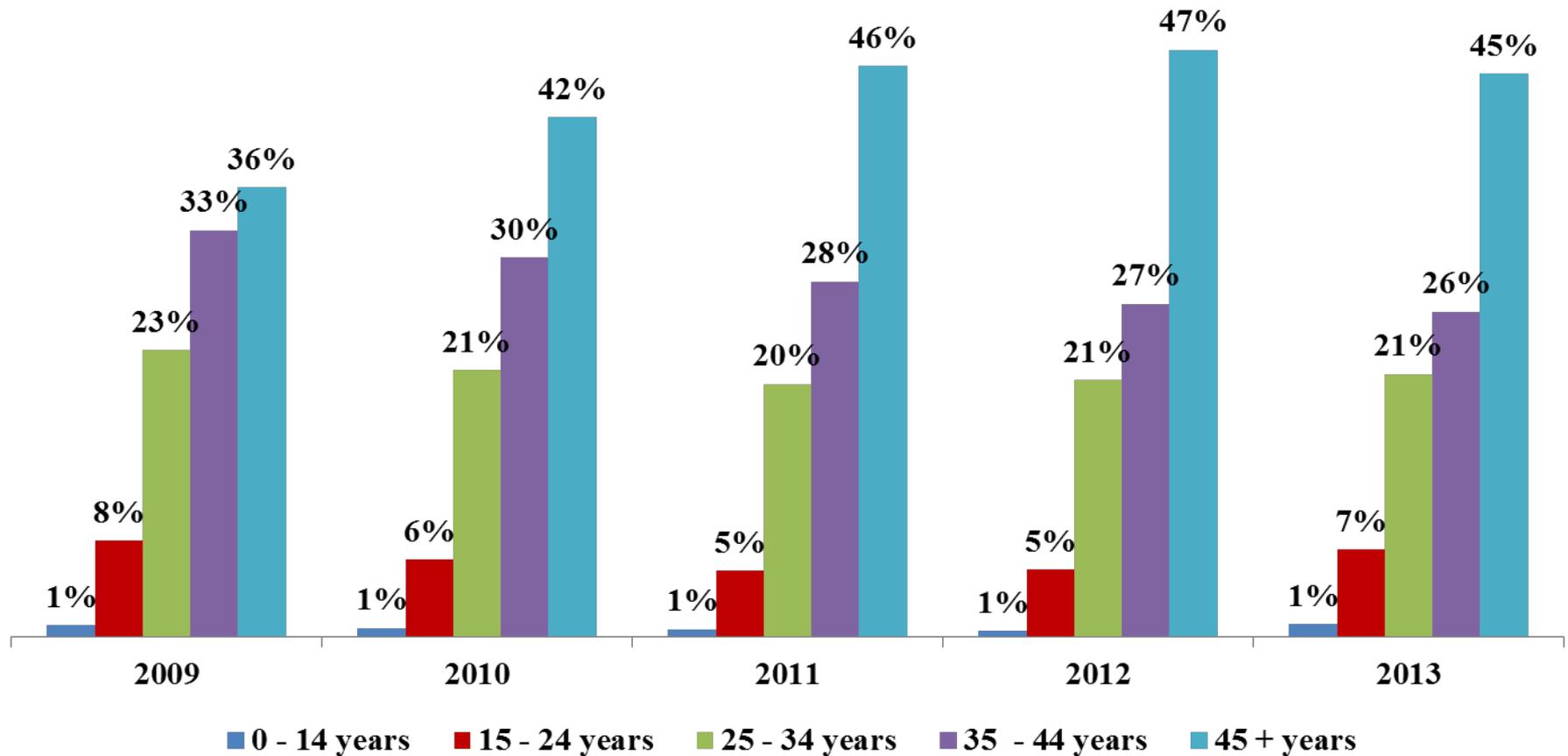
69% of all PLWHA in the TGA are male, 31% are female.

PLWHA in the Memphis TGA by Race/Ethnicity, as of 12/31/2013



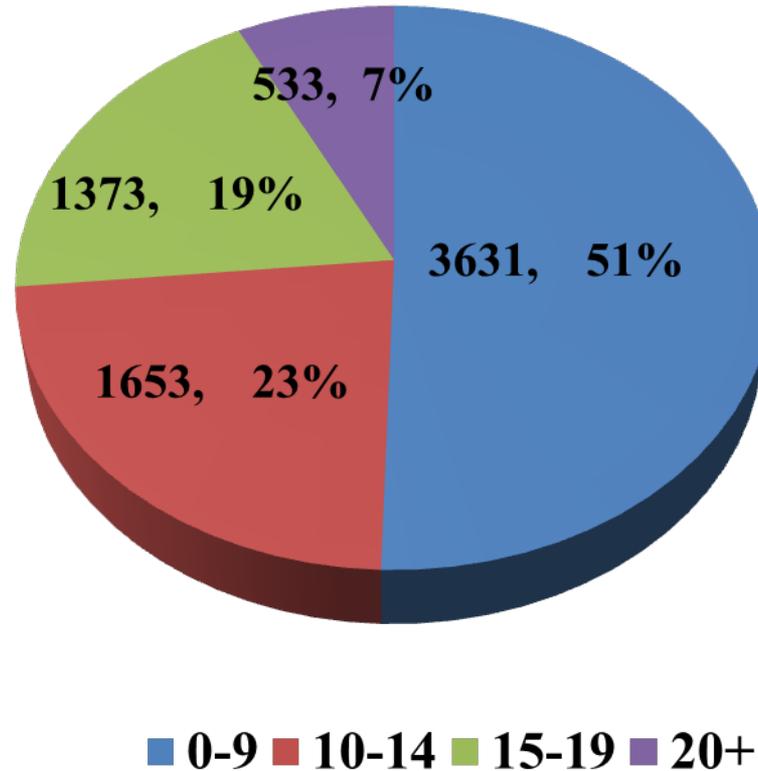
82% of all PLWHA in the TGA are non-Hispanic Black; a higher percent of males are non-Hispanic White (17%) than females (7%).

PLWHA in the Memphis TGA by Age, 2009-2013



PLWHA aged 45+ decreasing while aged 15-24 years old cases increasing; 45% of all PLWHA at the end of 2013 were 45+ years old.

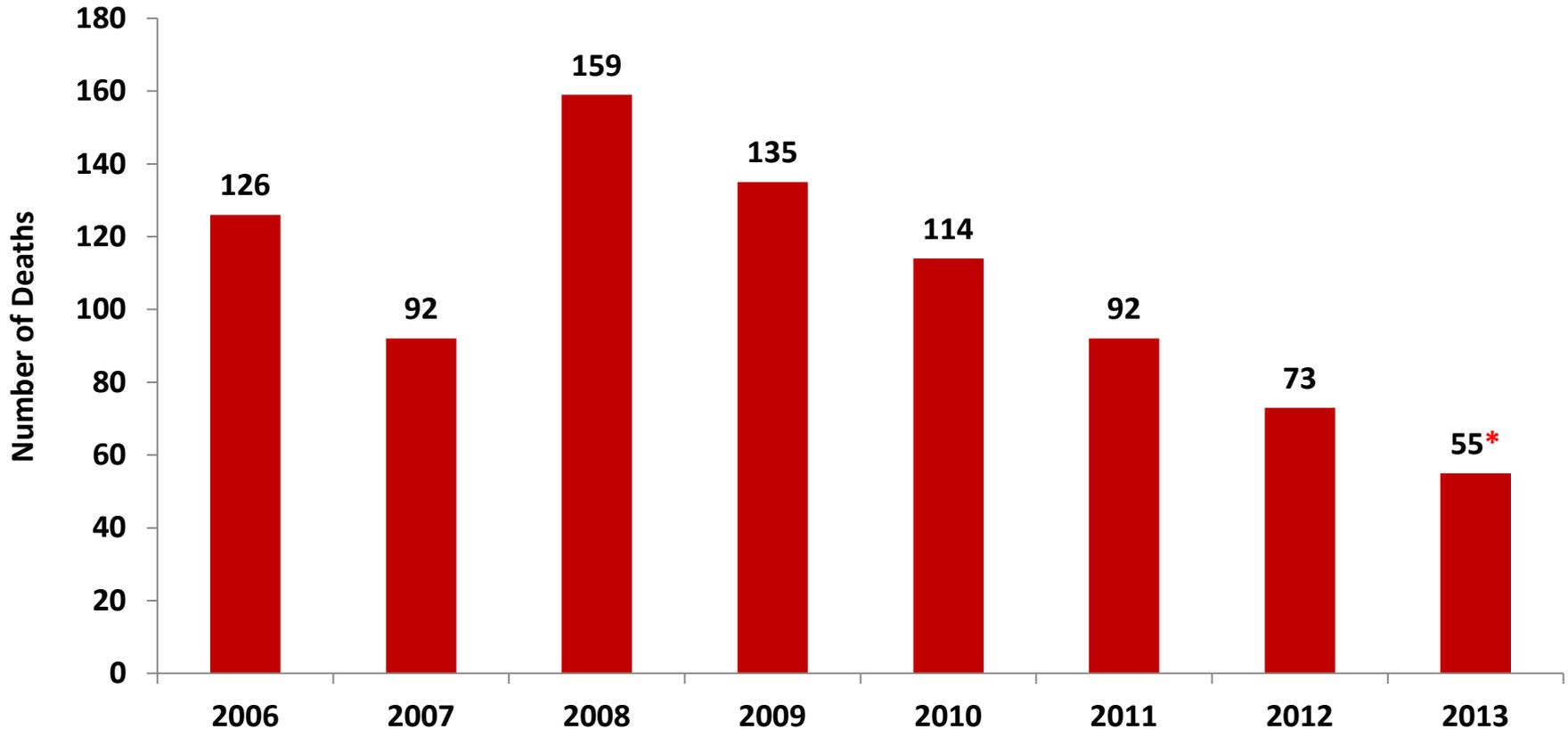
Number of Years People Living with HIV/AIDS in Shelby County, as of 2013



As of 2013, among the HIV infected people, 1906(26%) people living more than 15 years with HIV/AIDS, and almost half of them living more than 10 years with HIV/AIDS

Source: EHARS; data based on preliminary estimates and subject to change.

Deaths due to HIV Disease in Shelby County, 2006-2013



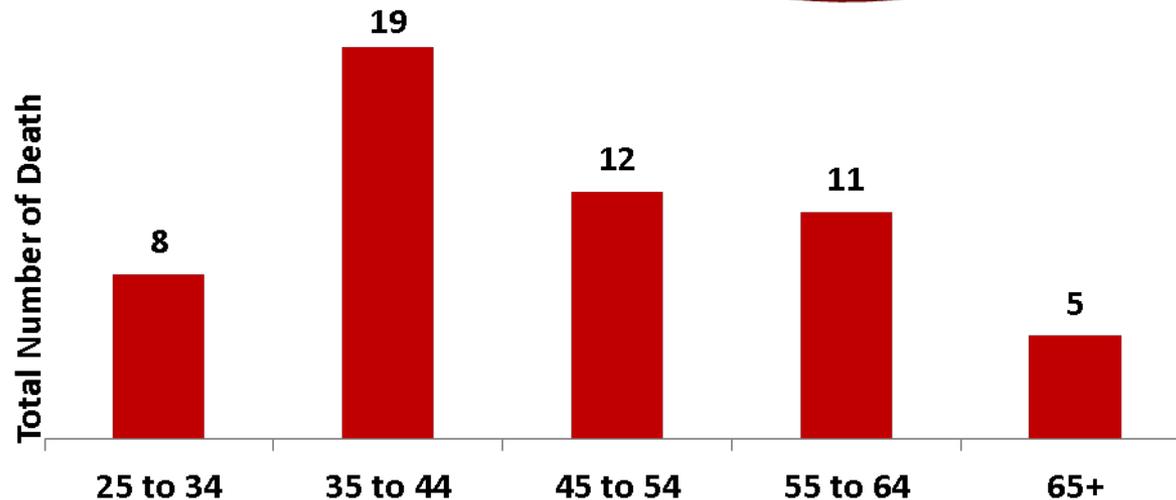
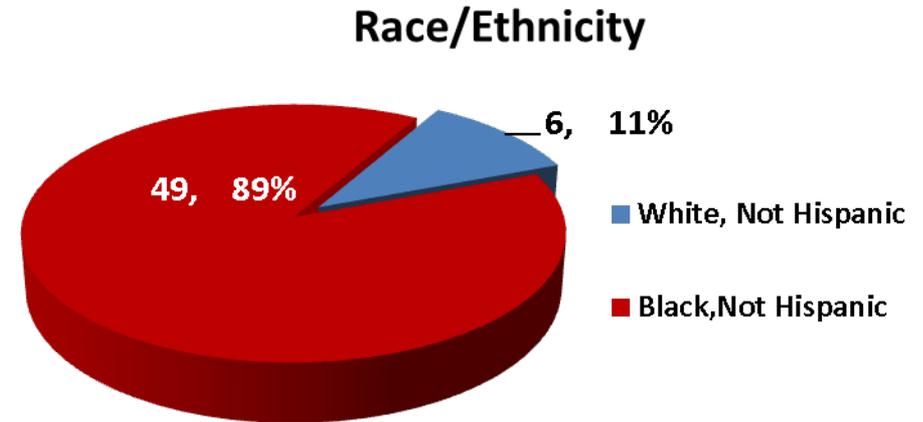
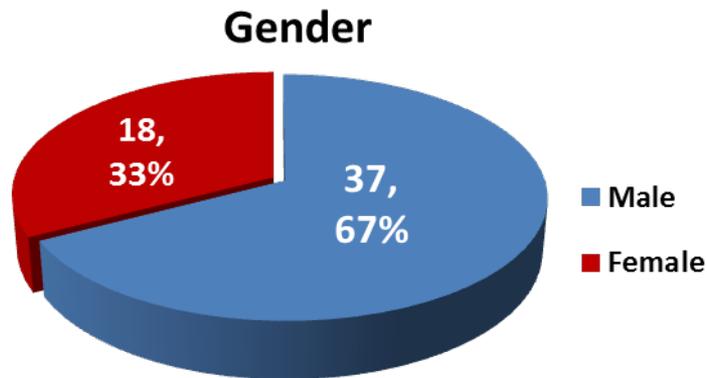
The number of deaths due to HIV disease among Shelby County residents has declined over the past 6 years. (159 in 2008 to 55 in 2013)

**: preliminary estimates and subject to change.*

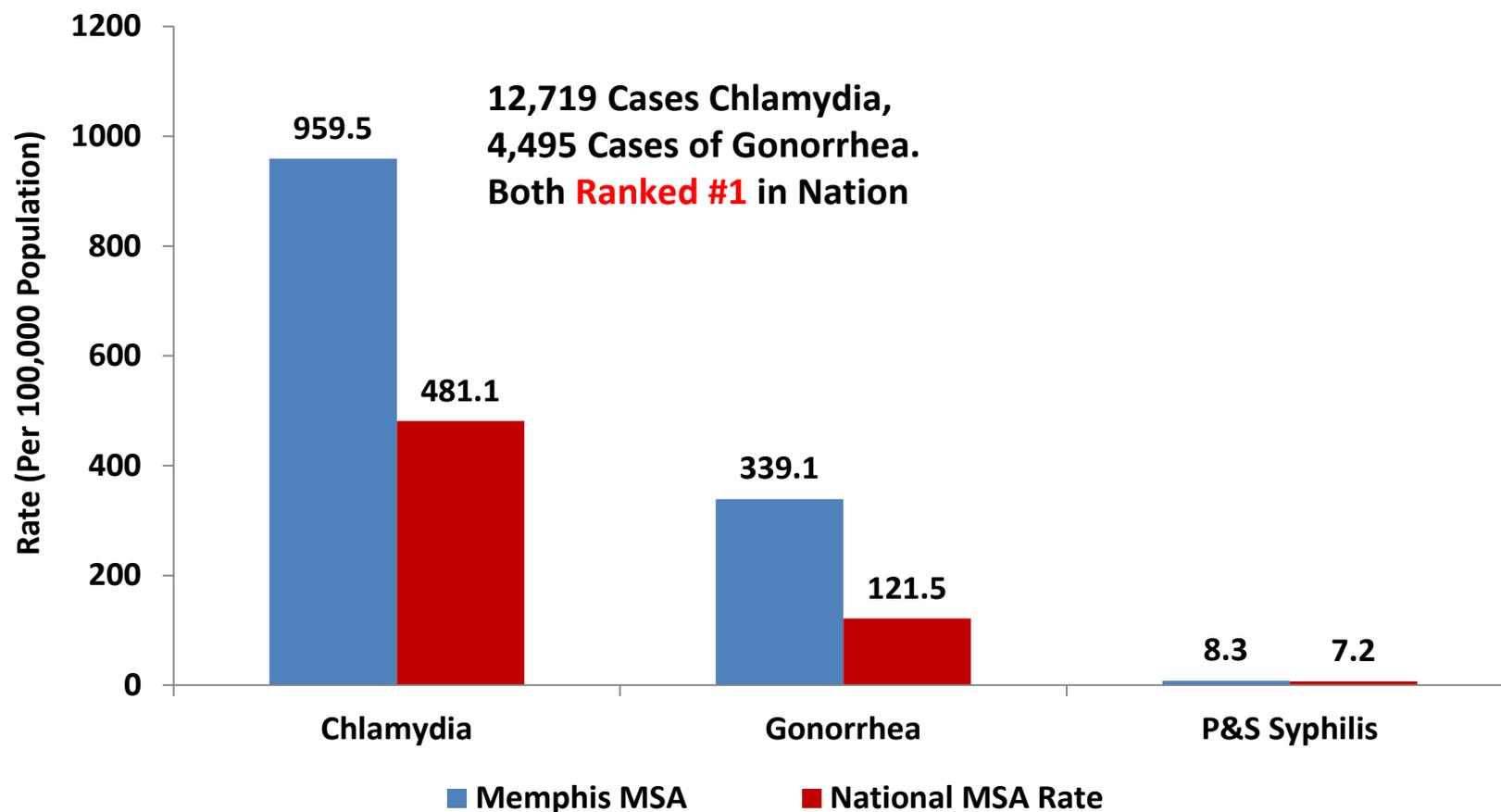
Source: TN Vital Statistics; 2013 data based on preliminary estimates and subject to change.

HIV Deaths in Shelby County Residents, 2013

Total:55 Death

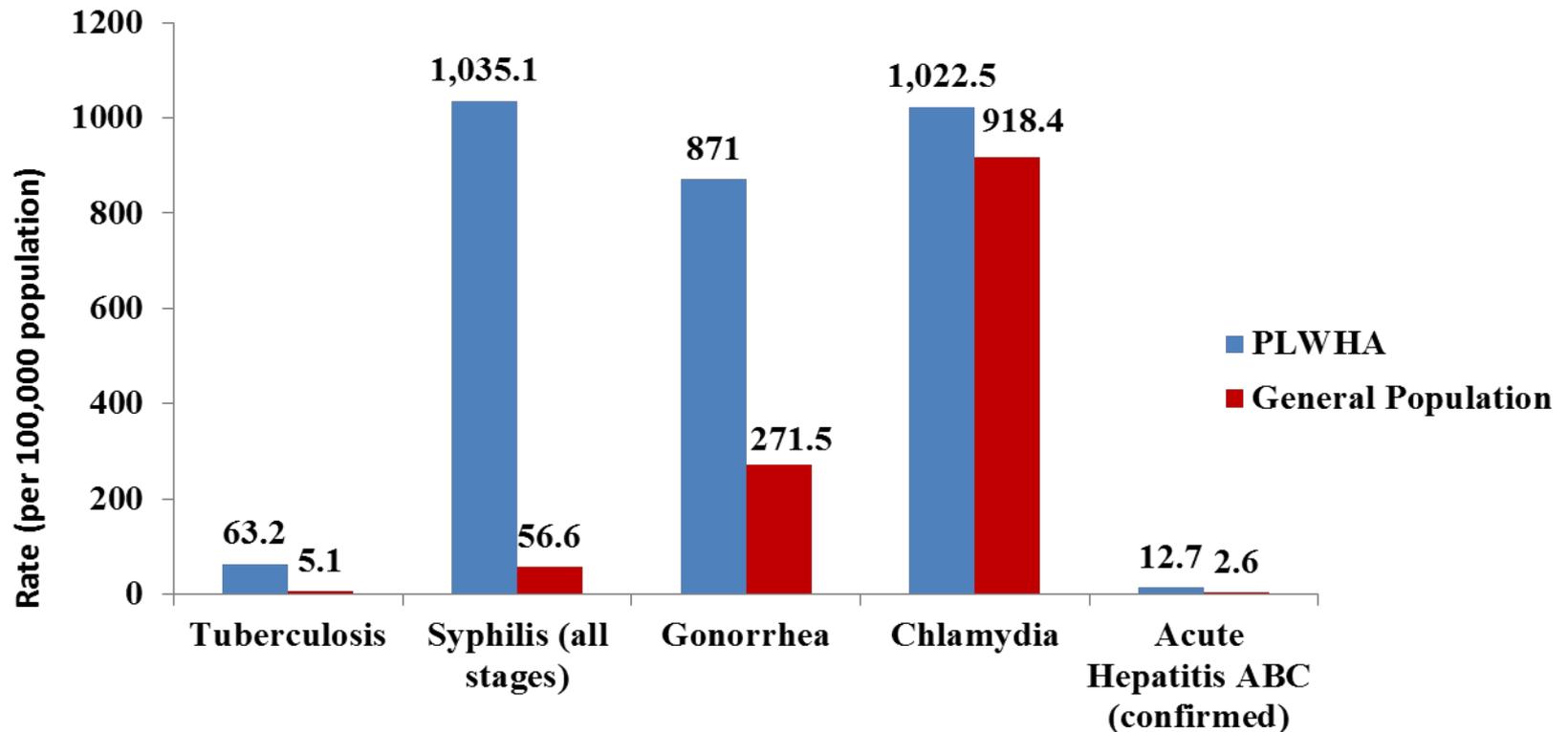


STD Rates in the Memphis TGA and Nation, 2012



The Memphis MSA (metropolitan statistical area) has the highest Chlamydia, Gonorrhea and P&S Syphilis rates among all MSAs in the nation.

Co-Infection Rates among PLWHA and the General Population in Shelby County, 2013



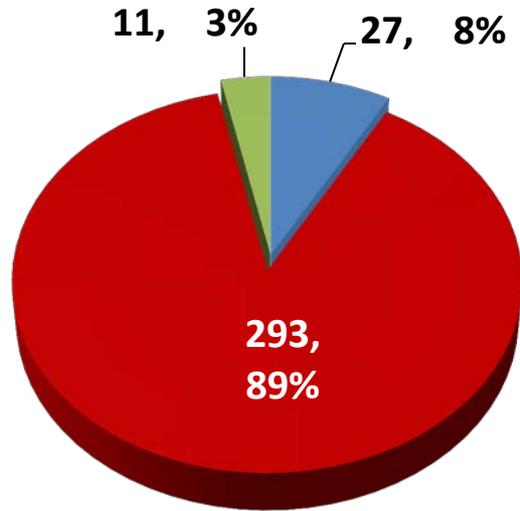
TB rate is 12 times, Syphilis rate is 18 times, Gonorrhea rate is 3 times higher in PLWHA than in the general population. Chlamydia Rate is about the same in both PLWHA and the general population in 2013.

Indicators of HIV Risk

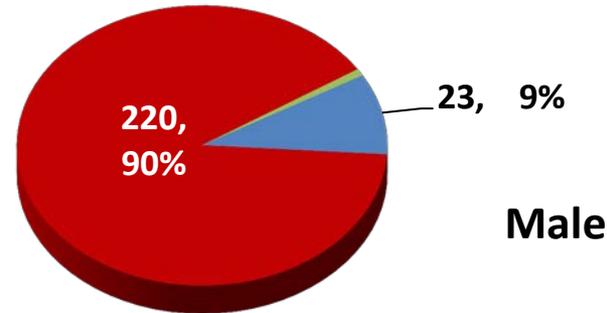
- Race and Gender
- Risk Factors
- Black Women of Childbearing Age
- Hispanics
- Youth
- Incarcerated
- Homeless

Number and Percent of New HIV Disease Cases by Race & Gender, Shelby County, 2013

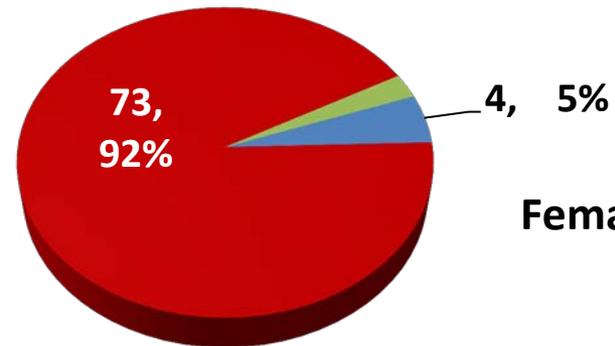
Total **331** new HIV cases



■ White, Not Hispanic ■ Black, Not Hispanic
■ Hispanic, All Races



Male



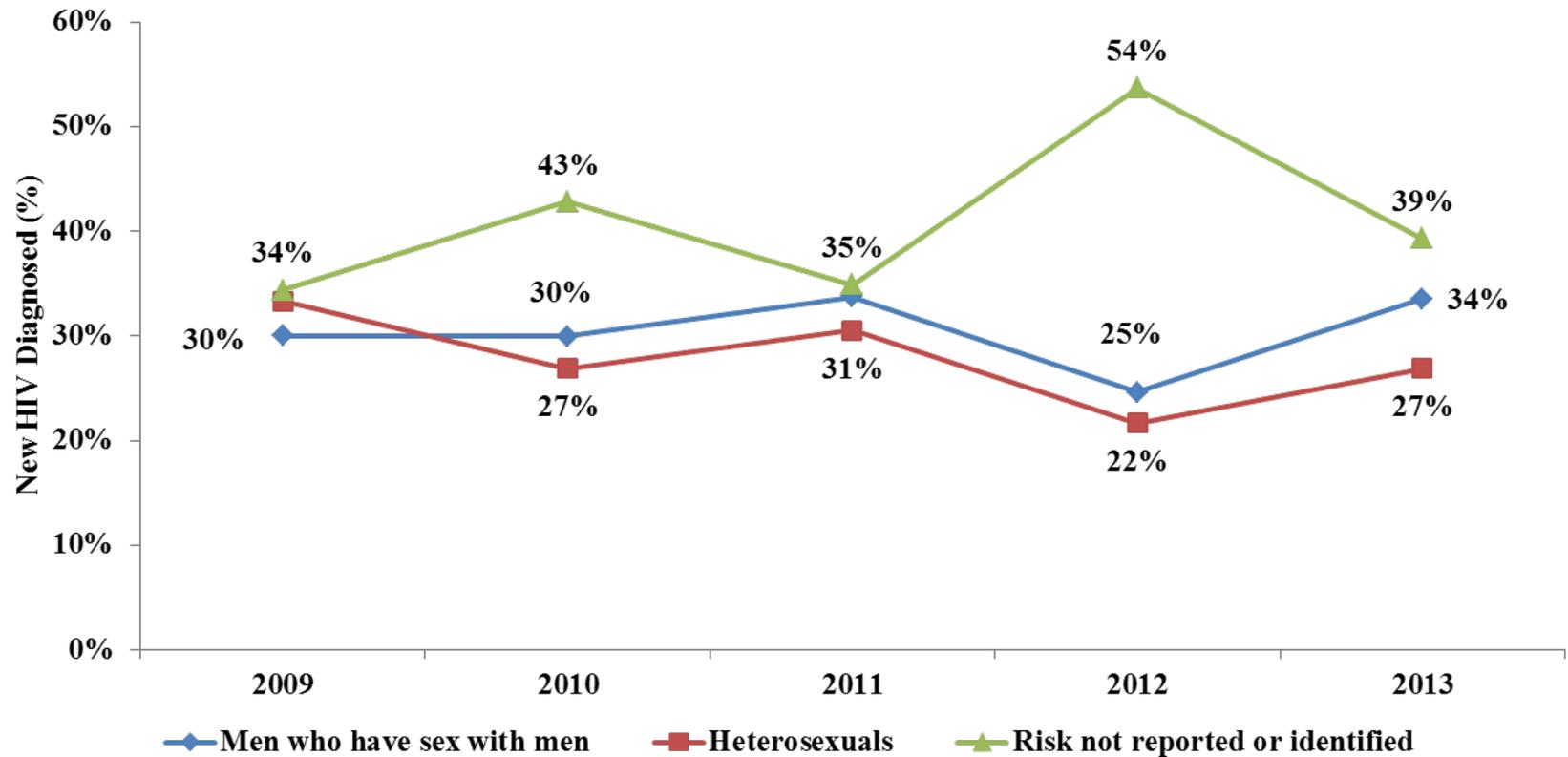
Female

Black, Not Hispanic consists of 89% of HIV disease cases in 2013. 252 of 331 HIV disease cases were males (76%), while 79 were females (24%).

*Due to privacy concern, numeric values less than 5 have been suppressed.

Data Source: EHARS; data based preliminary estimates and subject to change.

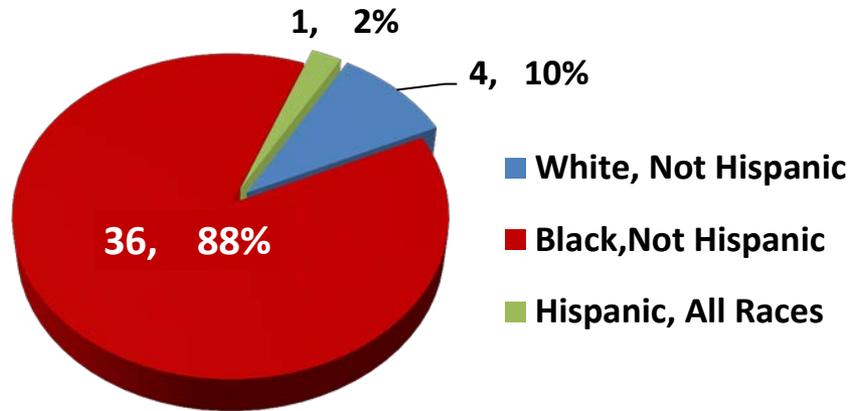
Percent of HIV Disease Cases by Risk Factors, Shelby County Residents, 2009 - 2013



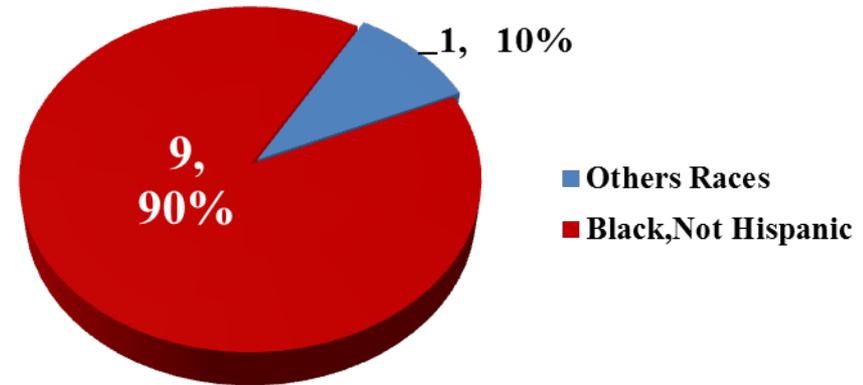
Cases Unidentified Risk factors decreased from 54% in 2012 to 39% in 2013. However, 39% of the HIV disease cases risk factors are not reported.

Black Women of Childbearing Age

Congenital Syphilis, 2009-2013



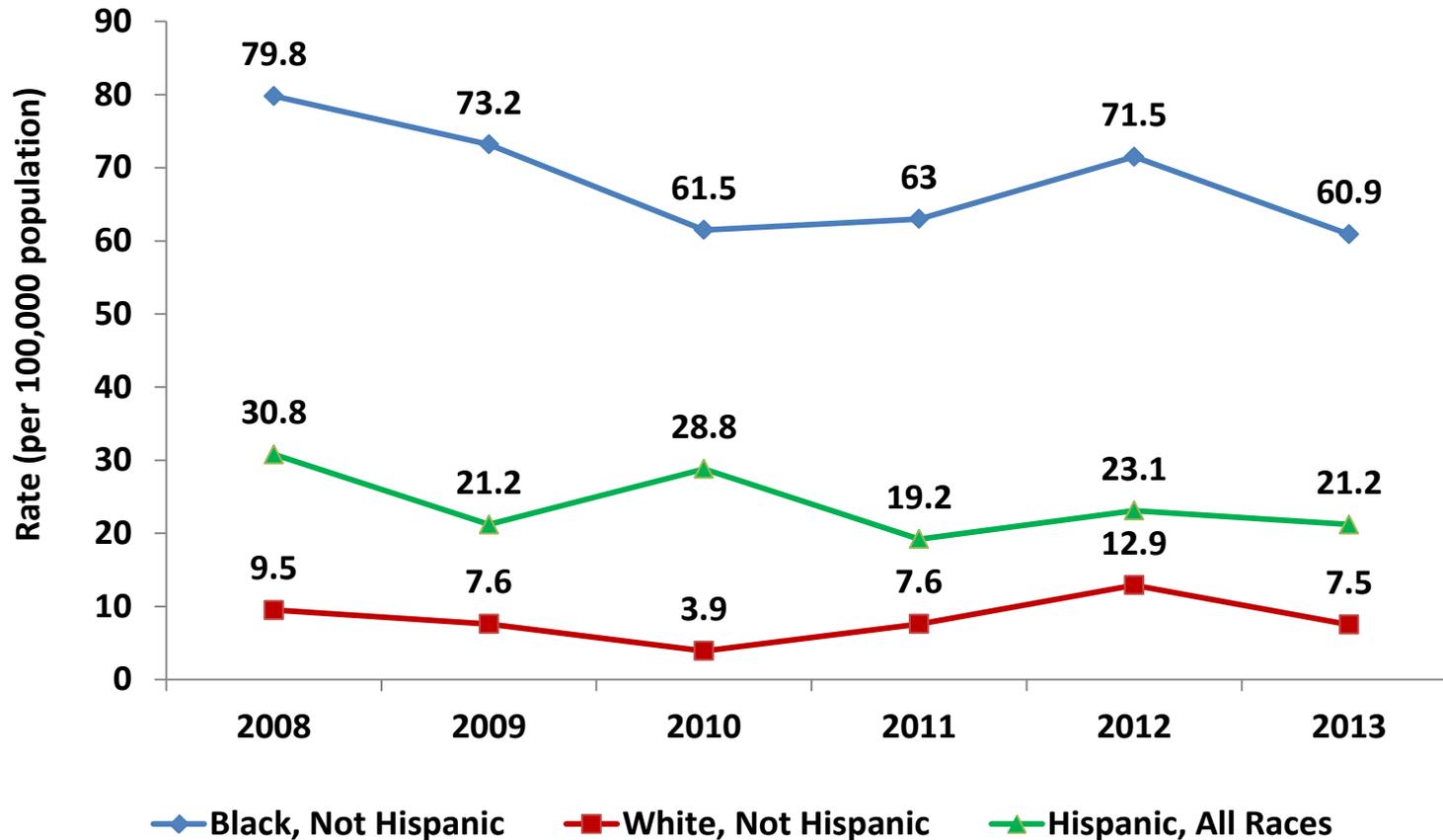
Perinatal HIV, 2009-2013



- *41 Congenital Syphilis cases were reported in Shelby County between 2009-2013*
- *36 (88%) occurred among infants born to Black mothers*
- *10 Perinatal HIV cases reported between 2009-2013, 9 were Black, not Hispanic children*

Hispanics

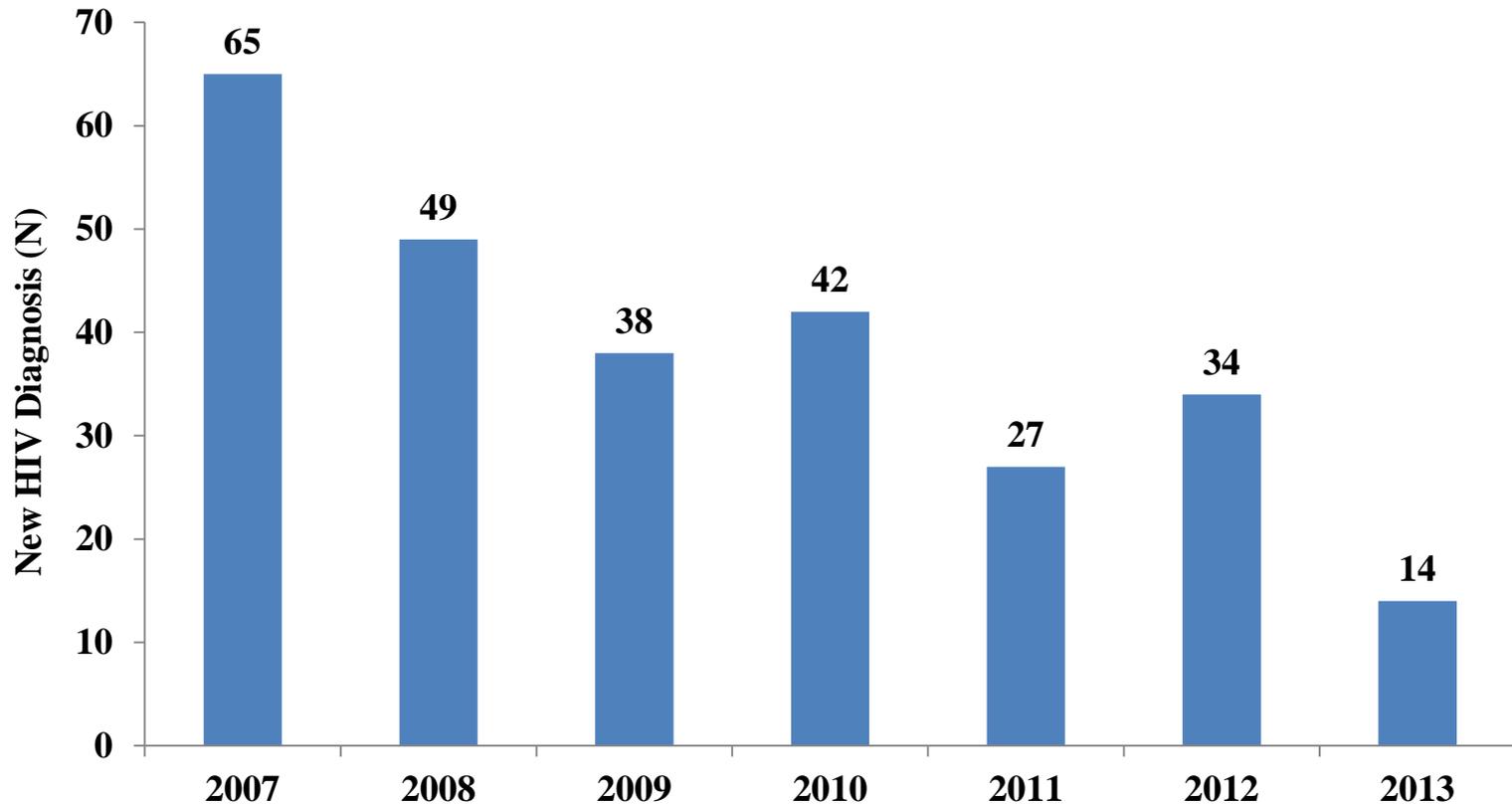
HIV Disease Incidence Rates by Race/Ethnicity, Shelby County Residents, 2008-2013



While Hispanics represent only 3% of new HIV diagnoses and the non - Hispanic Whites represents 10%, Hispanics have a higher incidence rate (21.2) than non-Hispanic Whites (7.5) in 2013.

Incarcerated

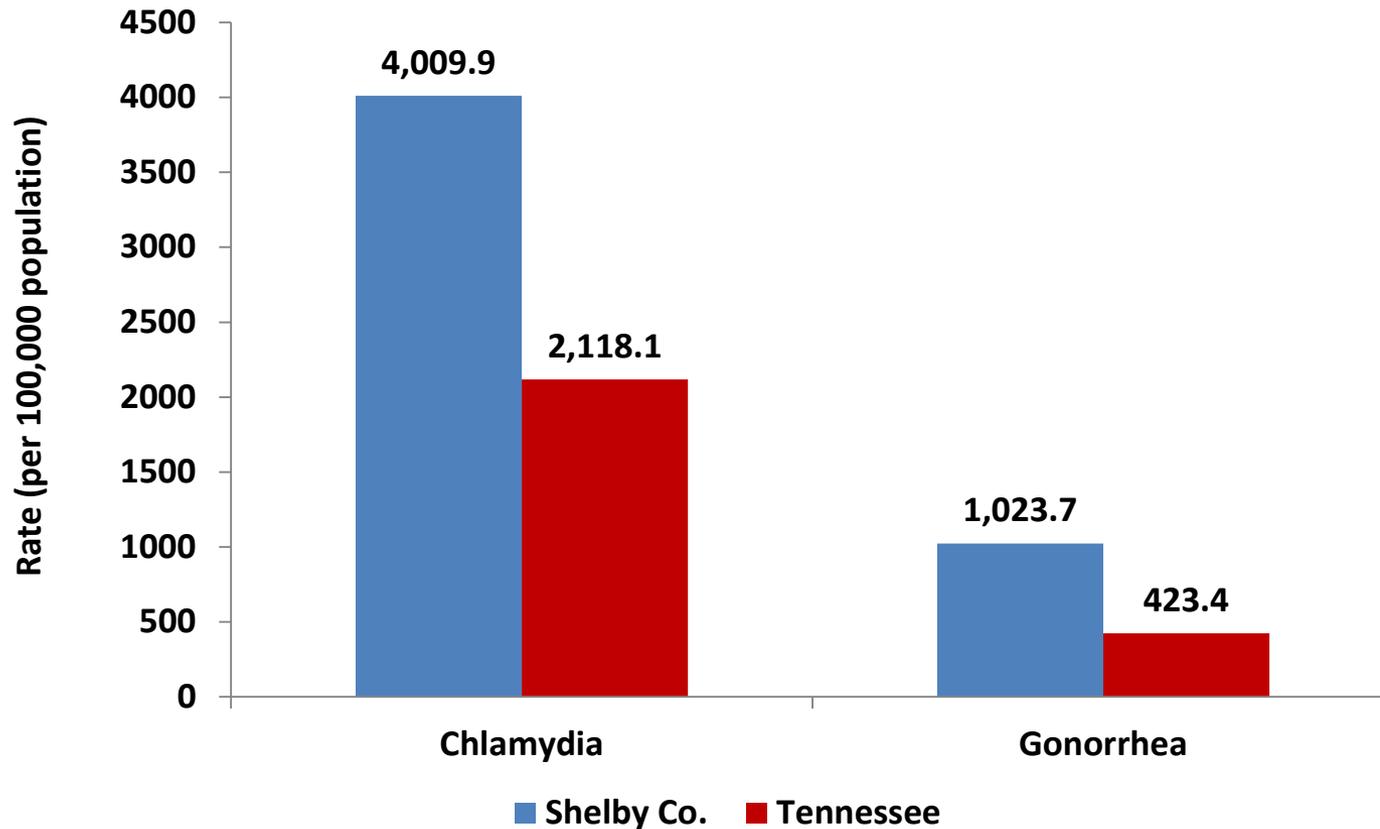
HIV Disease Cases among Shelby County Residents Identified in Correctional Facilities, 2007-2013



The number of new HIV disease cases diagnosed in correctional facilities has declined, 14 cases were identified in 2013.

Youth

Chlamydia and Gonorrhea Rates among Adolescents ages 15-19 Years, Shelby County and Tennessee, 2013



Chlamydia and Gonorrhea rates among Shelby County adolescents age 15-19 years are more than 2 times higher than Tennessee adolescents of the same age.

References and Notes

- All 2013 data are preliminary and subject to revision. Use of preliminary data is restricted to planning purposes for the Ryan White Planning Council and may not be released to the general public or media.
- Prevalence estimates are based on current residence variable in EHARS.
- Questions? Need more data? Contact:

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David.Sweat@Shelbycountyttn.gov

HIV/STD Data:

Shelby County Health Department, Epidemiology Section, 814 Jefferson Ave, Memphis TN 38103.

Arkansas Department of Health, HIV/AIDS Registry Section, 4815 W. Markham, Little Rock AR 77205. The HIV/AIDS Registry Section is fully funded by a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC).

Mississippi Department of Health, STD/HIV Office, P.O. Box 1700 Jackson, MS 39215.

National STD Data:

Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2012. Atlanta, GA: U.S. Department of Health and Human Services; November 2010.

Unmet Need and Unaware Data 2013

Memphis Transitional Grant Area



Public Health
Prevent. Promote. Protect.

Memphis and Shelby County
Health Department

David Sweat, MPH
Chief of Epidemiology
Shelby County Health Department

Outline

- Level of unmet need among the PLWHA population in the Memphis TGA
- Estimated number of persons unaware of their HIV+ status in the Memphis TGA
- Identifying the Unaware
 - HIV testing data
 - Memphis TGA EIIHA (Early Identification of Individuals Living with HIV/AIDS) Strategy
- HIV Continuum of Care

Unmet Need



Not in Care

In Care

Unaware of HIV Status (never tested or never received results)	Know HIV Status (not referred to care or didn't keep referral)	May Be Receiving Other Medical Care But Not HIV Care	Entered HIV Primary Medical Care but Dropped Out (lost to follow-up)	In and Out of HIV Care or Infrequent User	Fully Engaged in HIV Primary Medical Care (linked to care)
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PLWHA aware of their HIV+ status but not receiving
“Primary Medical Care”

Definition of Unmet Need

- How many PLWHA are not receiving Primary Medical Care?

“Primary Medical Care” as defined by HRSA as having one of the following during a calendar year:

- CD4+ count or
- viral load or
- provision of ARVs

Unmet Need Data Sources and Limitations

Data Sources

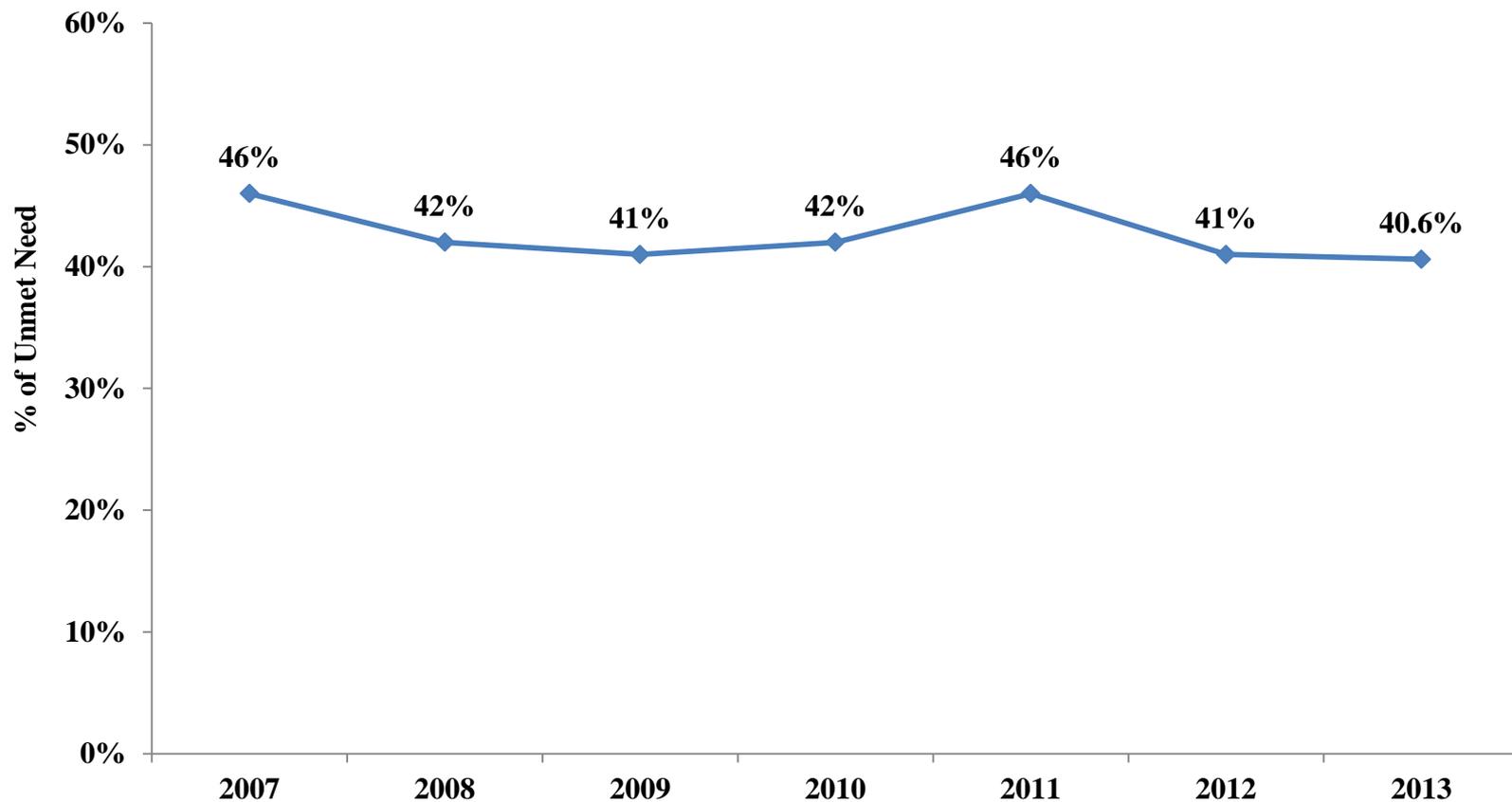
- CD4 and viral load tests in eHARS
- CD4 and viral load tests in CAREWare
- Lists of persons receiving ADAP, IAP

Limitations:

- Collect and Integrate data
- Matching data

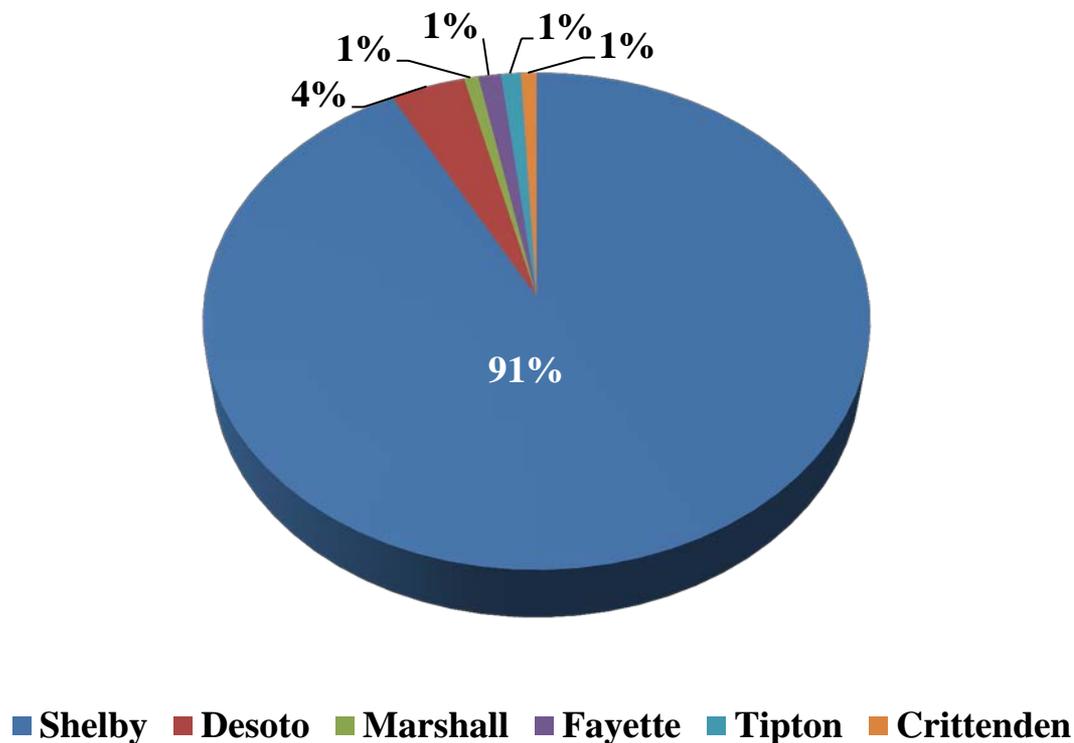
Persons not Ryan White eligible may not be included in the unmet need framework.

Percent of Unmet Need in the Memphis TGA, 2007-2013



Unmet need has been decreasing since 2011, from 46% to 41% in 2013

Percent of Unmet Need by County in the Memphis TGA, 2013



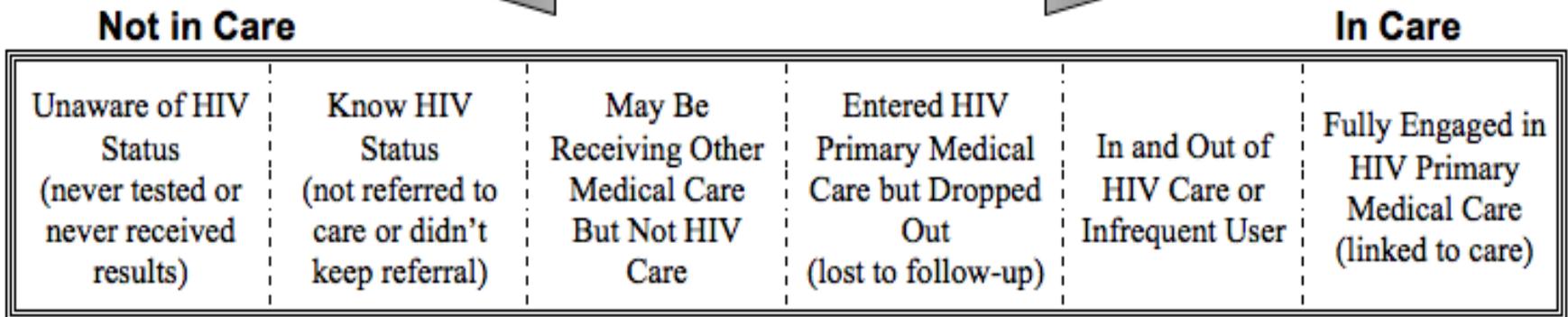
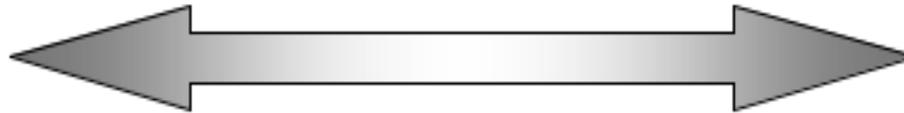
The majority of PLWHA not receiving primary medical care are located in Shelby County (91%).

Unmet Need in Tennessee

- 2005 Unmet Need Estimate in **Tennessee=53.6%**
 - Tennessee Department of Health Integrated Epidemiologic Profile, 2005¹
- 2012 Unmet Need Estimate in Nashville **TGA=41%**
 - Part A Nashville TGA Needs Assessment, 2013²
- 2013 Unmet Need Estimate in Memphis **TGA=40.6%**
 - (Preliminary Unmet Need from 2013 eHARS data)

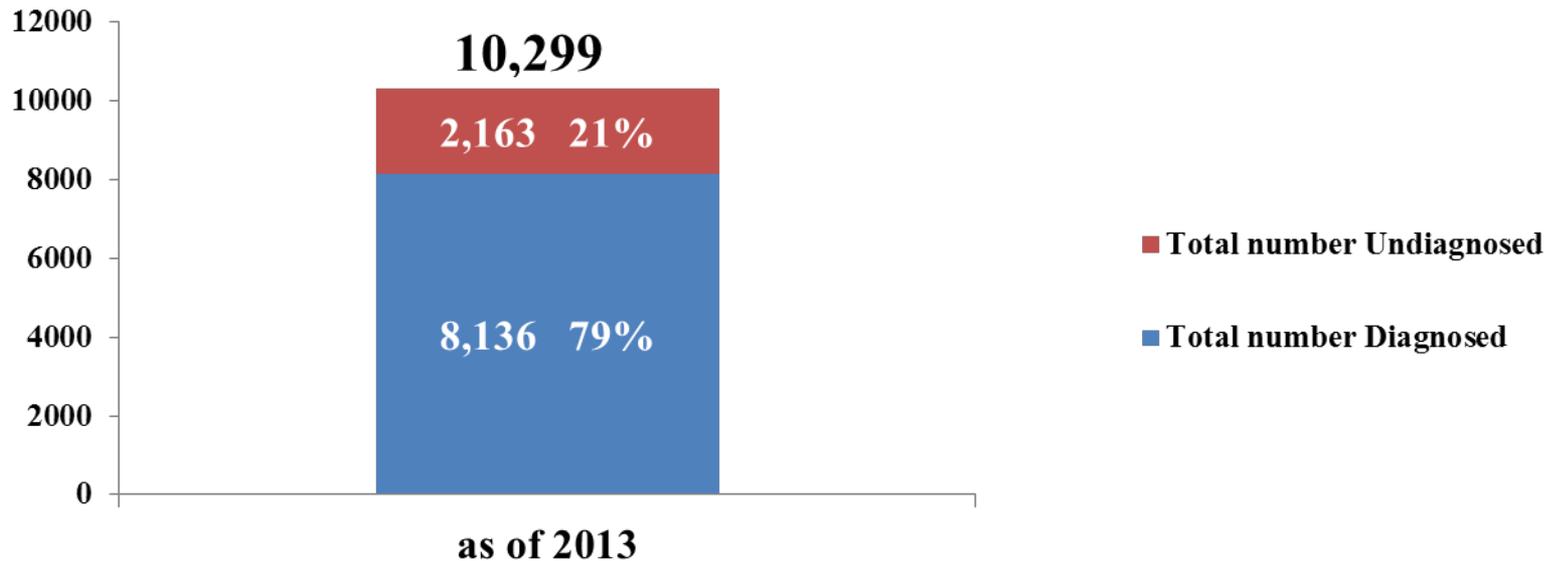
These estimates do not include TennCare data, which likely accounts for the higher estimates when compared to Memphis TGA.

Unaware Estimate



Where HIV Prevention and Care Services come together. We must identify those unaware of their status as soon as possible to ensure timely linkage to care and prevention of new positives.

Unaware Estimate



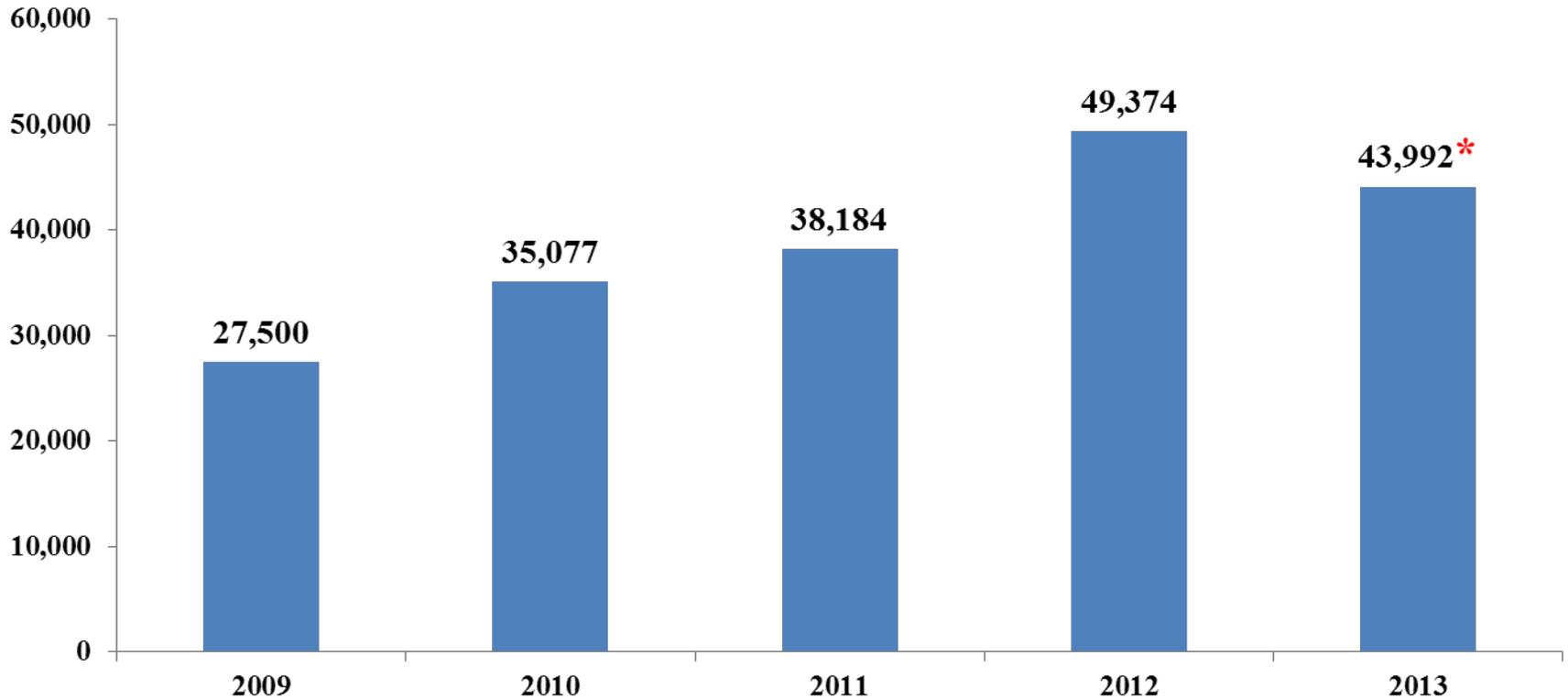
- Extended Back Calculation Method uses Memphis TGA prevalence as of 2013
 - Based on national proportion of persons not diagnosed=21%

$$\text{Total number undiagnosed} = \left(\frac{0.21}{0.79} \right) * (\text{total number PLWHA in Memphis TGA})$$
$$(0.21/0.79)*8,136=2,163$$

Identifying the Unaware

- **HIV Testing Data**
- **Memphis TGA EIIHA Strategy**
(Early Identification of Individuals Living with HIV/AIDS)

Number HIV Tests Conducted at Prevention/Expanded Sites 2009-2013



**Provisional Data, MS data is missing.*

Source: TN Department of Health, HIV/STD Section (2013 data is subject to change)

HIV Test Positivity and Linkage at Prevention and Expanded Testing Sites in Memphis TGA, 2013

Total number of tests	43,992*
Number positive	623(1.4%)
Number previously positive (self-report)	243
Number new HIV infections	380
Number linked to Care in Shelby Co.	234 (69%)

*Prevention and expanded test sites include Shelby Co. Health Dept., LeBonheur HIV Community Network, Greater Memphis Planned Parenthood, Partnership to End AIDS Status (PEAS), Friends For Life, Children and Family Services, Tipton, Critenden Co. AR.

Of the 380 new HIV infections identified, 234 (69%) cases were linked to care, using state definition of documented CD4 count or viral load in eHARS.

**Provisional Data, MS data is missing*

Source: TN Department of Health, HIV/STD Section (2013 data is subject to change)

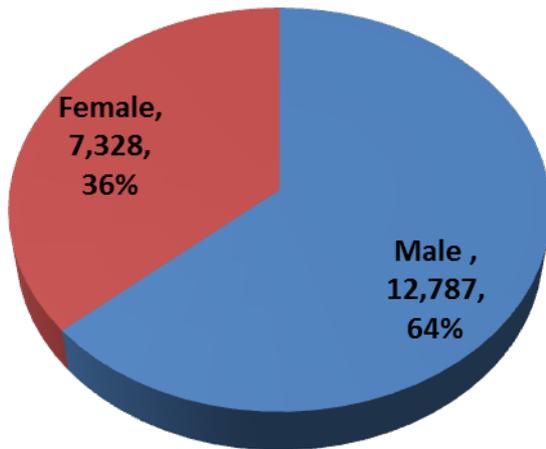
HIV Test Positivity at Prevention and Expanded Testing Sites, 2013

Test Sites	Total Tests	# Positive	% Positive
Shelby Co. Health Department	22,893	480	2.1%
LeBonheur HIV Community Network	14,214	94	0.7%
Greater Memphis Planned Parenthood	3129	8	0.3%
Partnership to End AIDS Status (PEAS)	636	8	1.3%
Friends For Life	739	9	1.2%
Children and Family Services, Tipton	2134	19	0.9%

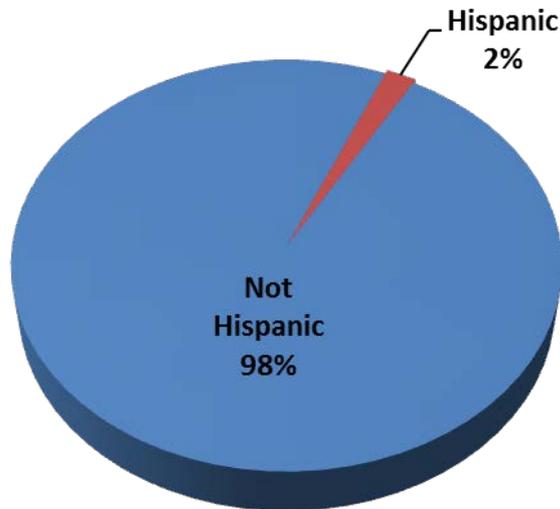
Health Dept. sites reported the highest positivity rates, followed by LeBonheur HIV Community Network and CBO/outreach sites.

Clients Tested at Prevention and Expanded Test Sites by Demographics, 2013

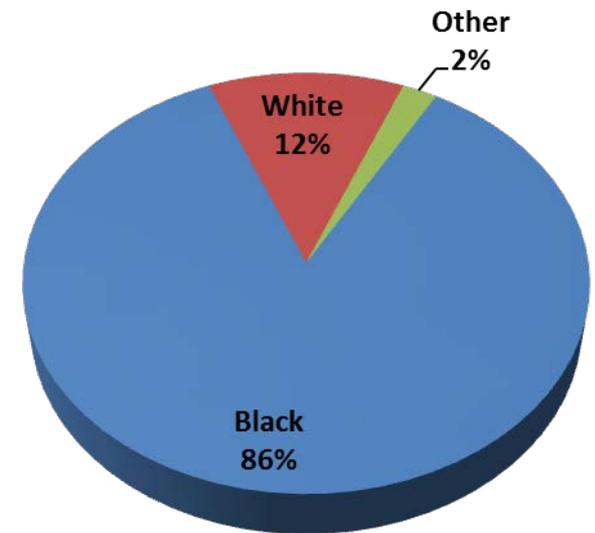
By Gender



By Ethnicity



By Race



Of the 43,992 HIV tests conducted, 64% were among males, 98% among Non-Hispanics and 86% among Black/AA.

Memphis TGA EIIHA Strategy

“Early Identification of Individuals Unaware of their HIV/AIDS Status”

Objectives:

- 1) To promote awareness about the importance of early detection and treatment for HIV.**
- 2) To promote awareness about available HIV testing services.
- 3) To increase access to and utilization of existing HIV testing services.**
- 4) To expand the availability of HIV testing services to underserved geographic areas and demographic sub-populations.

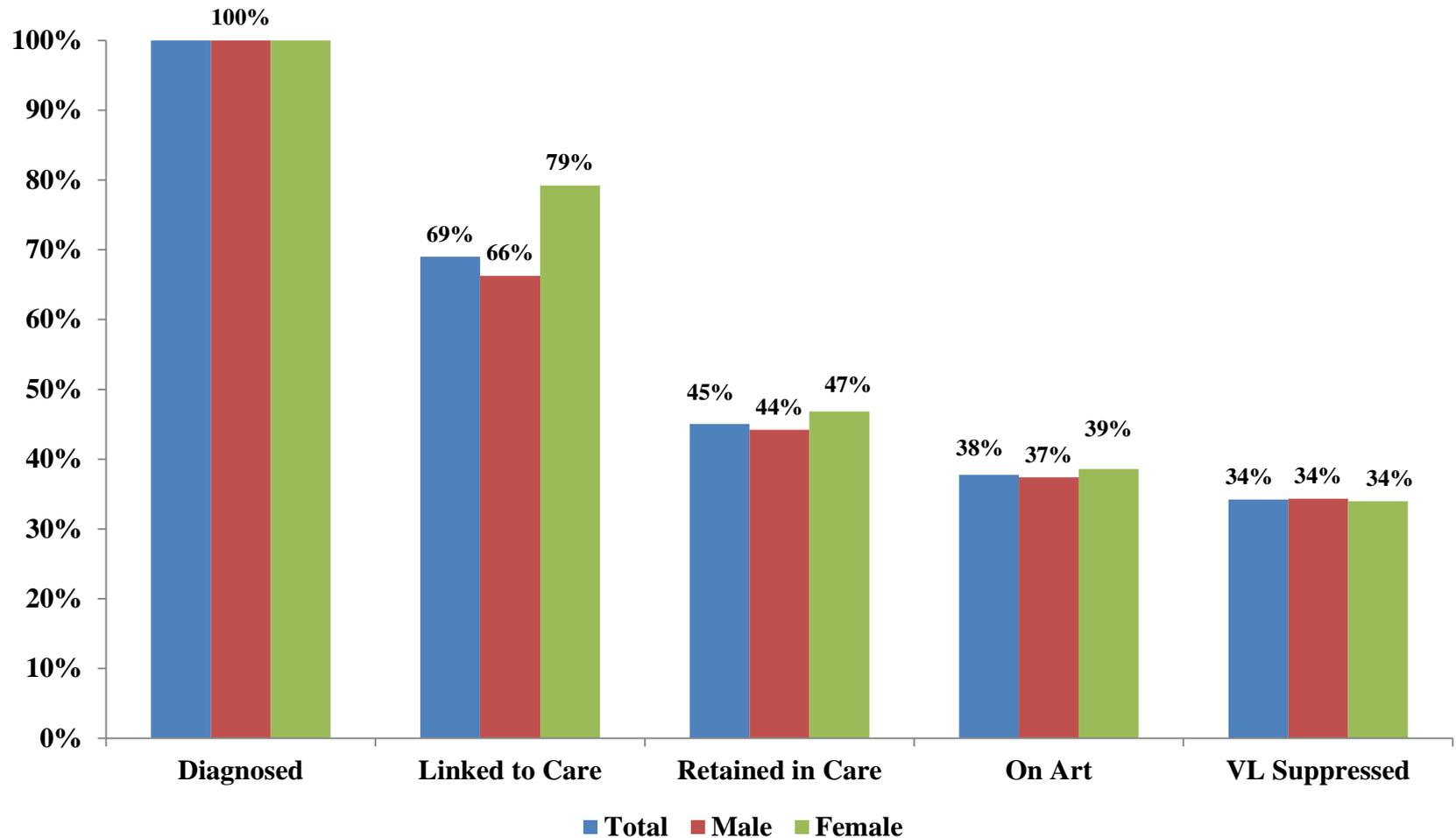
Fourth objective allows funding for HIV testing services through EIS service category to underserved geographic areas (outside of Shelby) and at-risk populations.

HIV Continuum of Care, Shelby County, 2013

“We’ve got to keep pushing. We’ve got to make access to health care more available and affordable for folks living with HIV.”

— President Obama, June 13, 2013

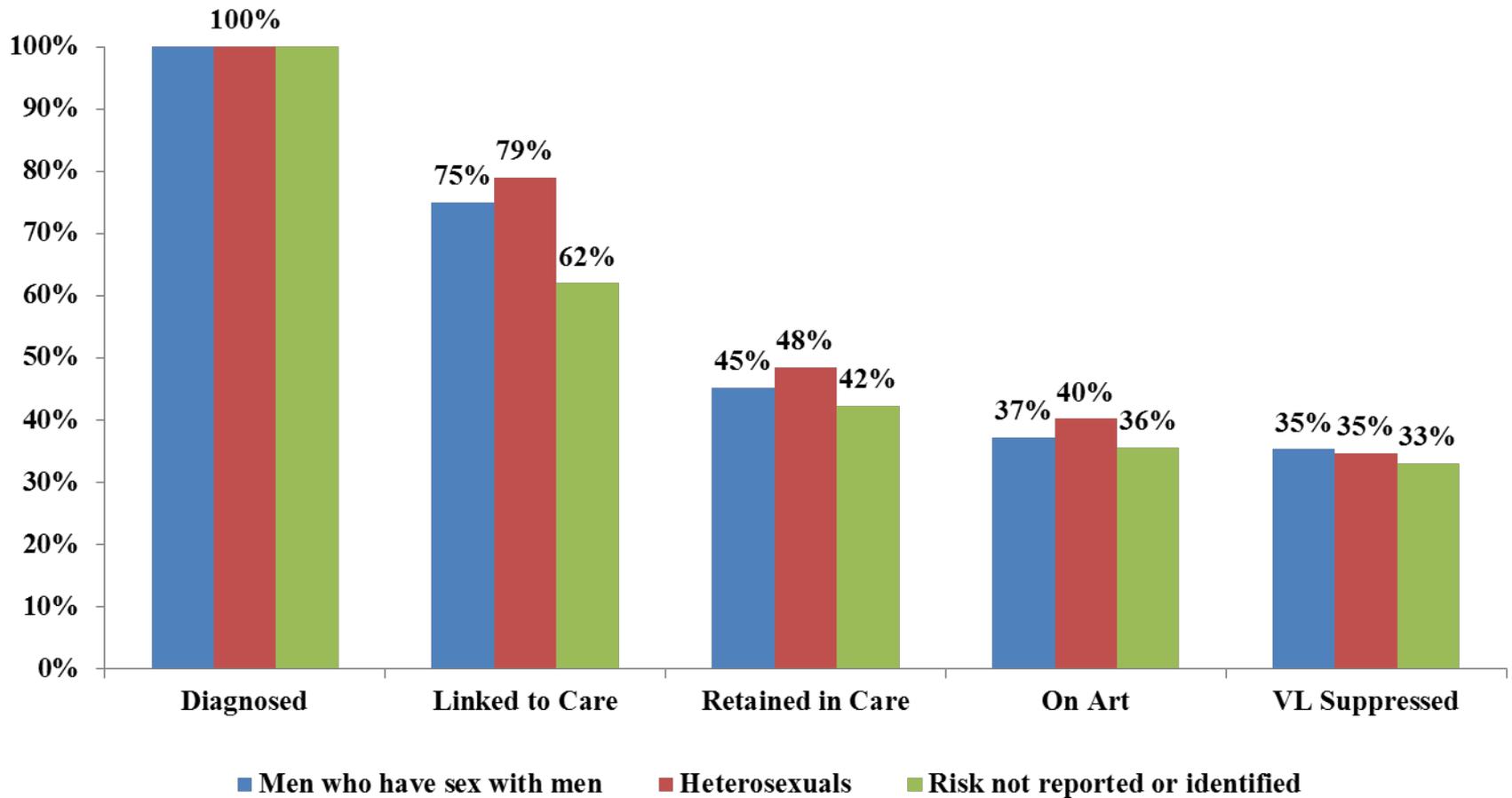
HIV Continuum of Care by Gender, Shelby County, 2013



Denominator is number of Diagnosed cases as of 2013

Data Source: eHARS, CAREWare, ADAP/IAP

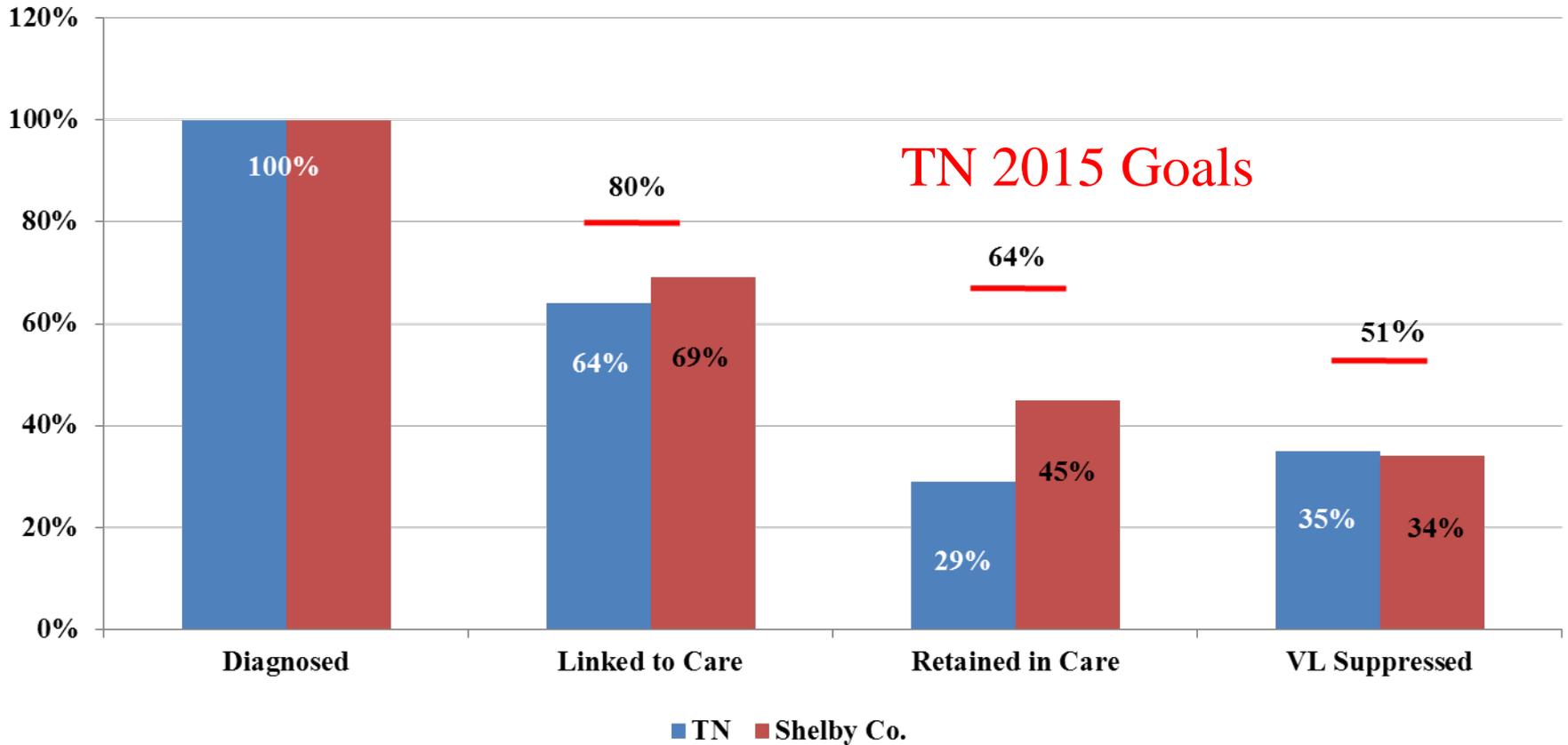
HIV Continuum of Care by Risk/Exposure, Shelby County, 2013



Denominator is number of Diagnosed cases as of 2013

Data Source: eHARS, CAREWare, ADAP/IAP

TN 2010 and Shelby County 2013 HIV Continuum of Care and 2015 Goals



Denominator is number of Diagnosed cases as of 2013

Data Source: eHARS, CAREWare, ADAP/IAP. 2010 HIV Continuum of Care: TN

Thanks for your attention

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Shelby County Health Department

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Tel: (901) 222-9234

References

1. Tennessee Department of Health. (2005). *2005 Tennessee Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning*.
2. Tennessee Department of Health. (2005). *2005 Tennessee Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning*. Nashville Metro Public Health Department. (2013). *2013 Ryan White Part A Nashville TGA Needs Assessment*. Accessed April 7, 2014 from: <http://nashvilleryanwhiteparta.com/wp-content/uploads/2012/04/2013-Needs-Assessment-Final-and-Supplemental-volumes.pdf>
3. Unmet Need Estimates:
 - Shelby County Health Department, Epidemiology Section, 814 Jefferson Ave, Memphis TN 38120
 - Arkansas Department of Health, HIV/AIDS Registry Section, 4815 W. Markham, Little Rock AR 77205. The HIV/AIDS Registry Section is fully funded by a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC)
 - Mississippi Department of Health, STD/HIV Office, P.O. Box 1700 Jackson, MS 39215
4. Expanded and Prevention HIV Testing Data:
 - Tennessee Department of Health, HIV/AIDS Section, Cordell Hull Building, 425 5th Ave. North Nashville, TN 37243



2014 Data Presentation

Client Demographics, Utilization, Quality Management, and Other Funding Sources

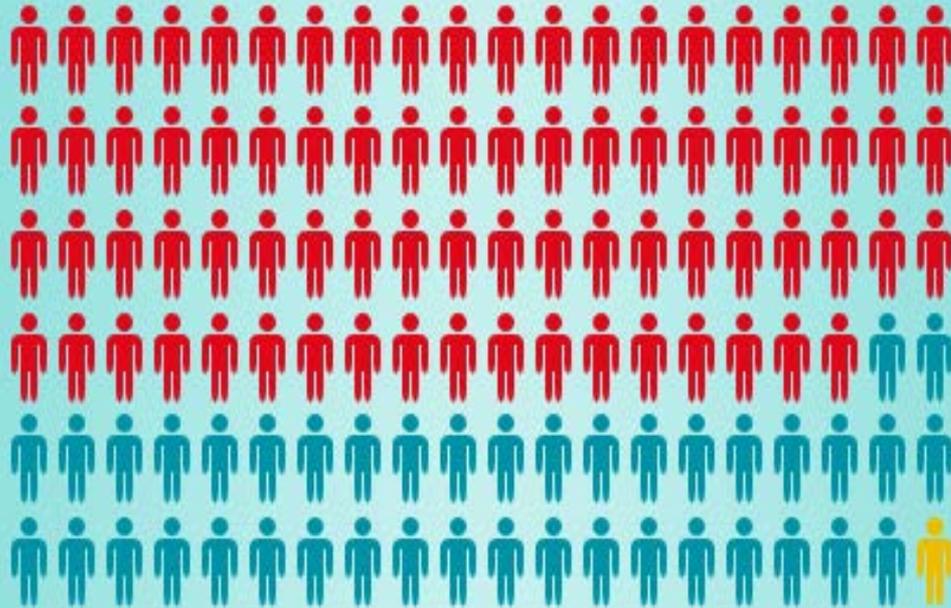
Jennifer Pepper
Program & Quality Manager

Ryan White Client Demographics

FY 2013 Ryan White Part A Clients by:

- Gender
- Age
- Race
- Ethnicity
- Geography
- Annual Income
- Housing Status
- Insurance Status
 - Clients at or below 100% FPL
- HIV Status

FY 2013 Ryan White Part A Clients by Gender



Male Female Transgender

N = 4,120

Men

- 2,681 (65%)

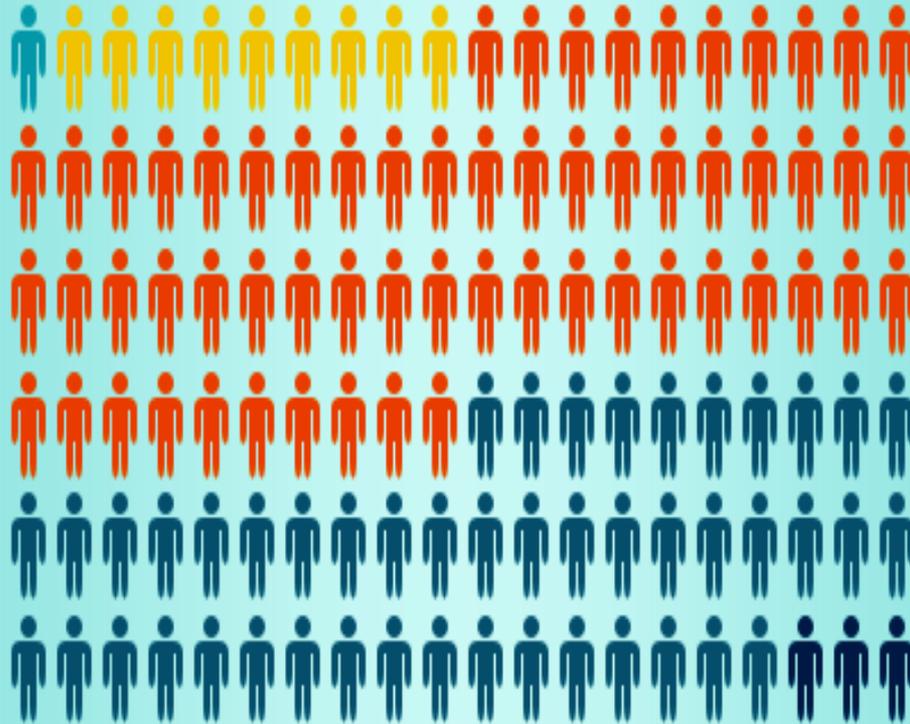
Women

- 1,417 (34%)

Transgender

- 22 (1%)

FY 2013 Ryan White Part A Clients by Age



Under 2 2 to 12 13 to 24 25 to 44 45 to 64 65+

N = 4,120

Under 2

- 1 (>0.01%)

2 to 12

- 24 (0.5%)

13 to 24

- 331 (8%)

25 to 44

- **2,067 (50%)**

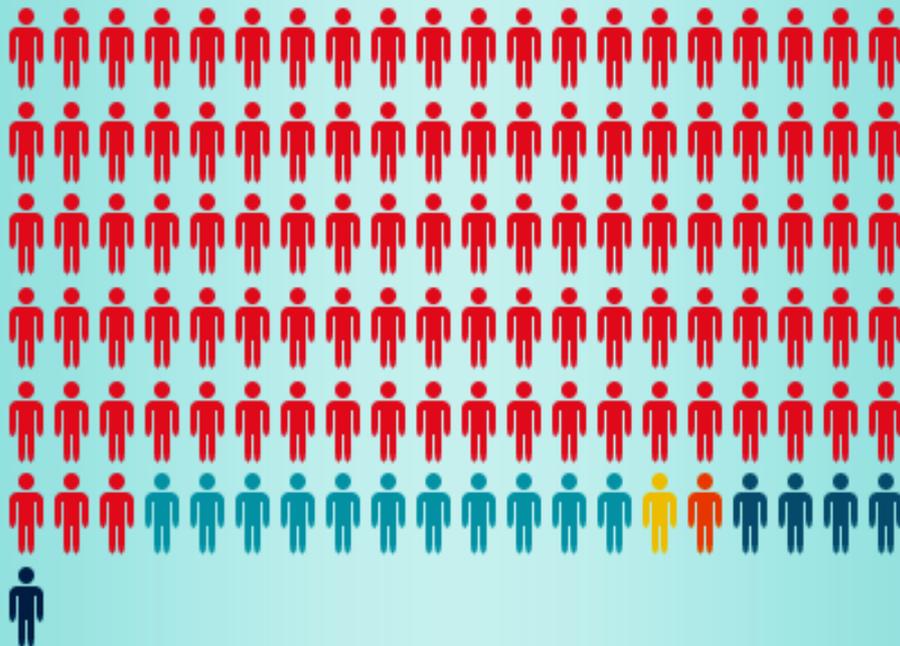
45 to 64

- 1,605 (40%)

65+

- 92 (2%)

FY 2013 Ryan White Part A Clients by Race



Black/ African American White American Indian
Asian/Pacific Islander More Than 1 Race Unknown

N = 4,120

**Black/African
American**

- **3,460 (87%)**

White

- 367 (9%)

American Indian

- 25 (0.6%)

Asian Pacific Islander

- 17 (0.4%)

More Than 1 Race

- 206 (4%)

Unknown

- 2 (0.04%)

FY 2013 Ryan White Part A Clients by Ethnicity



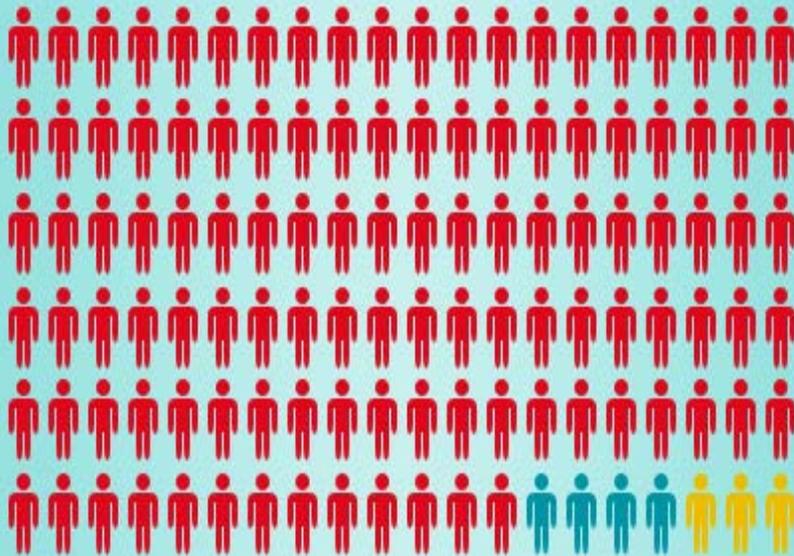
Non-Hispanic

N = 4,120

Non-Hispanic = 4,030

Hispanic = 90

FY13 Ryan White Part A Clients by State



Tennessee Mississippi Arkansas

Only counties in the Memphis TGA are included in the above numbers.

N = 4,120

- TN

- **Shelby = 3,695 (89%)**

- Tipton = 38 (0.9%)

- Fayette = 25 (0.6%)

- AR

- Crittenden = 92 (2%)

- MS

- Desoto = 96 (2%)

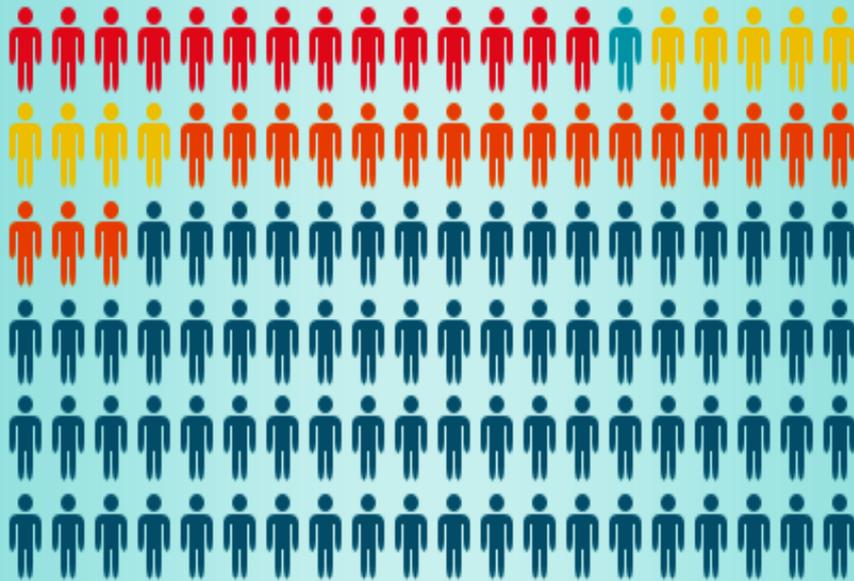
- Tate = 10 (0.2%)

- Marshall = 15 (0.2%)

- Tunica = 20 (0.4%)

- Unknown 129 (3%)

FY 2013 Ryan White Part A Client Annual Income



N = 4,120

Unknown

- 498 (11%)

More than 300% FPL

- 44 (1%)

201-300% FPL

- 282 (7%)

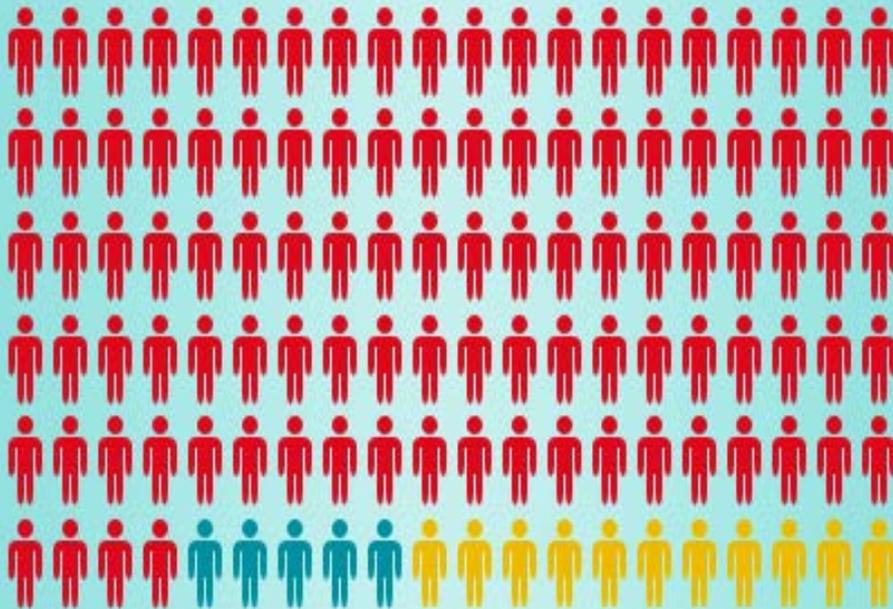
101-200% FPL

- 630 (16%)

100% or below FPL

- **2666 (65%)**

FY13 Ryan White Part A Clients by Housing Status



Stable/Permanent Non-Permanent Unknown

N = 4,120

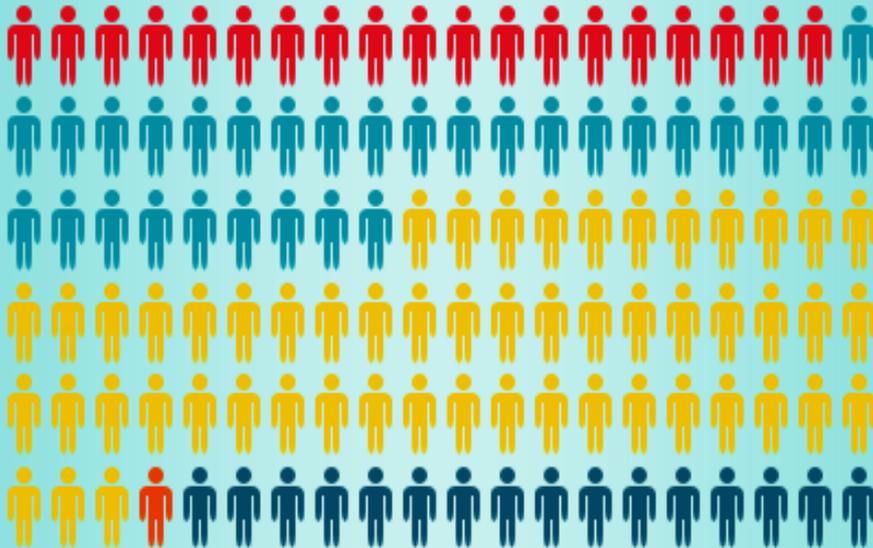
**Stable/
Permanent**
– 3330 (81%)

Non-
Permanent
– 236 (5%)

Unknown
– 535 (13%)

Institution
– 19 (1%)

FY13 Ryan White Part A Clients by Insurance Status



Private Medicare/Medicaid No Insurance Other Unknown

N = 4,120

Private

– 505 (12%)

Medicare/caid

– 1,489 (36%)

No Insurance

– 1,593 (38%)

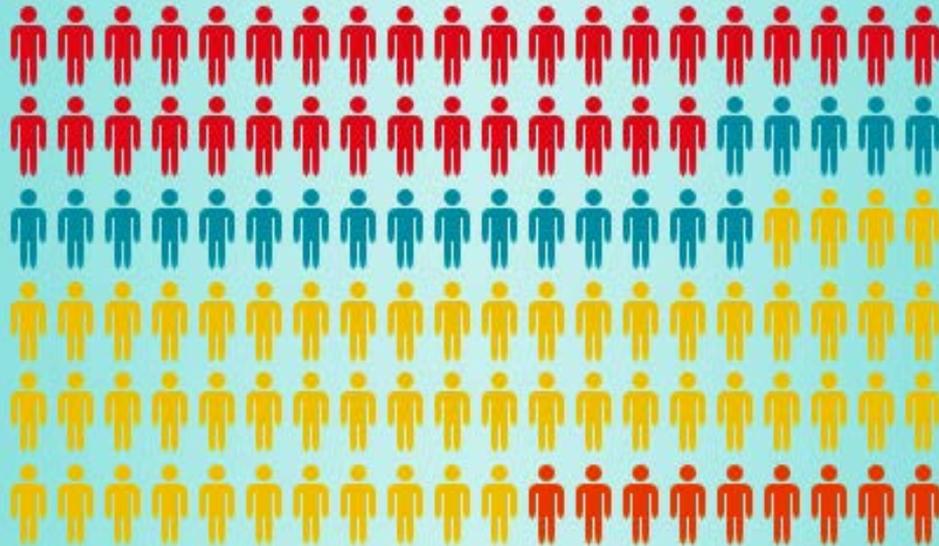
Other

– 34 (1%)

Unknown

– 499 (11%)

FY13 Ryan White Part A Clients at or below 100% FPL by Insurance Status



Medicaid Medicare No Insurance Private

N = 2,666

Medicaid

– 773 (29%)

Medicare

– 479 (18%)

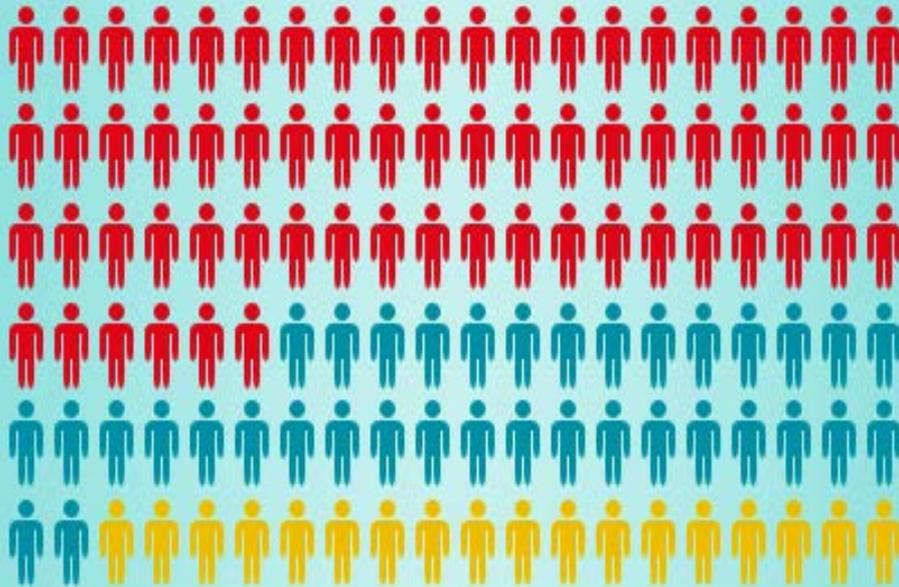
No Insurance

**– 1228
(46%)**

Private

– 186 (7%)

FY13 Ryan White Part A Clients by HIV Status



HIV-Positive, not AIDS CDC Defined AIDS

HIV-Positive, AIDS status unknow...

N = 4,088

**HIV-Positive,
not AIDS**

– 2,232 (55%)

CDC Defined
AIDS

– 1,237 (30%)

HIV-Positive,
AIDS Status
Unknown

– 619 (15%)



Part A Service Utilization

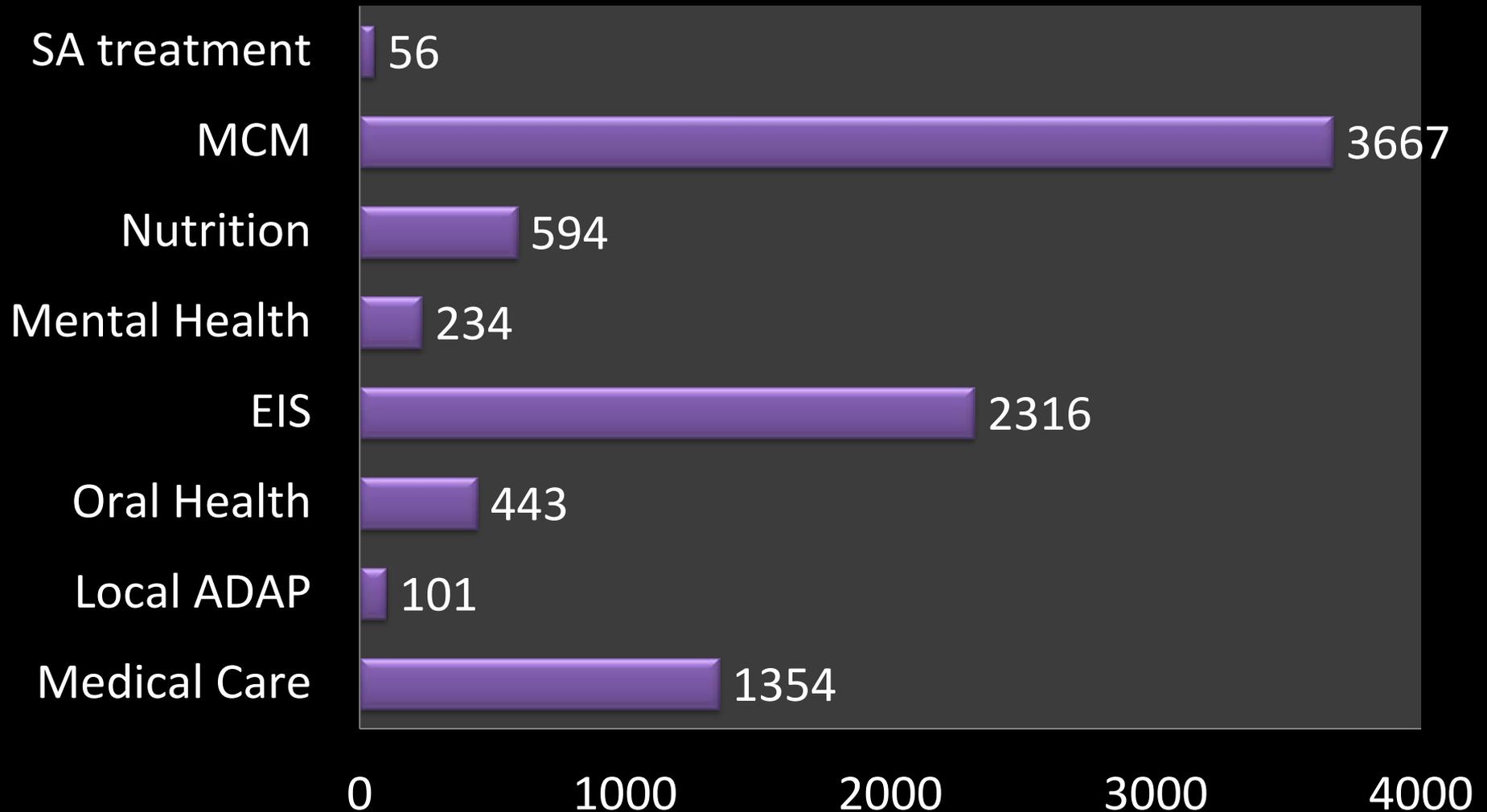
Jennifer Pepper

Program & Quality Manager

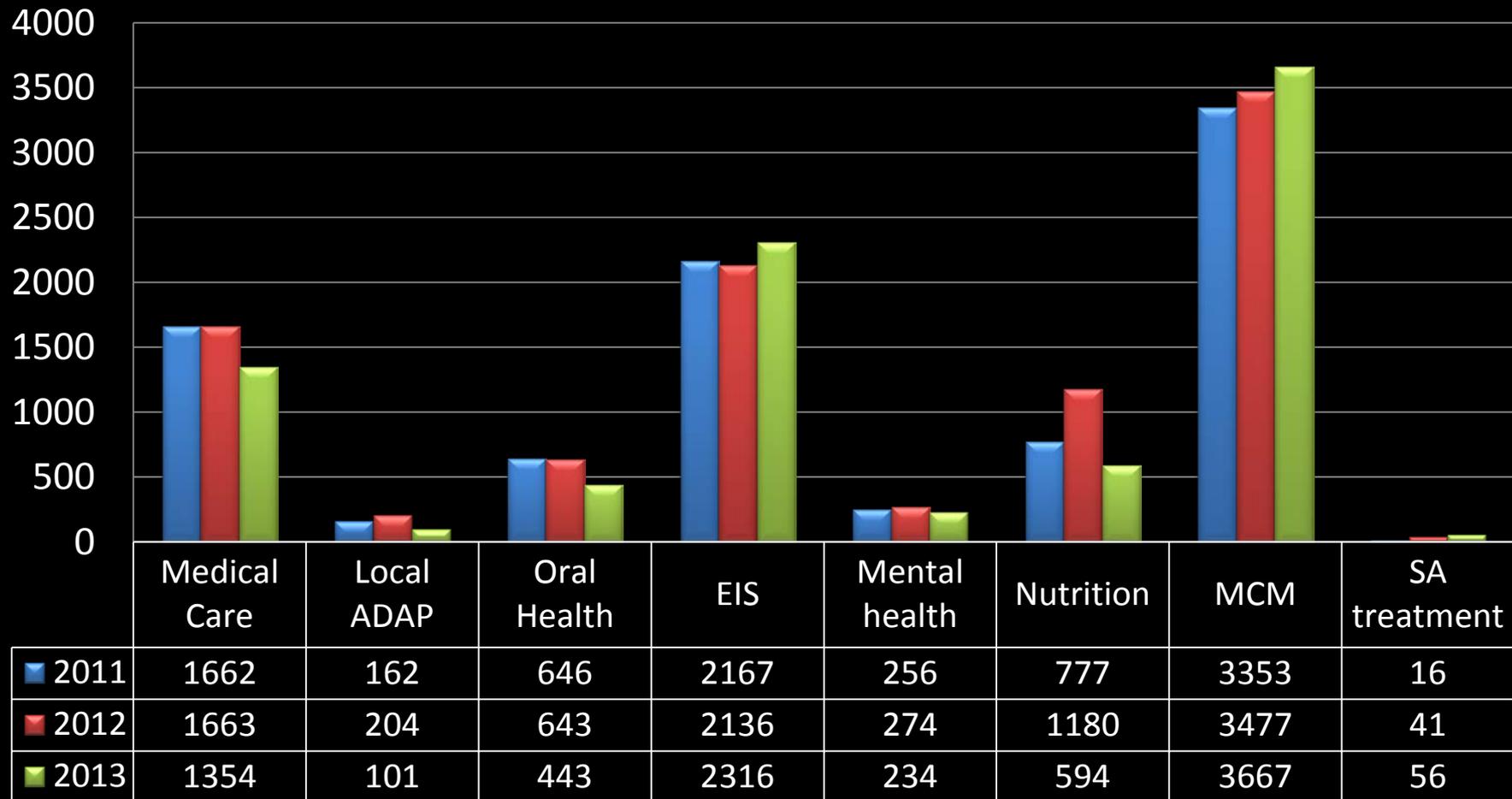
Ryan White Service Utilization

- FY13 RWA Unduplicated Clients: Utilization of Funded Core Services
- FY11 – FY13 RWA Unduplicated Clients: Utilization of Funded Core Services
- FY13 RWA Unduplicated Clients: Utilization of Support Services
- FY11 – FY13 RWA Unduplicated Clients: Utilization of Funded Support Services
- FY13 RWA Expenditures by Funded Core Services
- FY13 RWA Expenditures by Funded Support Services
- FY13 Allocations vs. Expenditures of Funded Core Services
- FY13 Allocations vs. Expenditures of Funded Support Services

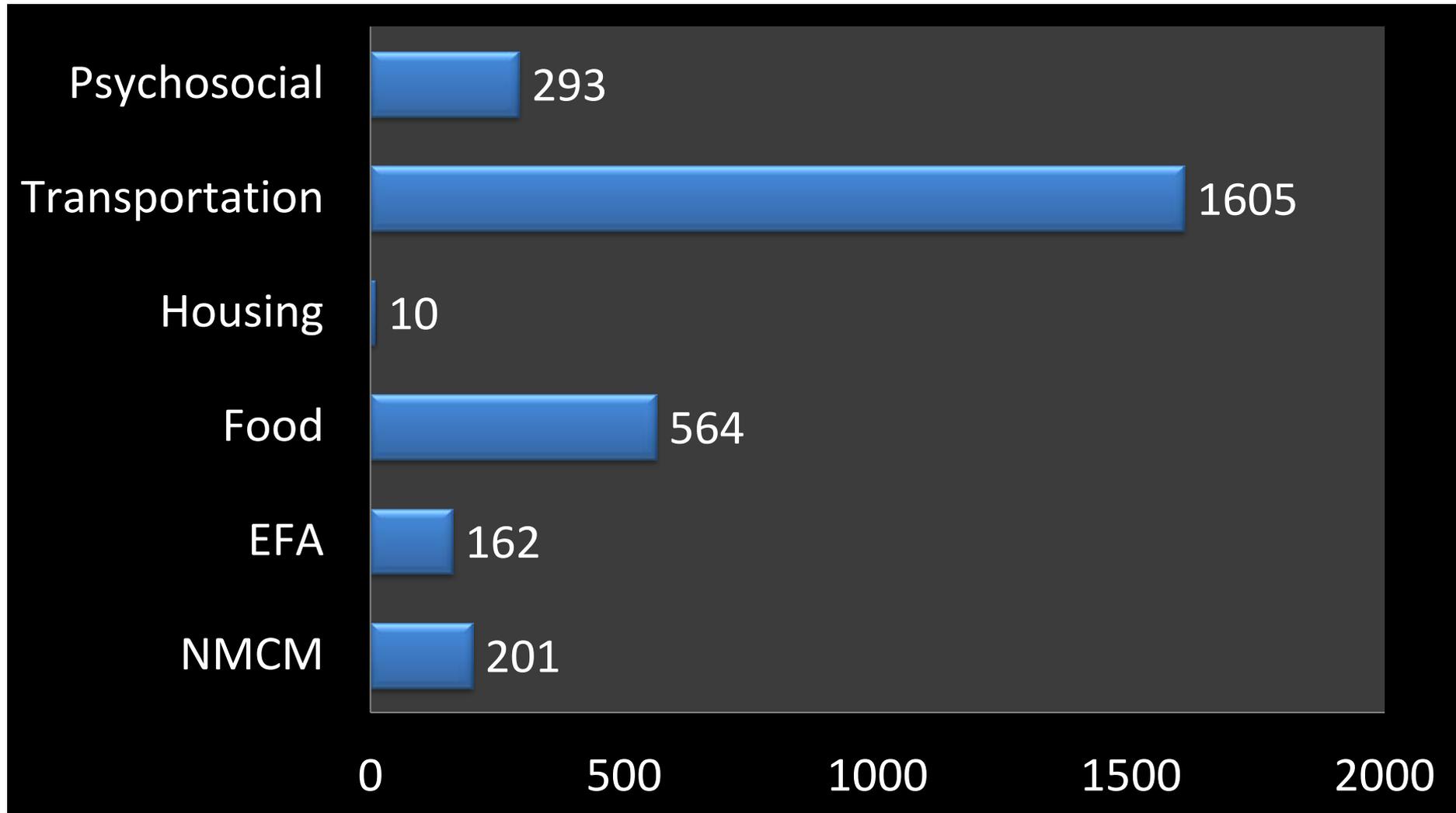
FY13 RWA Unduplicated Client Utilization of Funded Core Services



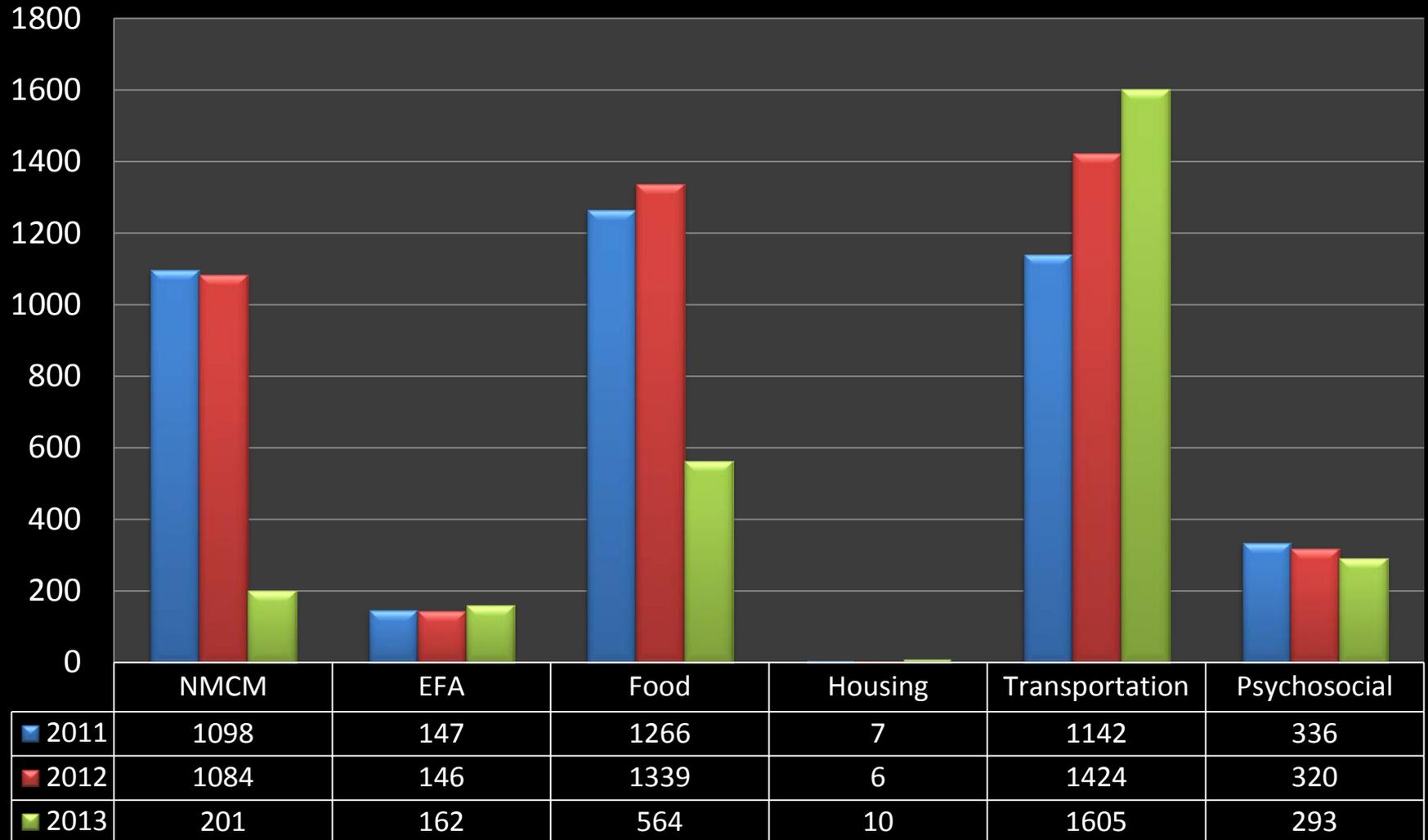
FY11 – FY13 RWA Unduplicated Client Utilization of Funded Core Services



FY13 RWA Unduplicated Client Utilization of Funded Support Services



FY11 – FY13 RWA Unduplicated Clients: Utilization of Funded Support Services



FY13 RWA Expenditures by Funded Core Services

Service Category	Total Expenditures	# Clients	Average Cost per Client	# Services	Average # Services per Client
Outpatient	\$2,577,435.63	1,358	\$1,904	5,033 OP visits	4.0
Local Pharmacy	\$32,514.55	101	\$322	149 prescriptions	1.0
Oral Health	\$559,368.65	443	\$1,263	927 visits	2.0
Mental Health	\$77,412.61	234	\$331	635 visits	3.0
Medical Nutrition Therapy	\$63,408.61	594	\$107	851 encounters	1.0

FY13 RWA Expenditures by Funded Core Services

Service Category	Total Expenditures	# Clients	Average Cost per Client	# Services	Average # Services per Client
Medical Case Management	\$969,839.98	3,667	\$264	34,341 encounters	10.0
Early Intervention Services	\$390,350.75	2,316	\$169	8,008 encounters	3.0
Substance Abuse Treatment	\$24,057.50	56	\$430	490 encounters	9.0
TOTAL	\$4,323,654.47				

FY13 RWA Expenditures by Funded Support Services

Service Category	Total Expenditures	# Clients	Average Cost per Client	# Services	Average # Services per Client
Case Management (Non-medical)	\$70,012.50	201	\$348	1,815 encounters	9.0
EFA	\$72,674.17	162	\$449	204 payments	1.0
Food Bank	\$112,129.83	564	\$199	565 food bags/1232 food vouchers	3.0
Housing	\$33,375.15	10	\$3,338	62 rent/deposit payment	6.0

FY13 RWA Expenditures by Funded Support Services

Service Category	Total Expenditures	# Clients	Average Cost per Client	# Services	Average # Services per Client
Medical Transportation	\$37,303.19	1,605	\$23	4,017 bus passes, 2,183 gas cards, 60 cab trips, 29 round trips	4.0
Psychosocial Support	\$96,612.70	293	\$330	1,677 encounters	6.0
Referral for Health Care/Support	\$26,167.10	289	\$91	344 referrals for care, 488 referrals for testing	5.0
Outreach	23,388.89	4,366	\$5	5,841 visits, 17,335 page views	1.0
TOTAL	\$471,663.53				

FY13 Allocations vs. Expenditures of Funded Core Services

FY13 Service Priority	SERVICE CATEGORY	Part A FY13 Allocations	Part A FY13 Expenditures	MAI FY13 Allocations	MAI FY13 Expenditures
1	Outpatient /Ambulatory Health Services	55.00%	45.08%	5.00%	2.12%
2	AIDS Drug Assistance Program (ADAP)	0.00%	8.41%	0.00%	13.69%
5	AIDS Pharmaceutical Assistance (local)	0.75%	0.57%	0.00%	0.00%
7	Oral Health Care	13.00%	10.24%	0.00%	0.00%
4	Early Intervention Services	1.00%	0.51%	75.00%	58.72%
8	Mental Health Services	2.00%	1.42%	0.00%	0.00%
9	Medical Nutrition Therapy	1.50%	1.11%	0.00%	0.00%
3	Medical Case Management (incl. Treatment Adherence)	18.00%	17.19%	0.00%	0.00%
15	Substance Abuse Services - outpatient	0.58%	0.42%	0.00%	0.00%

FY13 Allocations vs. Expenditures of Funded Support Services

FY13 Service Priority	SERVICE CATEGORY	Part A FY13 Allocations	Part A FY13 Expenditures	MAI FY13 Allocations	MAI FY13 Expenditures
12	Case Management (non-Medical)	1.50%	1.30%	0.00%	0.00%
14	Emergency Financial Assistance	0.92%	0.90%	3.00%	3.69%
10	Food Bank/Home-Delivered Meals	2.00%	1.38%	7.00%	5.21%
18	Health Education/Risk Reduction	0.00%	0.00%	0.50%	0.00%
16	Housing Services	1.00%	0.59%	3.50%	0.00%
11	Medical Transportation Services	0.75%	0.57%	2.00%	1.25%
17	Outreach Services	0.00%	0.00%	4.00%	6.31%
13	Psychosocial Support Services	1.50%	1.69%	0.00%	0.00%
29	Referral for Health Care/Supportive Services	0.50%	0.50%	0.00%	0.00%



Quality Management

Jennifer Pepper

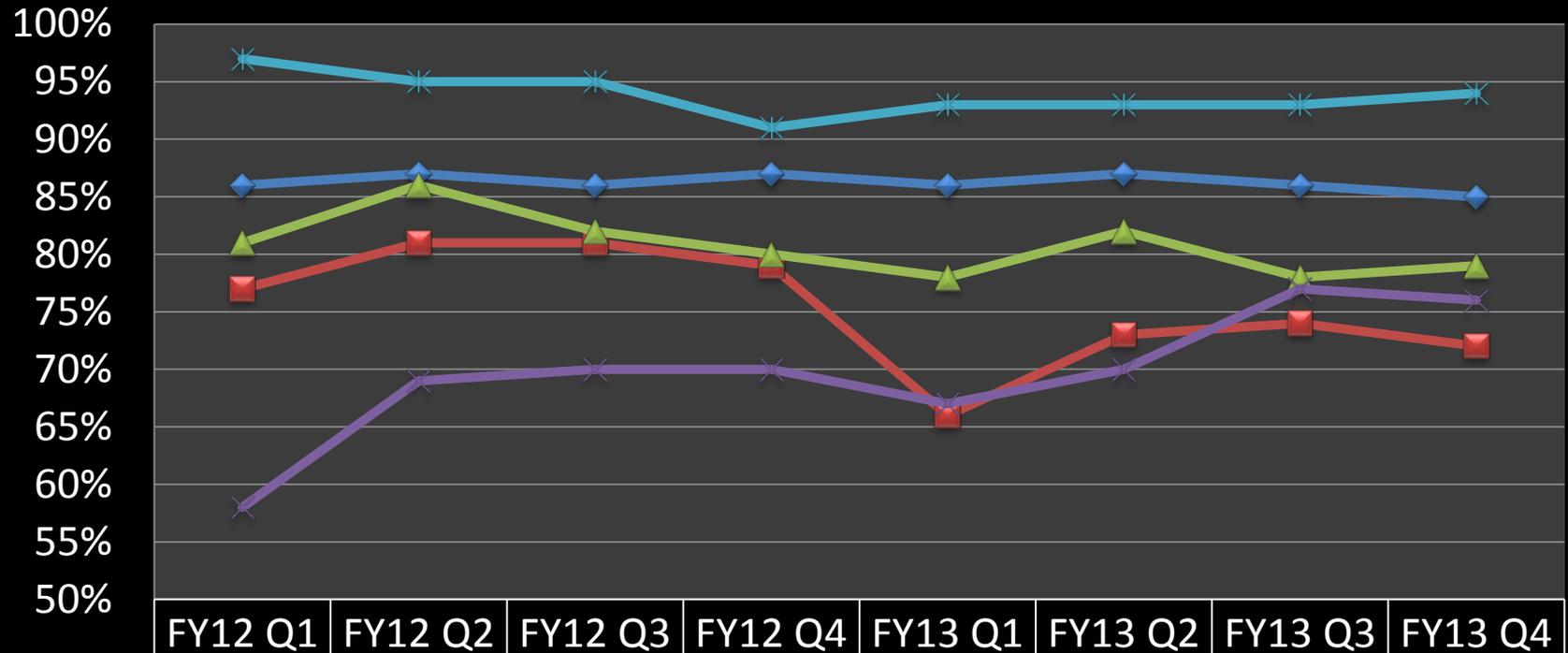
Program & Quality Manager

Ryan White Quality Management

- FY12-13 QM Performance Measures: HAB01: 2 Visits \geq 3 months apart
- FY12-13 QM Performance Measures: HAB02: \geq 2 CD4 Counts
- FY12-13 QM Performance Measures: HAB03: CD4 $<$ 200 w/ PCP Prophylaxis
- FY12-13 QM Performance Measures: HAB04: AIDS Clients on HAART
- 2013 In+care Campaign Measures for Memphis TGA
- Comparing Memphis TGA In+care Measures Nationally as of 12/2013

FY12-13 QM Performance Measures

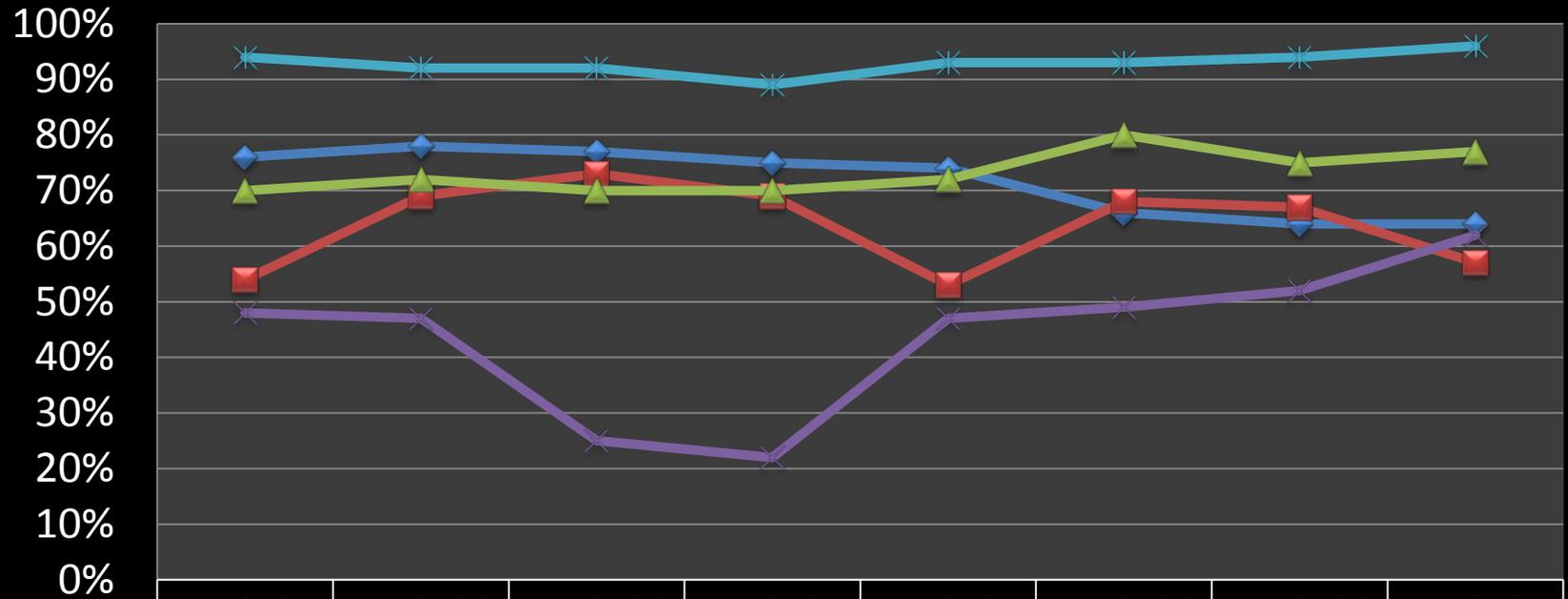
HAB01: 2 Visits \geq 3 months apart



◆ Provider 1	86%	87%	86%	87%	86%	87%	86%	85%
■ Provider 2	77%	81%	81%	79%	66%	73%	74%	72%
▲ Provider 3	81%	86%	82%	80%	78%	82%	78%	79%
✕ Provider 4	58%	69%	70%	70%	67%	70%	77%	76%
✱ Provider 5	97%	95%	95%	91%	93%	93%	93%	94%

FY12-13 QM Performance Measures

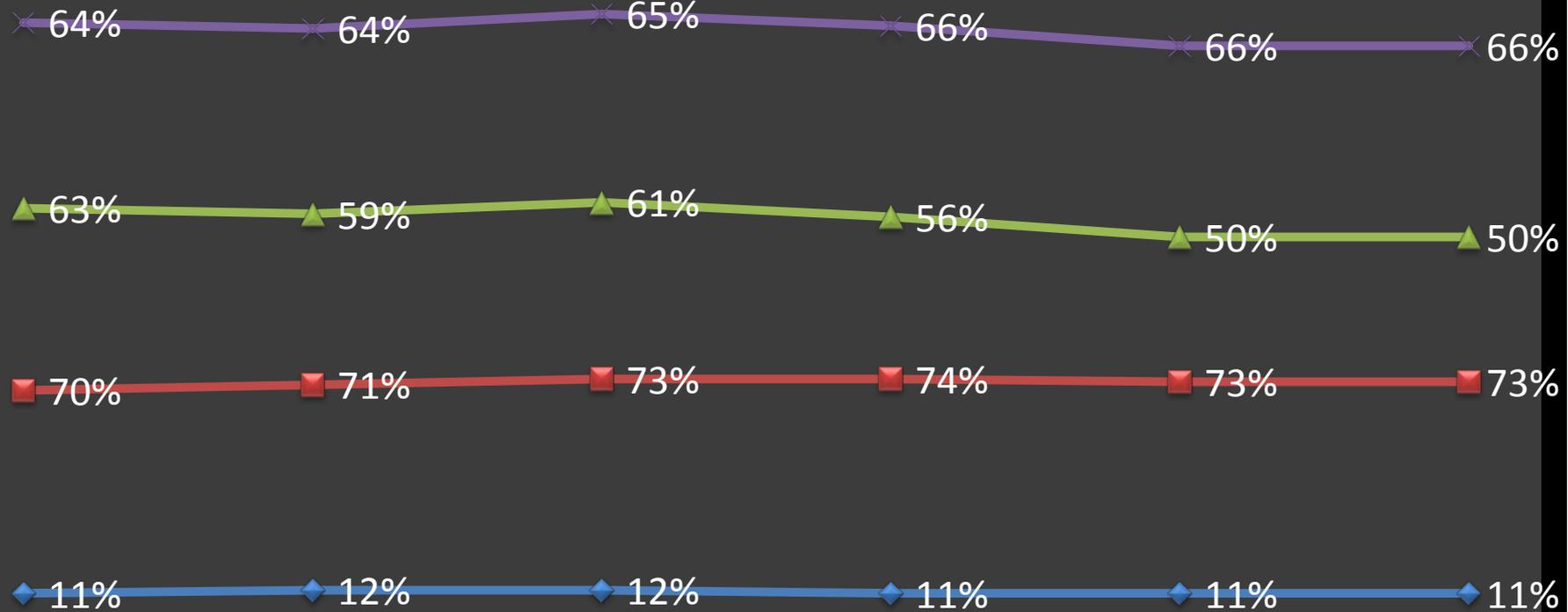
HAB02: ≥ 2 CD4 Counts



	FY12 Q1	FY12 Q2	FY12 Q3	FY12 Q4	FY13 Q1	FY13 Q2	FY13 Q3	FY13 Q4
◆ Provider 1	76%	78%	77%	75%	74%	66%	64%	64%
■ Provider 2	54%	69%	73%	69%	53%	68%	67%	57%
▲ Provider 3	70%	72%	70%	70%	72%	80%	75%	77%
✕ Provider 4	48%	47%	25%	22%	47%	49%	52%	62%
✱ Provider 5	94%	92%	92%	89%	93%	93%	94%	96%

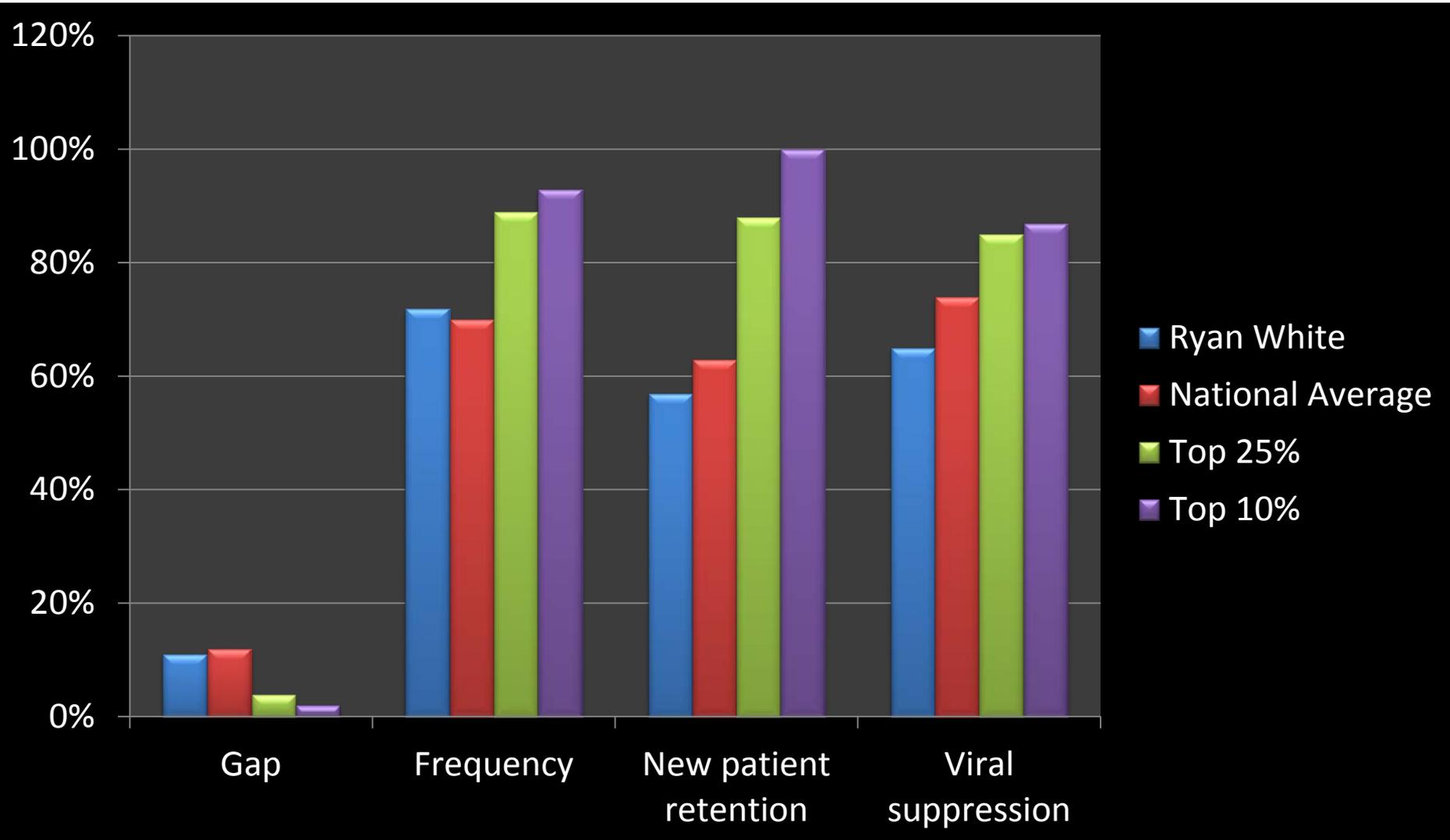
2013 In+care Campaign Measures for Memphis TGA

◆ Gap ■ Frequency ▲ New patient retention ✕ Viral Suppression



Feb-13 Mar-13 Apr-13 May-13 Jun-13 Jul-13 Aug-13 Sep-13 Oct-13 Nov-13 Dec-13

Comparing Memphis TGA In+care Measures Nationally as of 12/2013





Other Sources of Funding Related to HIV Care and Prevention

Jennifer Pepper

Program & Quality Manager



Overview of Ryan White Part B

Part B of the Ryan White HIV/AIDS Program provides grants to States and U.S. Territories.



States and U.S. Territories may:



provide services directly, contract with agencies, or work through subcontracts with Part B HIV Care Consortia



Tennessee Ryan White Part B

TN Part B Programs include:

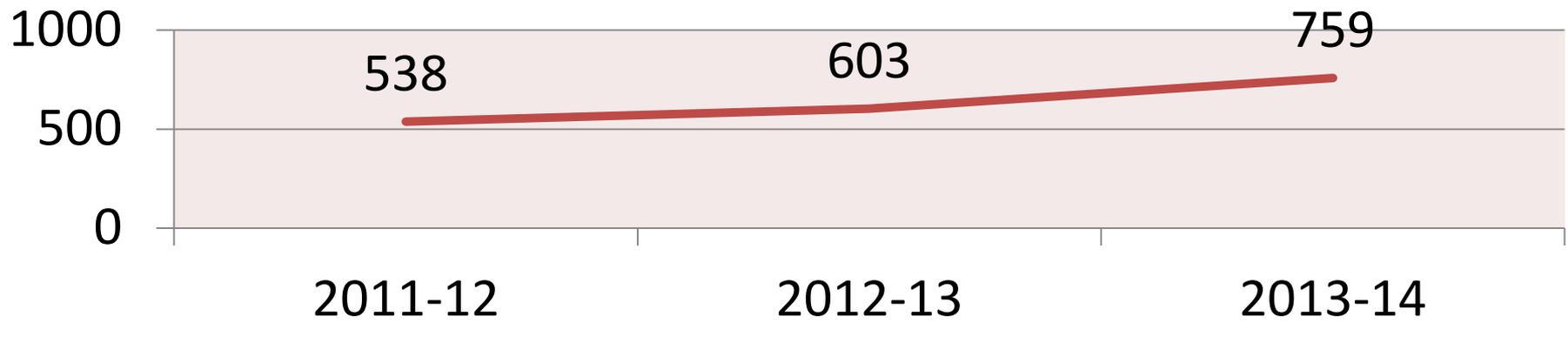
- Outpatient Medical Services
- Insurance Assistance Program (IAP)
- HIV Drug Assistance Program (HDAP)
- Medical Case Management

For Ryan White Part A funded TGAs:

- Part A will fund the majority of services to these counties.
 - With the exceptions of HDAP and IAP

TN RWB Utilization & Expenditures for Memphis TGA

Number Served by Insurance Assistance Program

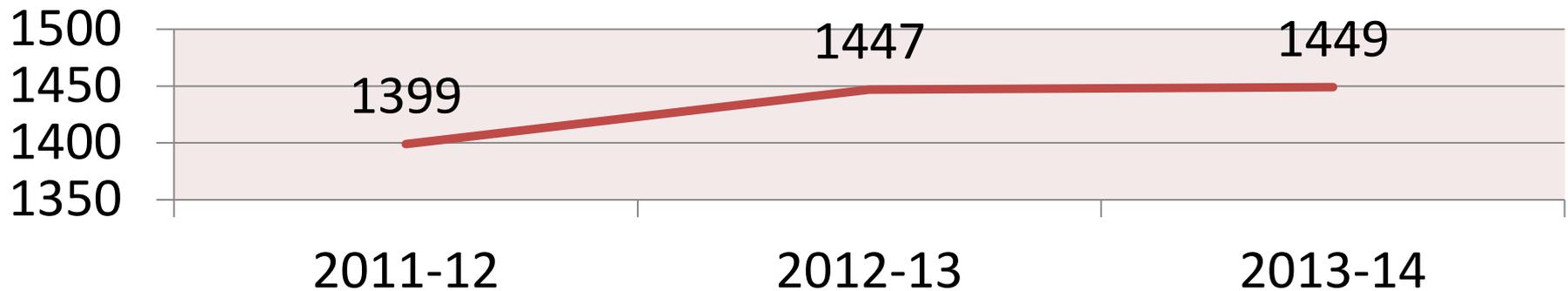


Cost of Insurance Assistance Program

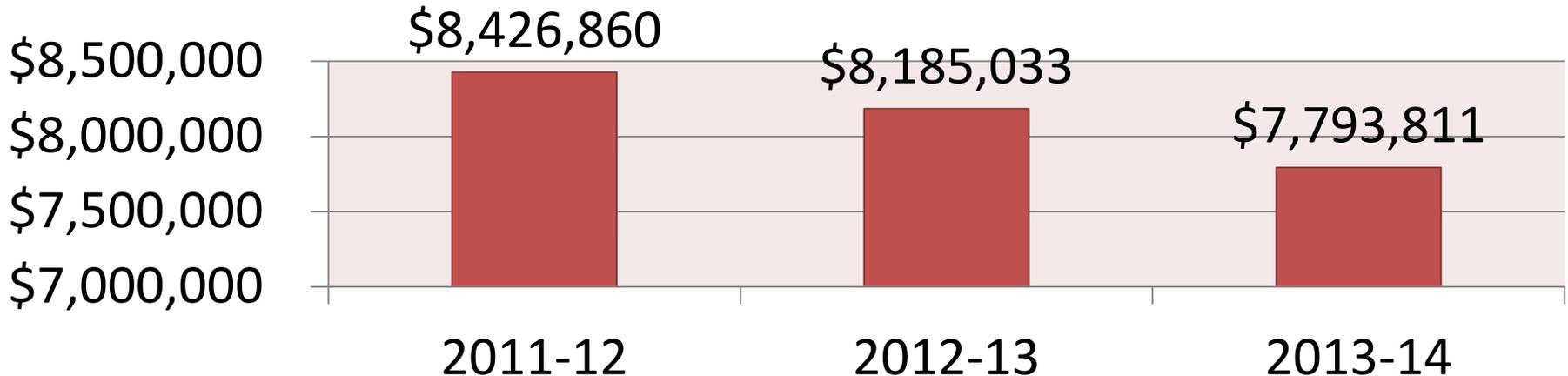


TN RWB Utilization & Expenditures for Memphis TGA

Number Served by HIV Drug Assistance Program



Cost of HIV Drug Assistance Program



TN RWB Utilization & Expenditures for Memphis TGA

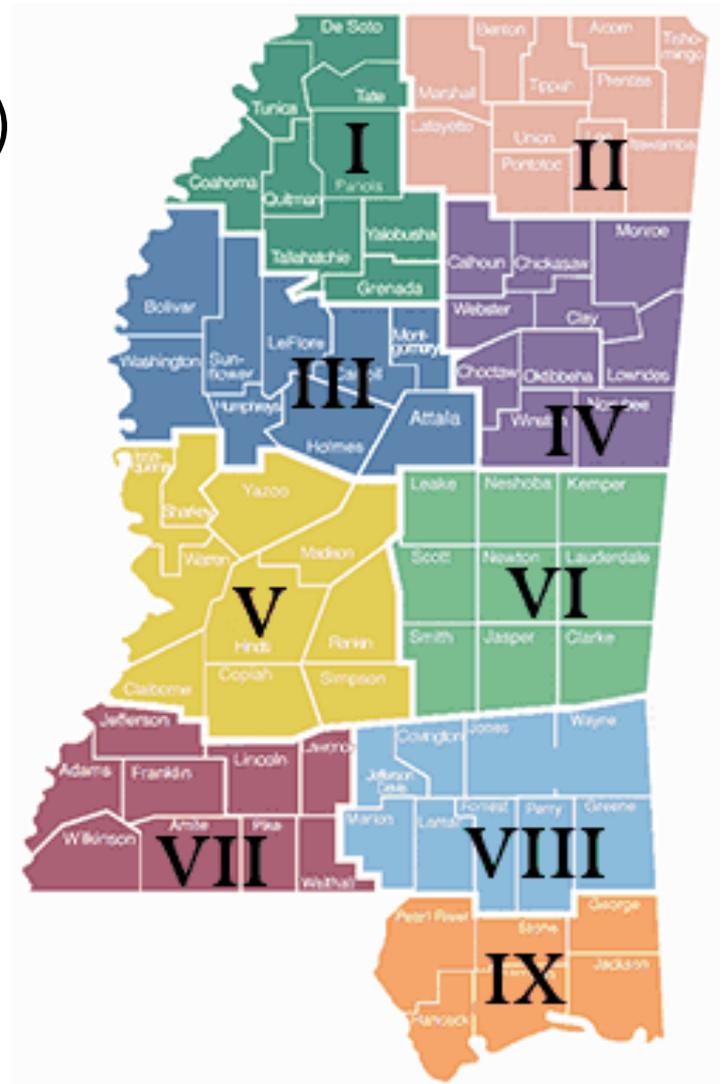
	2011-12			2012-13			2013 - 14		
	Outpatient	Medical Case Mgmt (Health Dept.)	Medical Case Mgmt (Non-HD)	Outpatient	Medical Case Mgmt (Health Dept.)	Medical Case Mgmt (Non-HD)	Outpatient	Medical Case Mgmt (Health Dept.)	Medical Case Mgmt (Non-HD)
Total Spent	\$12,483	\$50,004	N/A	\$13,566	\$76,358	N/A	\$13,316	\$73,055	N/A
Number Served	44*	180	N/A	29*	204	N/A	56*	294	N/A
Average Cost Per Client	\$283	\$278	N/A	\$468	\$374	N/A	\$237	\$248	N/A

*Numbers served for Outpatient Medical Services may be duplicated clients. Actual numbers served may be lower than represented in table. Average cost per client may also represent duplication of clients.

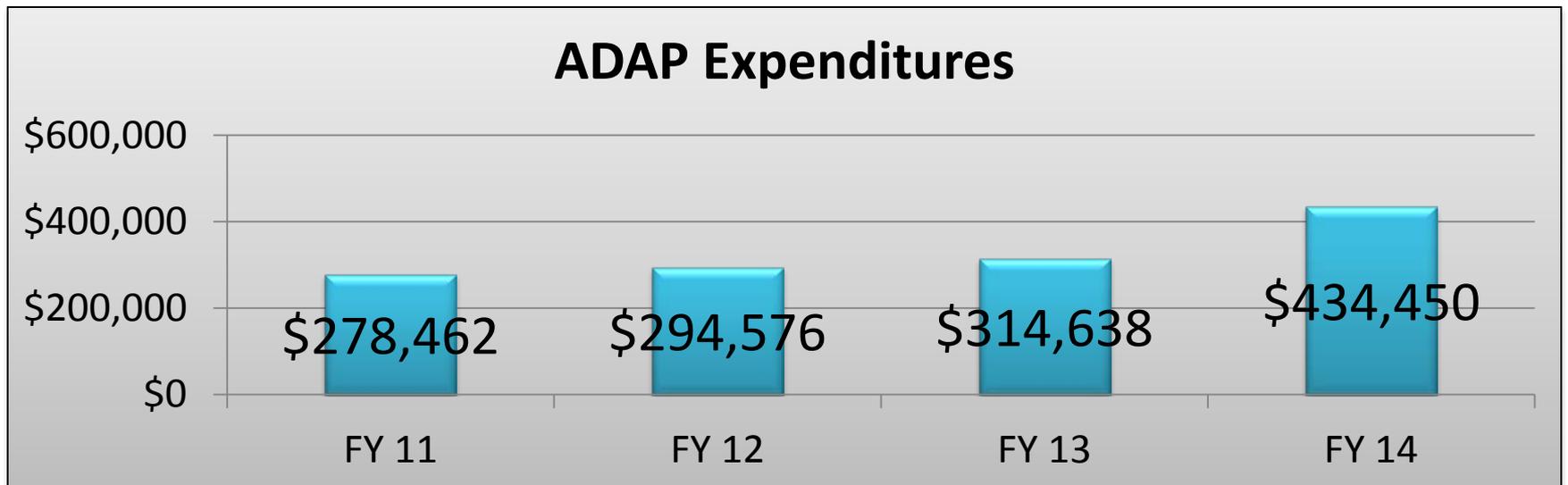
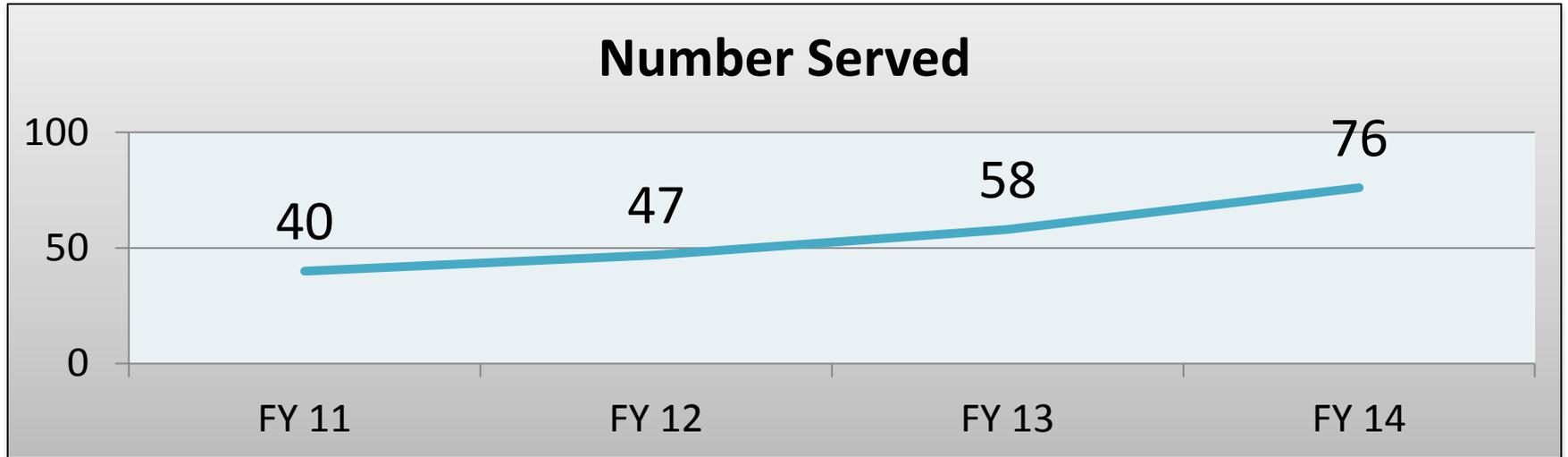
Mississippi Ryan White Part B

MS Part B Programs include:

- Aids Drug Assistant Program (ADAP)
- Early Intervention Services (EIS)
- HIV Primary Health Care
- Delta Region AIDS Education and Training Centers
- Housing Services
- Funds at least one dedicated HIV Case Manager in each of the nine Public Health Districts.



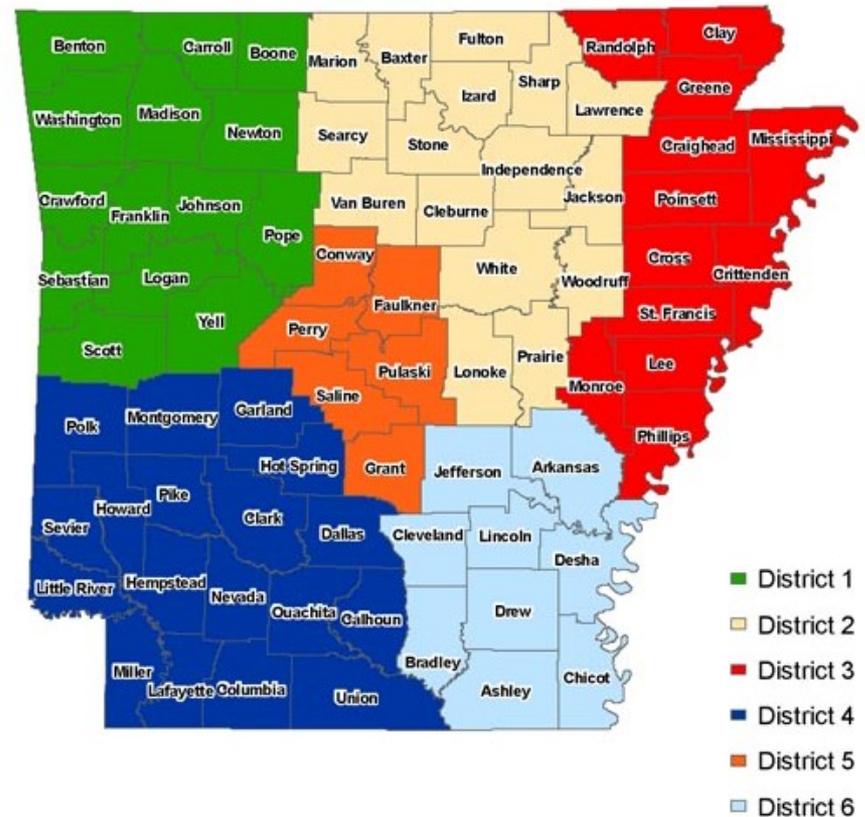
MS ADAP Utilization & Expenditures in the Memphis TGA



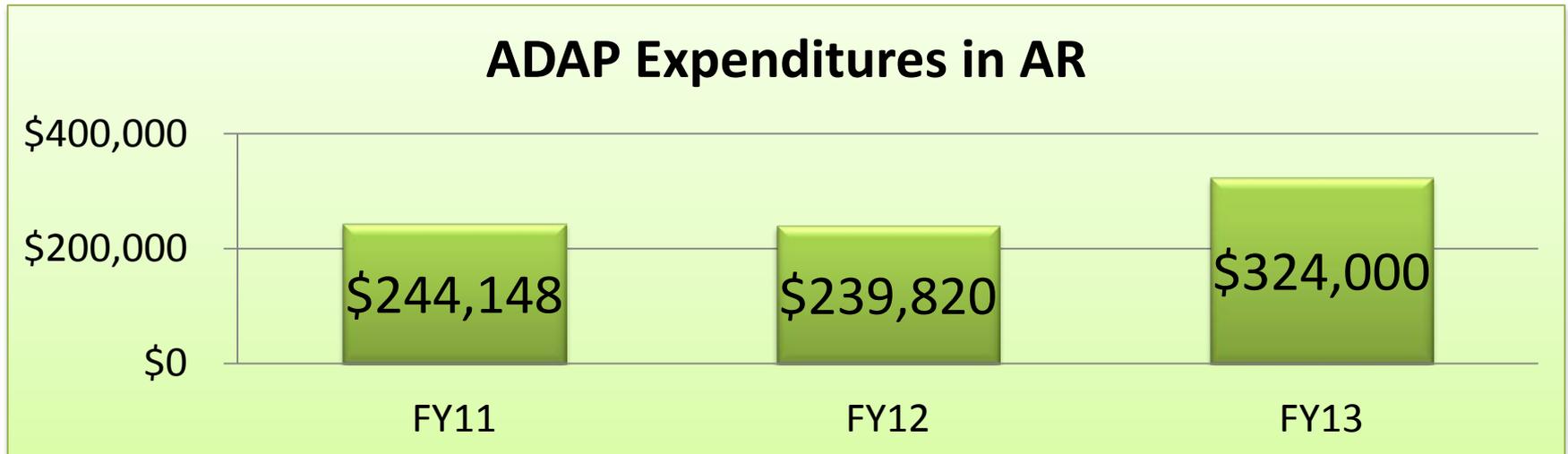
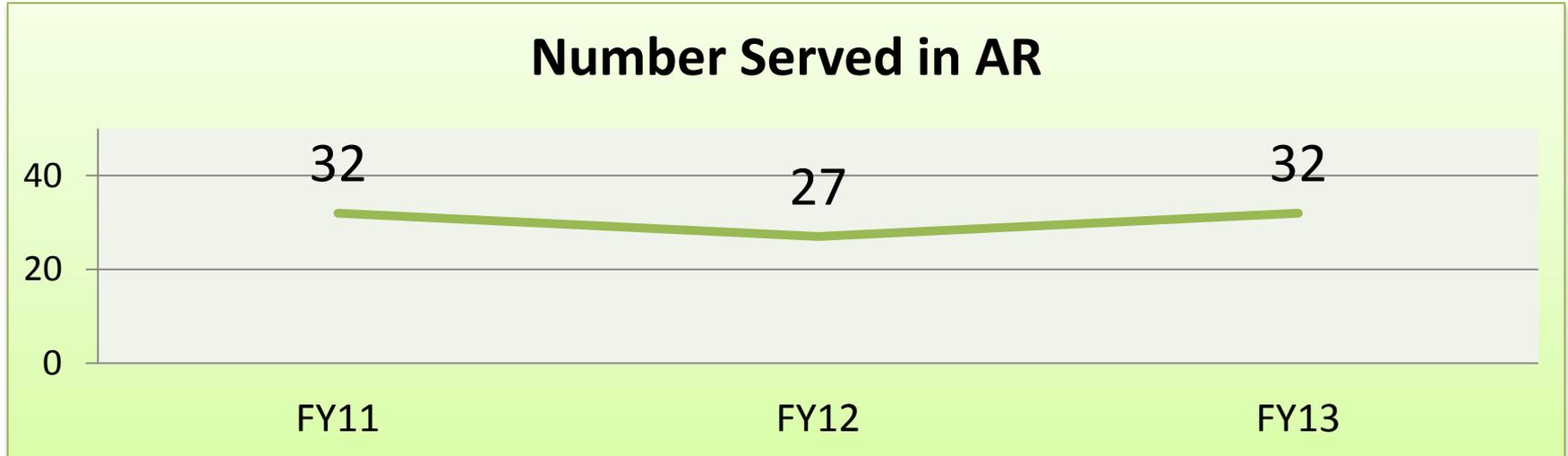
Arkansas Ryan White Part B

AR Part B Programs include:

- AIDS Drug Assistant Program (ADAP)
- Laboratory Services
- Oral Health Care
- Primary Medical Care
- HOPWA
- Utilities Assistance
- Transportation
- Health Insurance
- Food and Nutritional Supplements

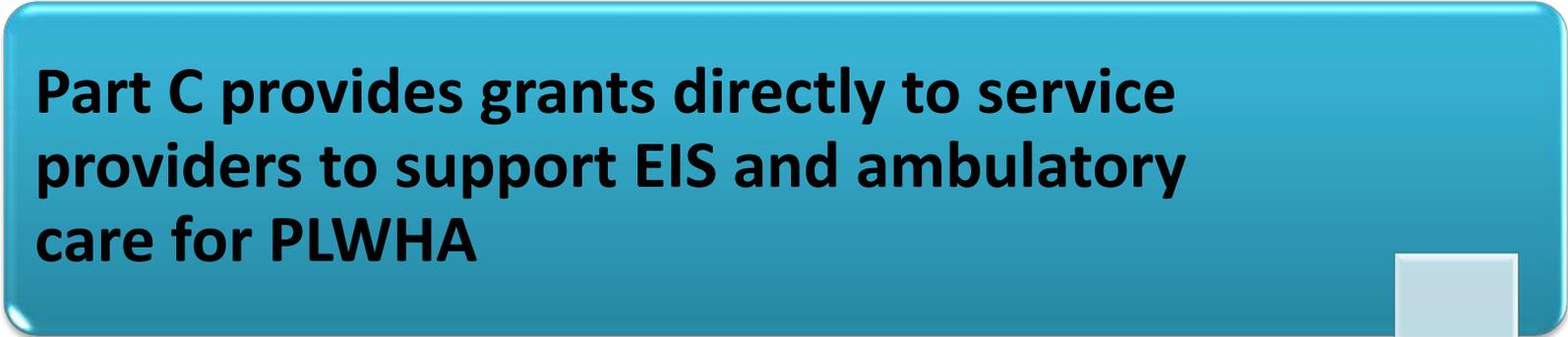


AR ADAP Utilization and Expenditures in the Memphis TGA



Overview of Ryan White Part C

Part C provides grants directly to service providers to support EIS and ambulatory care for PLWHA



No more than 10% of the budget can be allocated to administrative costs



At least 75% of the balance remaining after subtracting administrative costs, must be used for core medical services



Part C Funds in Memphis TGA

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graph TD; A[Part C Funds in Memphis TGA] --> B[East Arkansas Family Health Center]; A --> C[Adult Special Care Clinic at the Regional One Health]; B --> D[• Outpatient/Ambulatory Medical Care  
• Dental, Medical, Case Management  
• Medical Transportation, Mental Health  
• Nutritional Counseling & Supplements  
• HIV testing]; C --> E[• Outpatient/Ambulatory Medical Care  
• Mental Health]
```

East Arkansas Family
Health Center

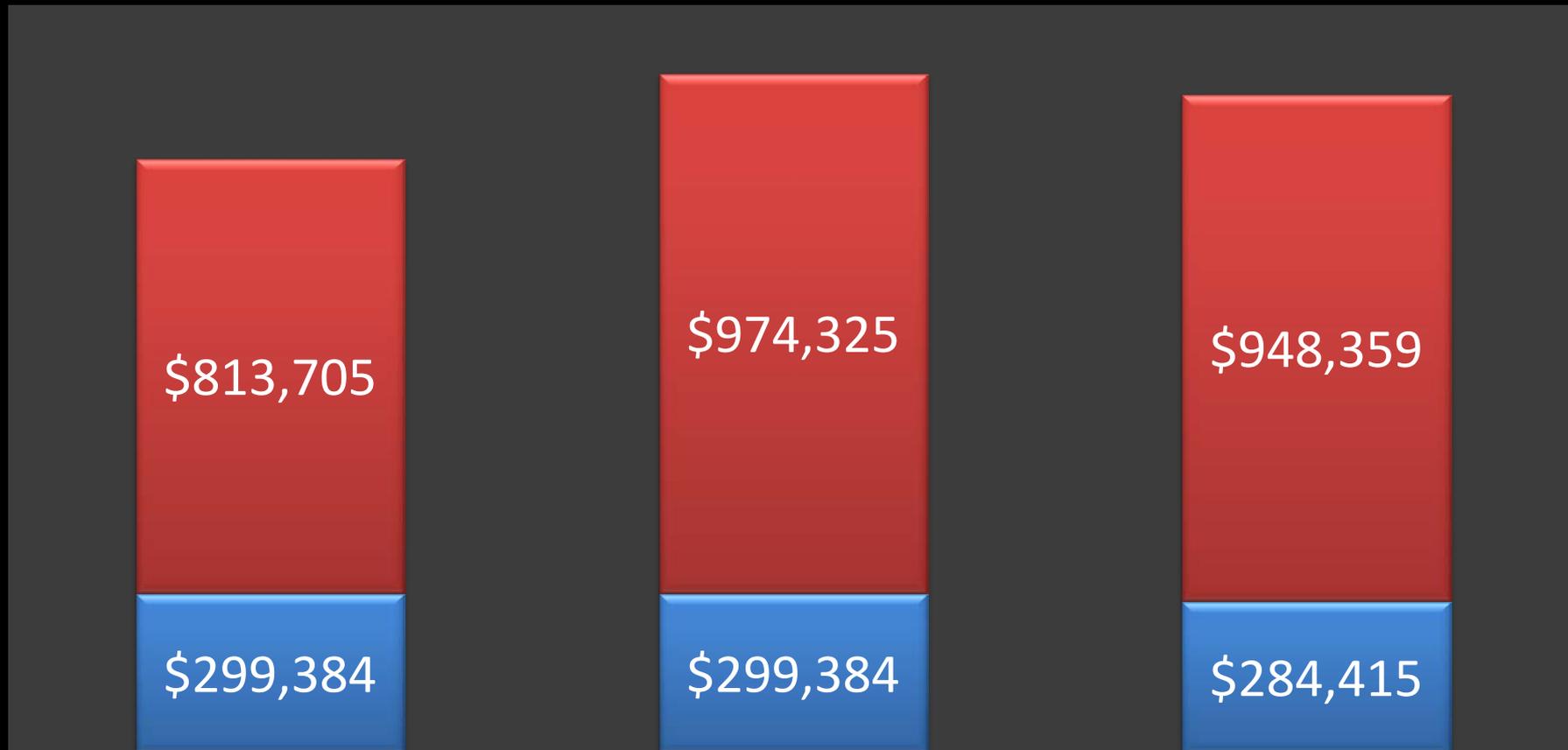
Adult Special Care Clinic at
the Regional One Health

- Outpatient/Ambulatory Medical Care
- Dental, Medical, Case Management
- Medical Transportation, Mental Health
- Nutritional Counseling & Supplements
- HIV testing

- Outpatient/Ambulatory Medical Care
- Mental Health

Ryan White Part C Funding in TGA

■ EAFHC ■ ASCC



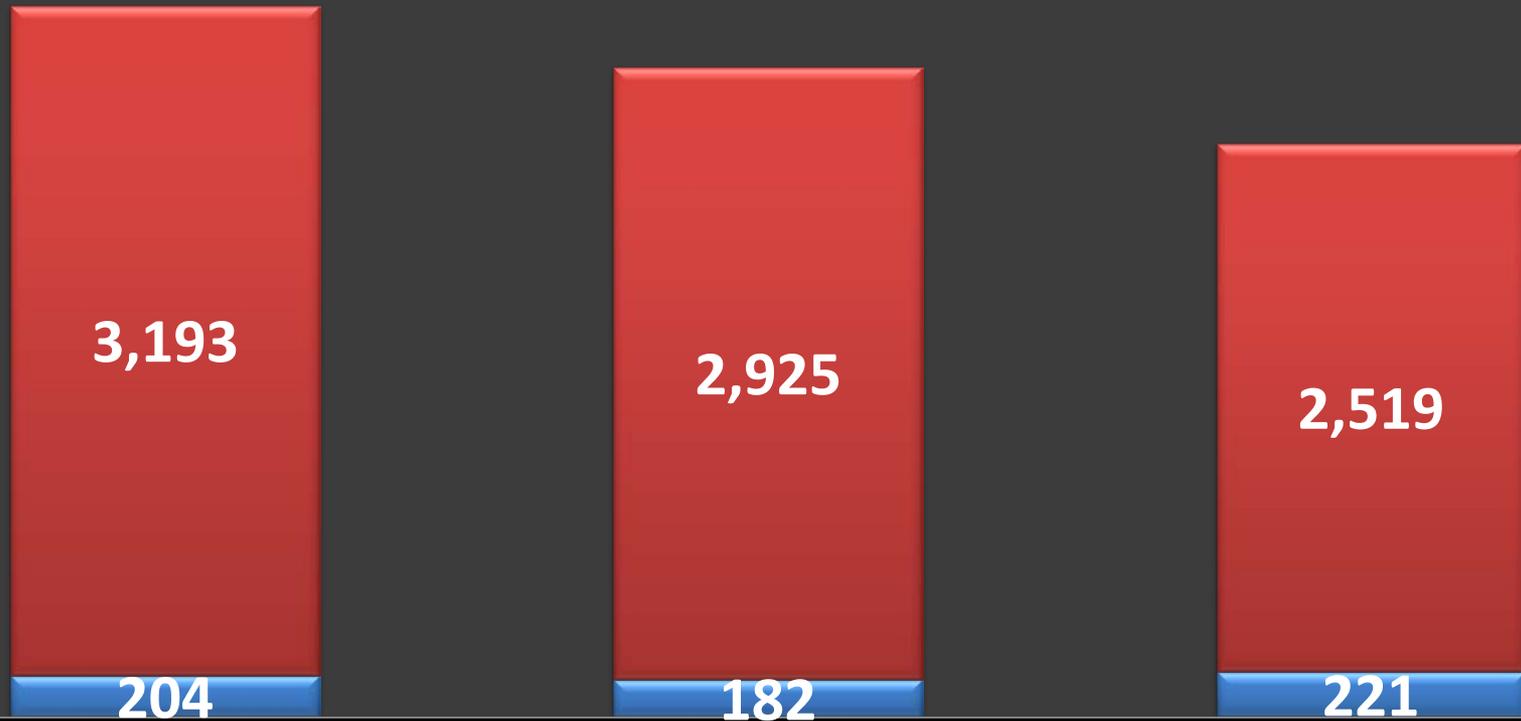
2011

2012

2013

Clients Served by Ryan White Part C Funding in TGA

■ EAFHC ■ ASCC



2011

2012

2013

Overview of Ryan White Part D

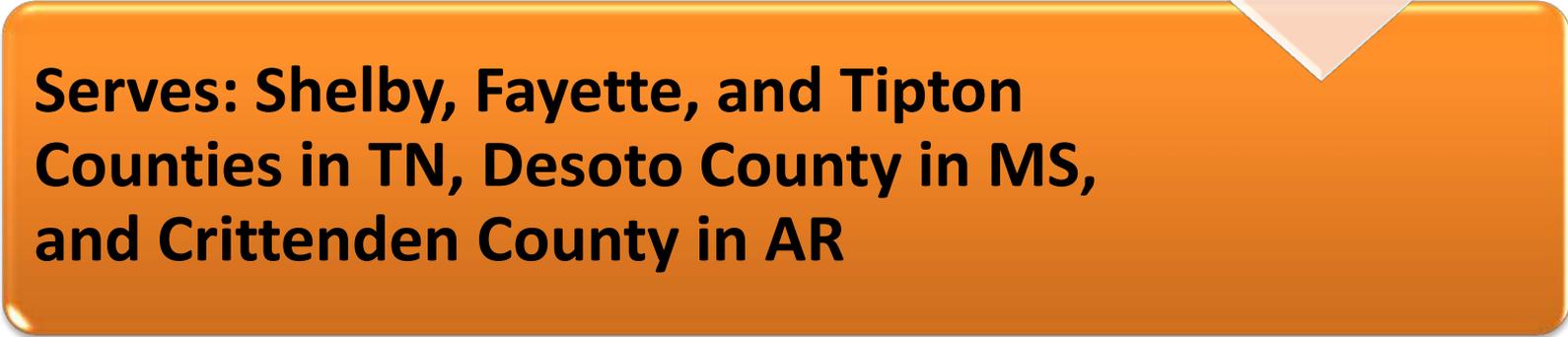
Part D funding is for women, infants, children, youth and their families.



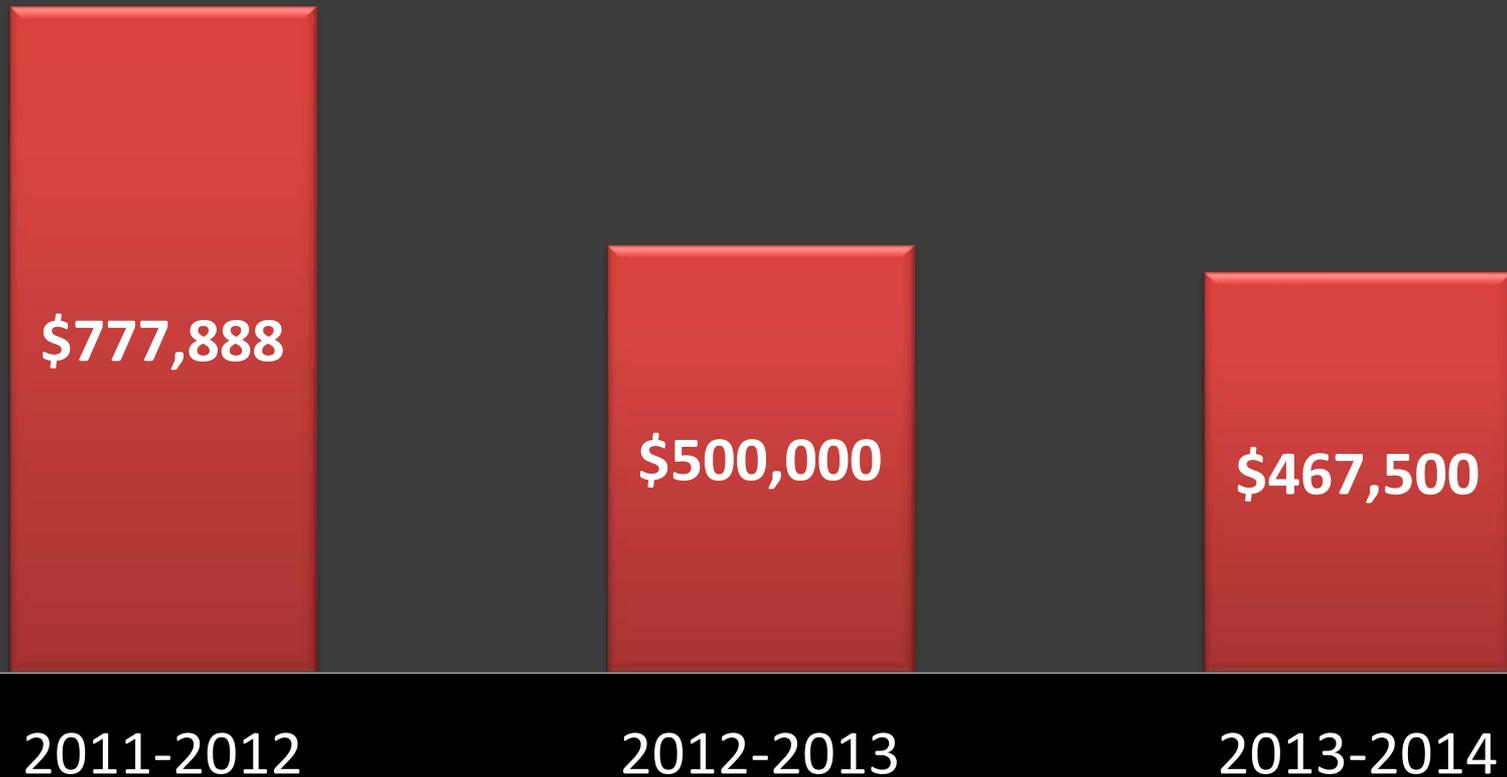
Le Bonheur Community Health & Well-Being receives part D funding and sub-grants to other organizations.



Serves: Shelby, Fayette, and Tipton Counties in TN, Desoto County in MS, and Crittenden County in AR



Memphis Ryan White Part D Program



- *All youth specific funding cut in 2012-2013.*
- *Overall cuts of 60% in the last two years.*

Tennessee Medicaid (TennCare)

Expenditures and Number of PLWHAs Served in Shelby, Fayette, & Tipton Counties

■ Medical Expenditure

■ Pharmacy Expenditure

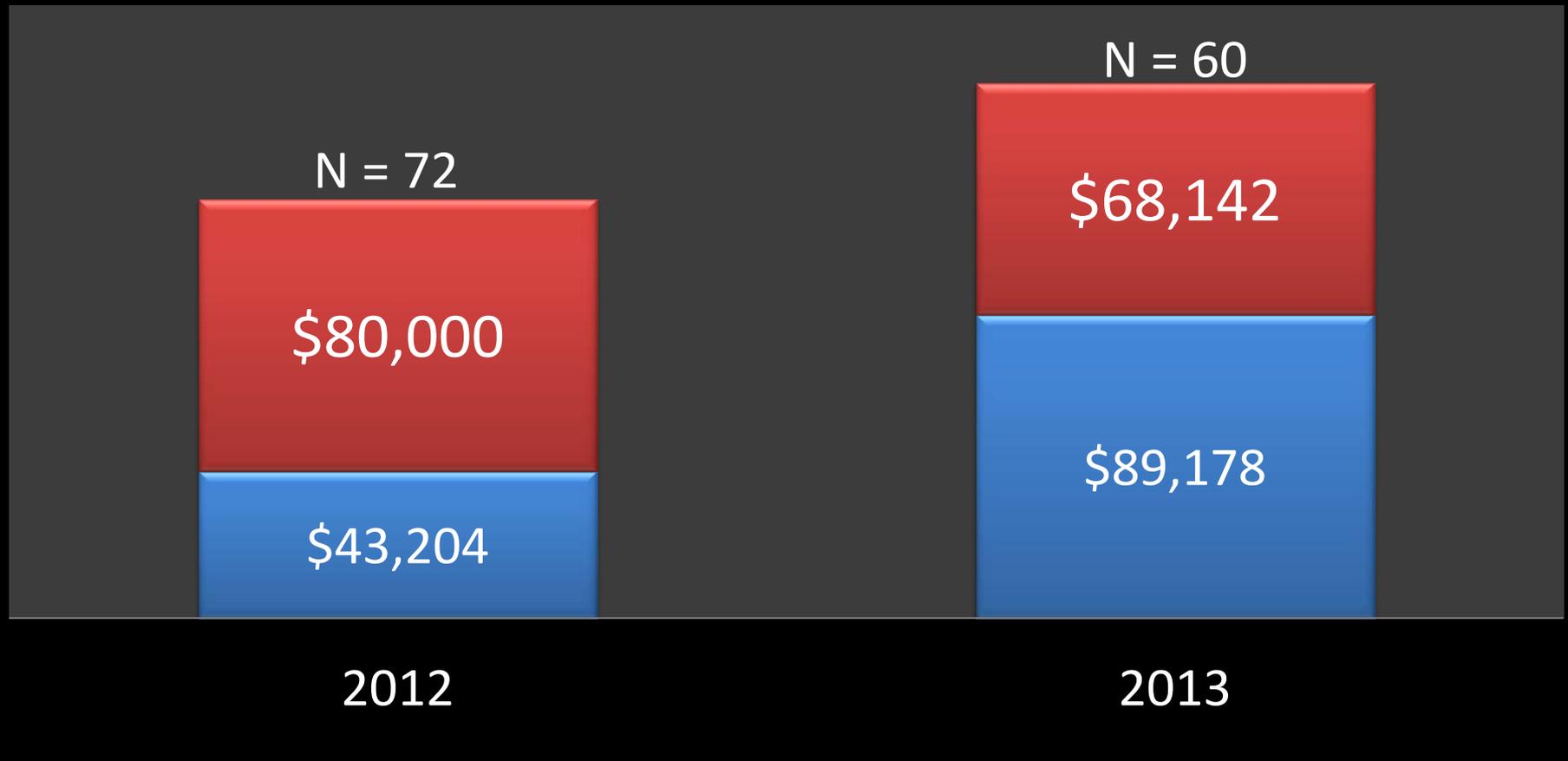


Mississippi Medicaid

Expenditures and Number of PLWHAs Served in Desoto, Tunica, Tate, and Marshall Counties

■ Medical Expenditure

■ Pharmacy Expenditure



Arkansas Medicaid

Expenditures and Number of PLWHAs Served in Crittenden County



Centers for Disease Control and Prevention (CDC)

- Provides funds to states for HIV Prevention and testing programs
- States distribute the funds to local programs via the state Department of Health or local Consortia



TN Department of Health HIV Prevention

Numbers Served by in Shelby, Tipton, and Fayette Counties

- Number Served with Prevention/Outreach Programs
- Number of HIV Tests Conducted



CY 2010

CY 2011

CY 2012

CY 2013

TN Department of Health HIV Prevention Funding for Shelby, Tipton, and Fayette Counties

■ HIV Testing ■ Prevention and Outreach



Mississippi Department of Health Projects (CDC) Funding

	CY 2011	CY 2012	CY 2013
Number of HIV Prevention Activities and Outreach Programs/Agencies	7	6	
CDC Cooperative Agreement for Prevention	\$2,023,284	\$1,090,150	
CDC Expanded Testing Initiative	\$821,152	\$320,577	

Testing sites in DeSoto, Marshall, Tate and Tunica

- DeSoto County Health Department
- Marshall County Health Department
- Tate County Health Department
- Tunica County Health Department
- Aaron E. Henry Health Services Center

Arkansas Department of Health Projects (CDC) Funding

	CY 2011	CY 2012	CY 2013
Number of Community Based organizations for HIV prevention	6	7	7
CDC Funding for Community Based organizations	\$329,409	> \$300,000	\$350,000

- Crittenden County is not covered in the scope of work for any funded grantees
 - However, the grantees are not limited to serving only clients that reside in their scope of work
- Testing events occur in Crittenden County

Number of HIV Infected Veterans in Care with the VA

	2009	2010	2011	2012
Arkansas	245	253	258	272
Mississippi	438	372	425	391
Tennessee	636	646	681	680

Source: *HIV Infected Veterans in VHA Care by State.*

<http://www.publichealth.va.gov/quality/reports/hiv-in-care-by-state-2009.asp>

<http://www.publichealth.va.gov/quality/reports/hiv-in-care-by-state-2010.asp>

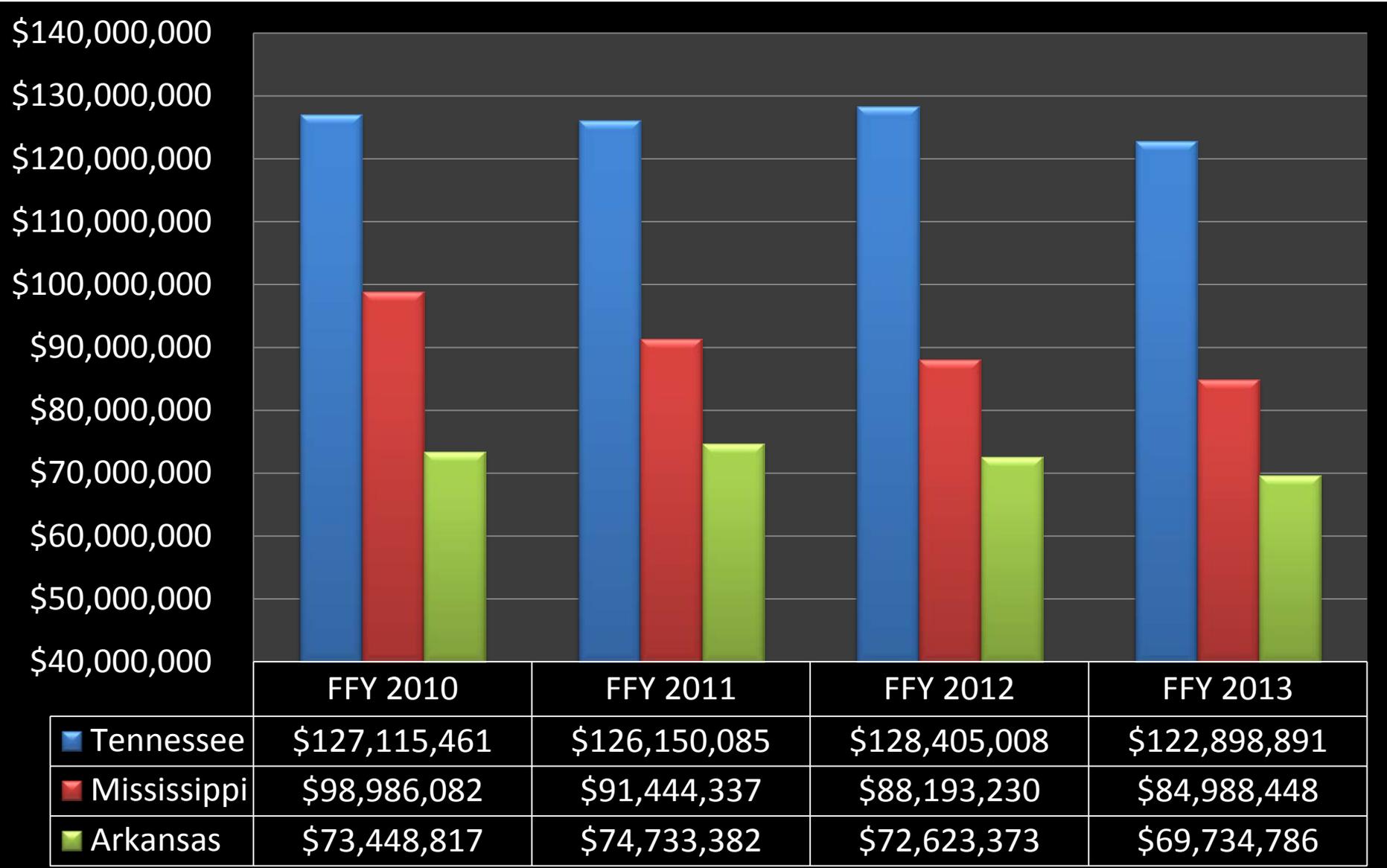
<http://www.publichealth.va.gov/quality/reports/hiv-in-care-by-state-2011.asp>

<http://www.publichealth.va.gov/quality/reports/hiv-in-care-by-state-2012.asp>

Services for Women, Infants, and Children (WIC)

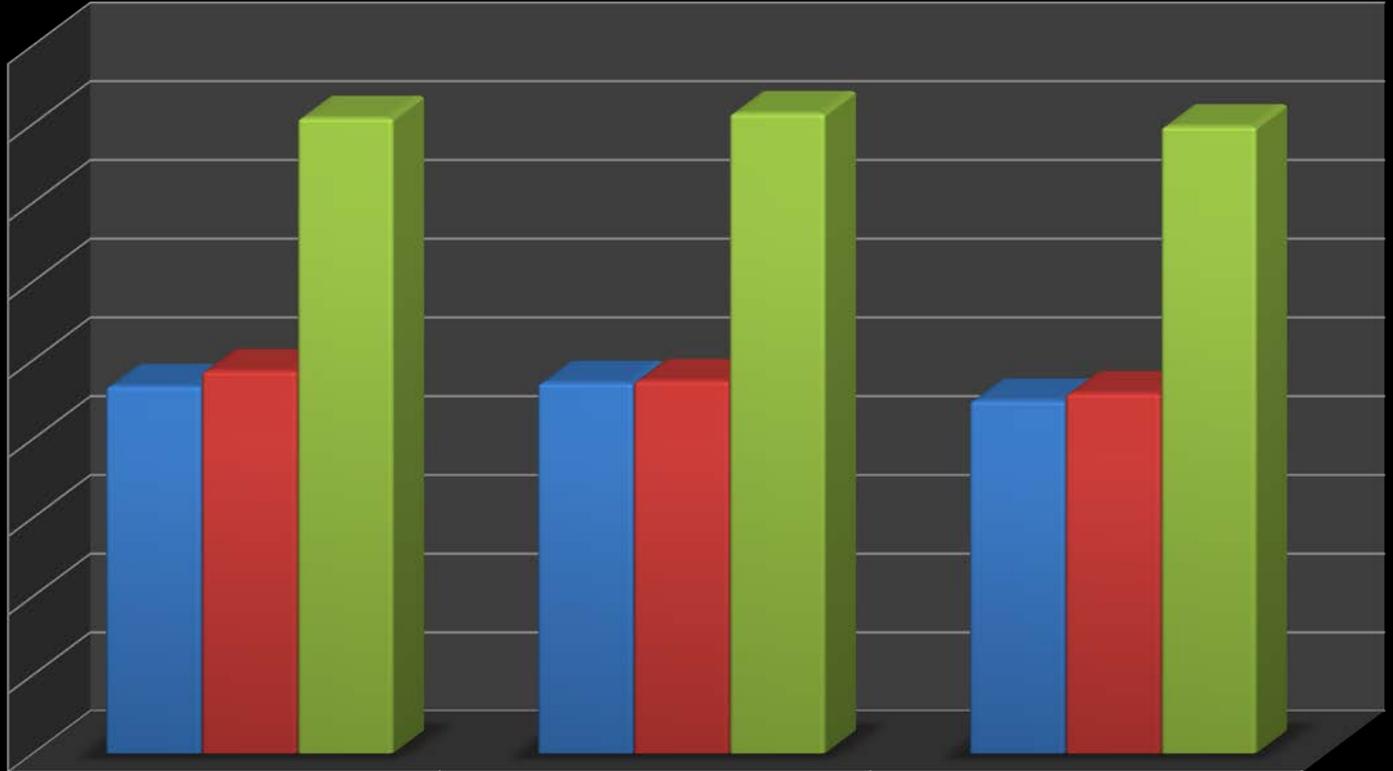
- Administered by the U.S. Department of Agriculture, WIC provides federal grants to states
- Serves low-income pregnant / postpartum women and infants and children up to age five who are at nutritional risk
- WIC Special Supplemental Nutrition Program (SNP)
 - Provides nutritious supplemental foods, nutrition education, breastfeeding support, and health/social services referrals
- WIC Commodity Supplemental Food Program (CSFP)
 - Similar to SNP, but CSFP also serves elderly people and provides food rather than food vouchers
- Eligible people cannot participate in SNP and CSFP at the same time

WIC Funding by Year for TN, MS, and AR



Number of Participants in WIC Program by State

180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0



FFY 2011

FFY 2012

FFY 2013

■ Arkansas

93,461

94,293

89,777

■ Mississippi

97,277

94,773

91,652

■ Tennessee

161,578

162,775

159,426

WIC Funding in Memphis TGA

- Mississippi (DeSoto, Marshall, Tate, Tunica)
- Tennessee (Shelby)



FFY 2011

FFY 2012

FFY 2013

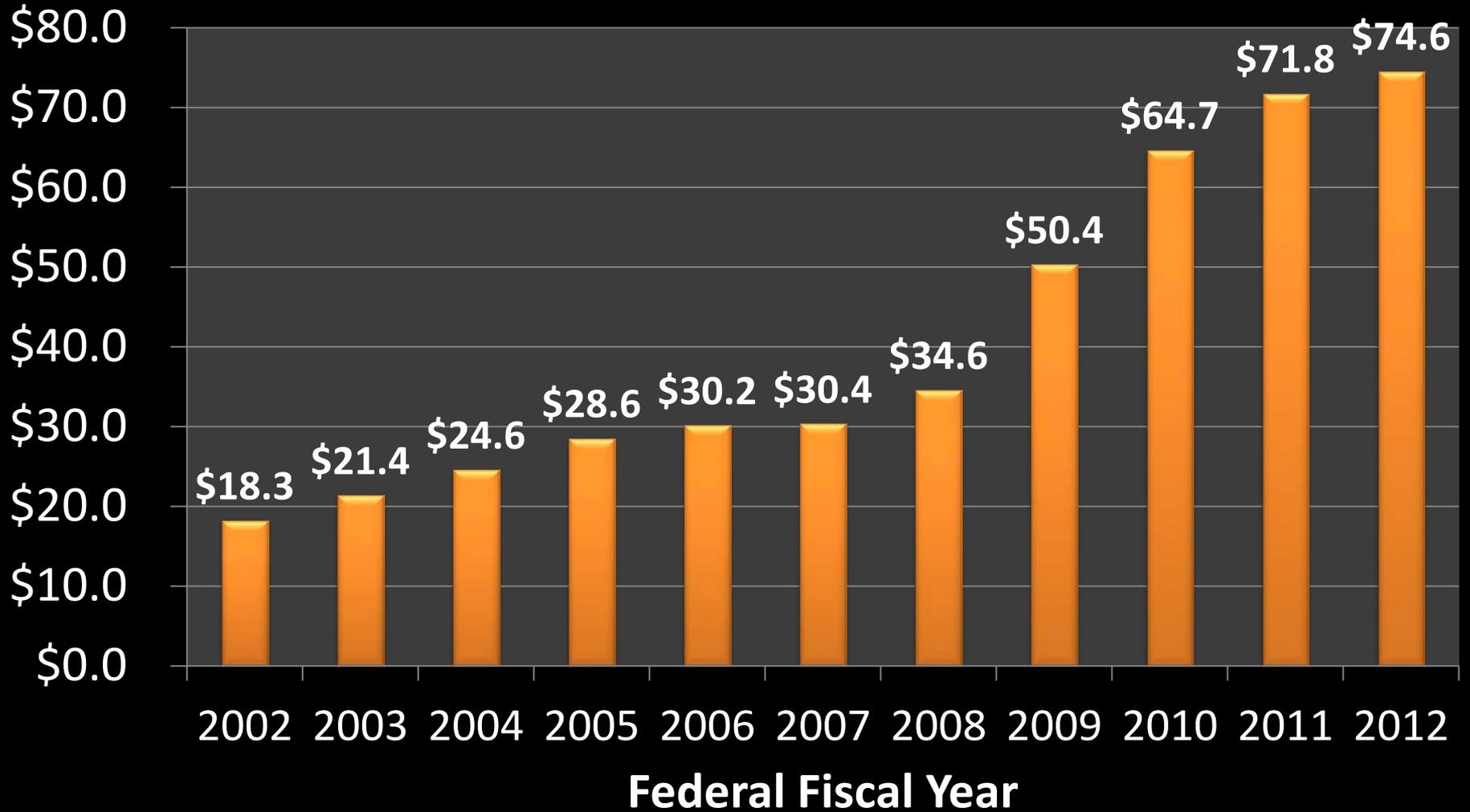
FFY 2014

Food Stamp Programs

- Food Stamp programs are:
 - financed 100% by Federal funds, and
 - administered by the Departments of Human Services in TN, MS, and AR
- Client benefits can be redeemed at:
 - participating stores,
 - farmers' markets,
 - direct marketing farmers,
 - homeless meal providers,
 - treatment centers,
 - group homes, and
 - others authorized to accept SNAP

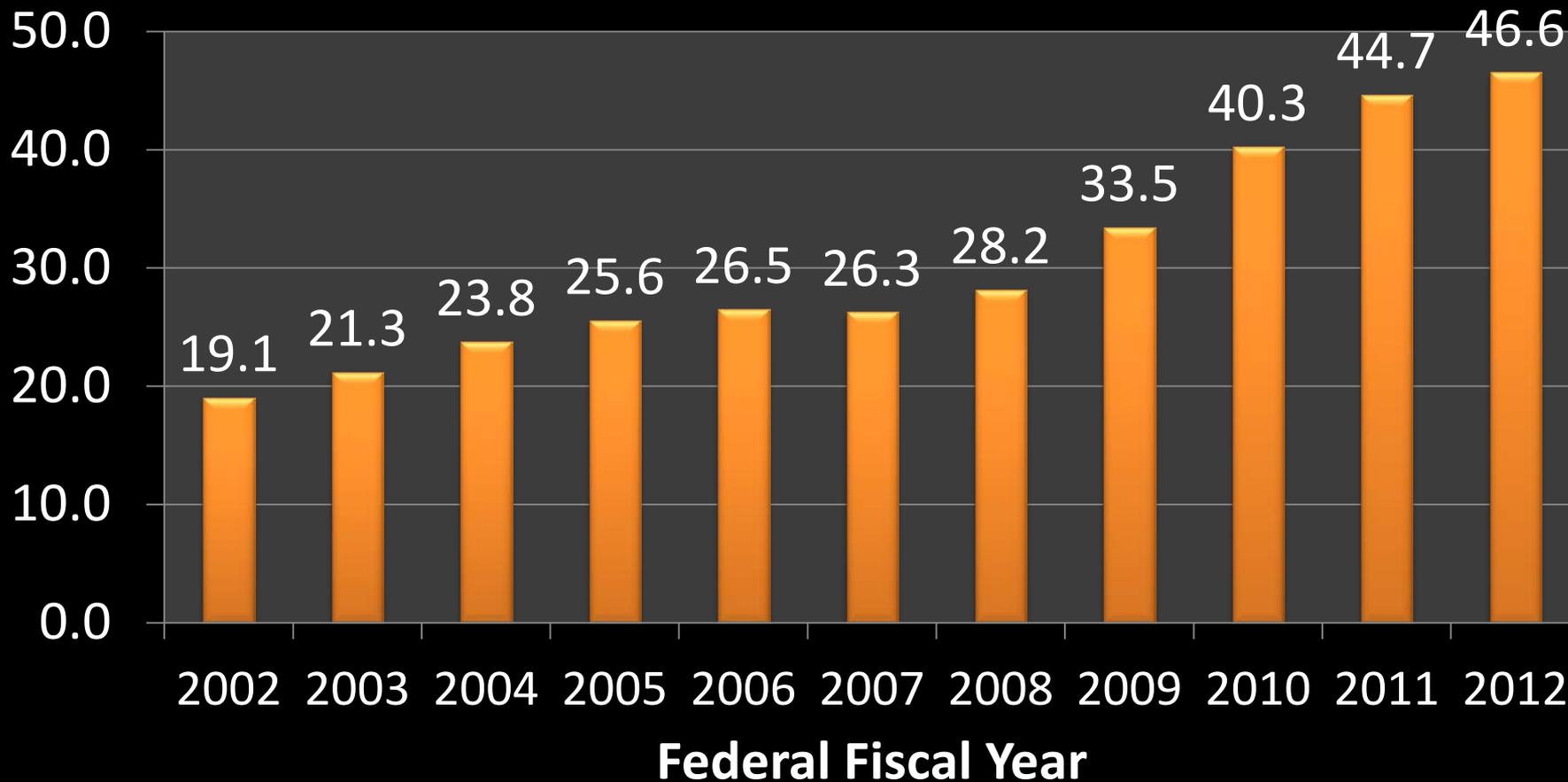
Funding for Food Stamp Programs Nationally

Client Benefits (in Billions)



Clients Served by Food Stamp Programs Nationally

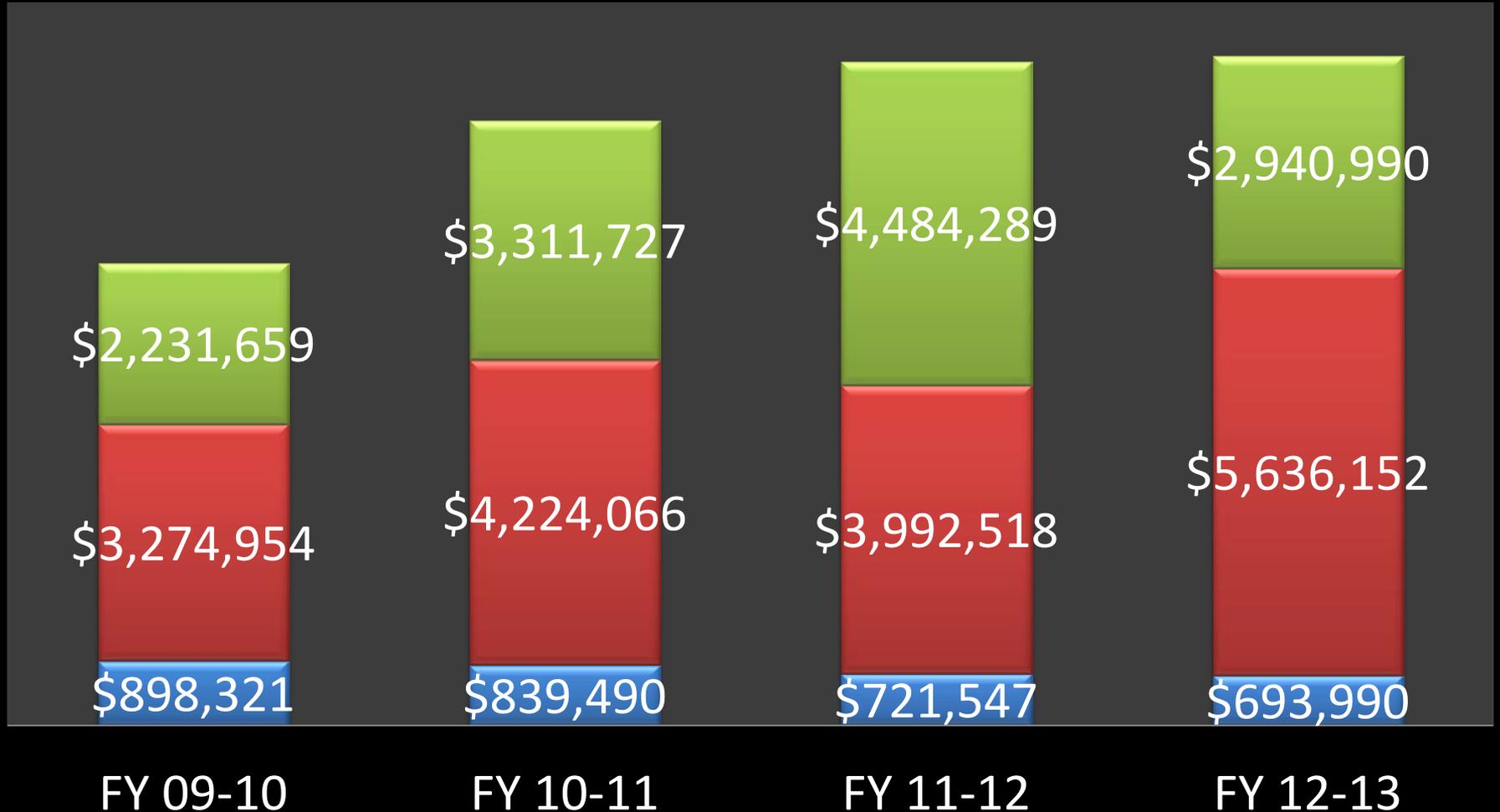
Number of Clients (in Millions)



Substance Abuse Prevention and Treatment

Funding for Shelby, Tipton and Fayette Counties in TN

■ Federal Prevention ■ Federal Treatment ■ State Treatment

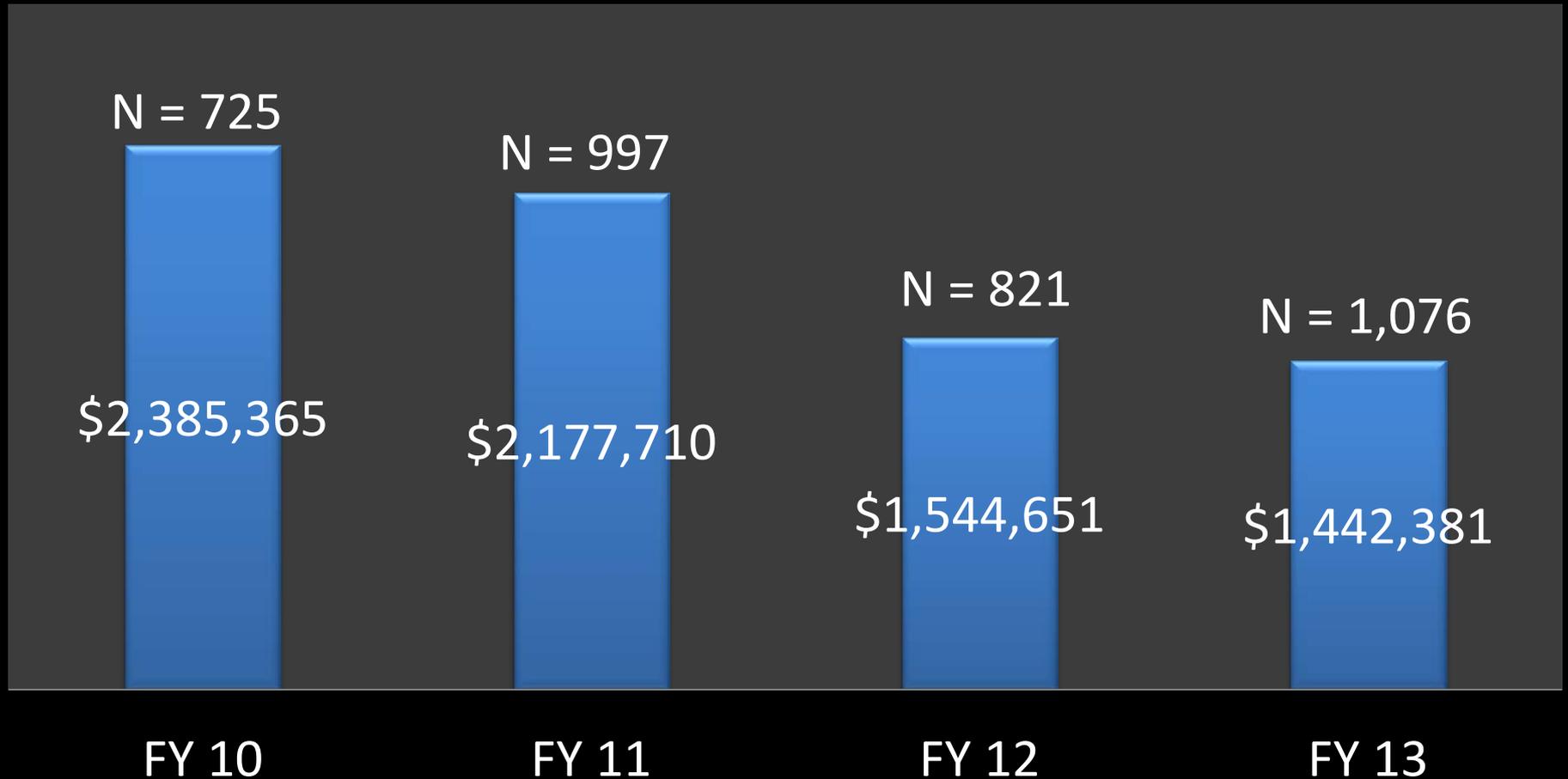


Housing Opportunities for People with AIDS (HOPWA)

- Managed by the U.S. Dept. of Housing and Urban Development and serves PLWHAs living in all the counties of the Memphis TGA
- Services include
 - Tenant-Based Rental Assistance (TBRA)
 - Short-term Rent, Mortgage & Utility Assistance (STRMU)
 - Permanent Housing Facility
 - Short-term Housing Facility
 - Permanent housing placement
 - Housing information (e.g., flyers, pamphlets)
 - Support Services

HOPWA Funding in the Memphis TGA

HOPWA Expenditures



Community Sources for Emergency Financial or Rental Assistance

- Metropolitan Inter-Faith Association (MIFA)
 - Provides food, rent/mortgage, transportation, and utility assistance to eligible individuals
- MLG&W Utility Service Payment Assistance Programs
 - Includes the Federal Low Income Home Energy Assistance Program (LIHEAP), a non-emergency program that provides utility assistance in the form of a credit once per calendar year
 - Utility bill payment assistance programs have age, income, disability, need and other eligibility requirements

The image features a classic hypnotic spiral background, alternating between vibrant red and deep black. The spiral is composed of concentric, slightly irregular rings that create a strong sense of depth and motion. In the center of the spiral, the phrase "That's all Folks!" is written in a white, elegant cursive script. The text is positioned across the middle of the frame, with the word "Folks!" ending in a prominent exclamation point. The overall aesthetic is reminiscent of the iconic closing sequence of the cartoon "Tom and Jerry".

That's all Folks!