The Ryan White Planning Council of the Dallas Area
Dallas County Health and Human Services
Data Source:

Ryan White HIV/AIDS Program Compass Dashboard (hrsa.gov)

PSRA Process Background & Information

The Priority Setting and Resource Allocation (PSRA) Process is a legislative requirement in which Planning Council and Planning Bodies decide which services are most important to people living with HIV/AIDS in the EMA or TGA. The Planning Council and Planning Bodies then agree on which service categories to fund and how much funding to provide.

The Planning Council must prioritize only service categories that are included in the RWHAP legislation as core medical and support services. After priorities are set the planning council must allocate resources , which means it decides how much RWHAP Part A funding will be used for services priorities. Planning Council's must also keep in mind that at least 75% of funds must go to core medical services and no more that 25% of funds must go to support services, unless the EMA/TGA obtains a waiver of this requirement. The Planning Council resource allocation may include options to level funding, increase, or decrease in funding for FY 2024.
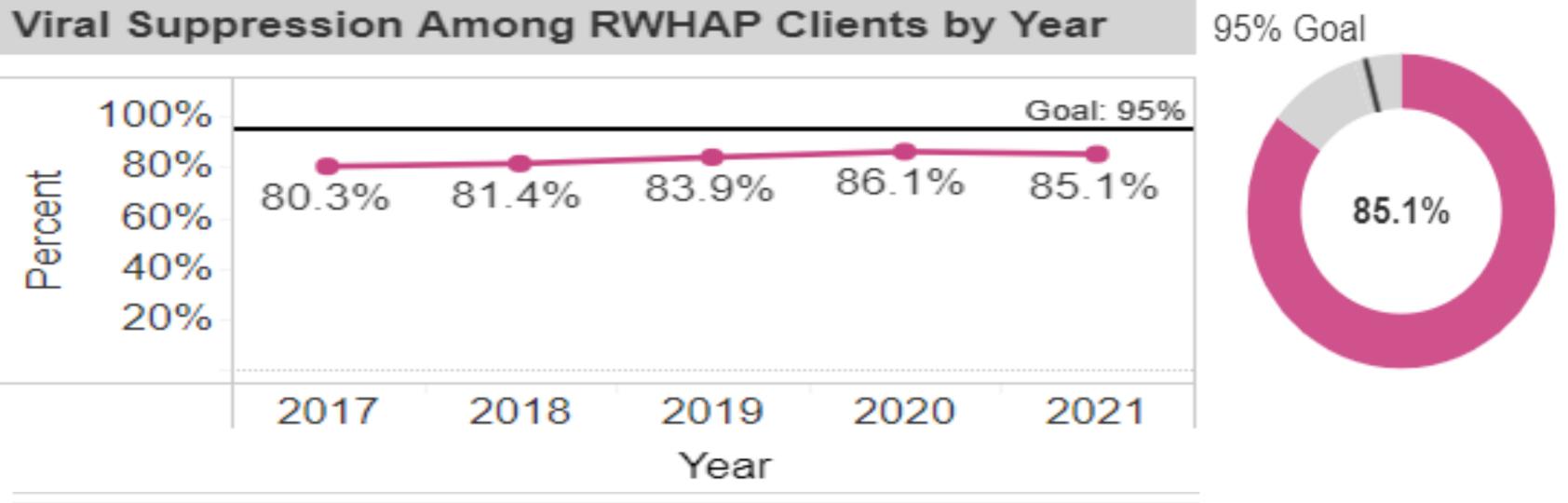
The Planning Council shall make decisions based on the following factors:
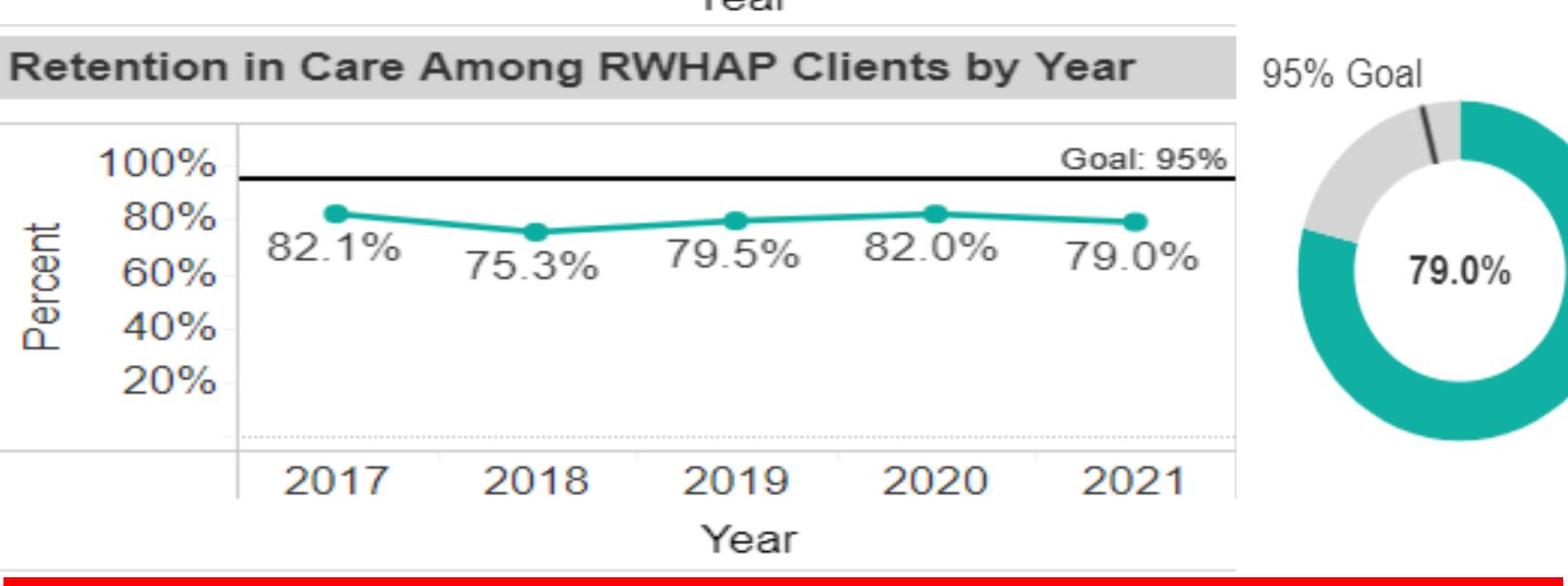- Needs Assessment Data
- Service Cost and Client utilization data
- Priorities of PLWHA
- Epidemiological Data
- Expenditure Data
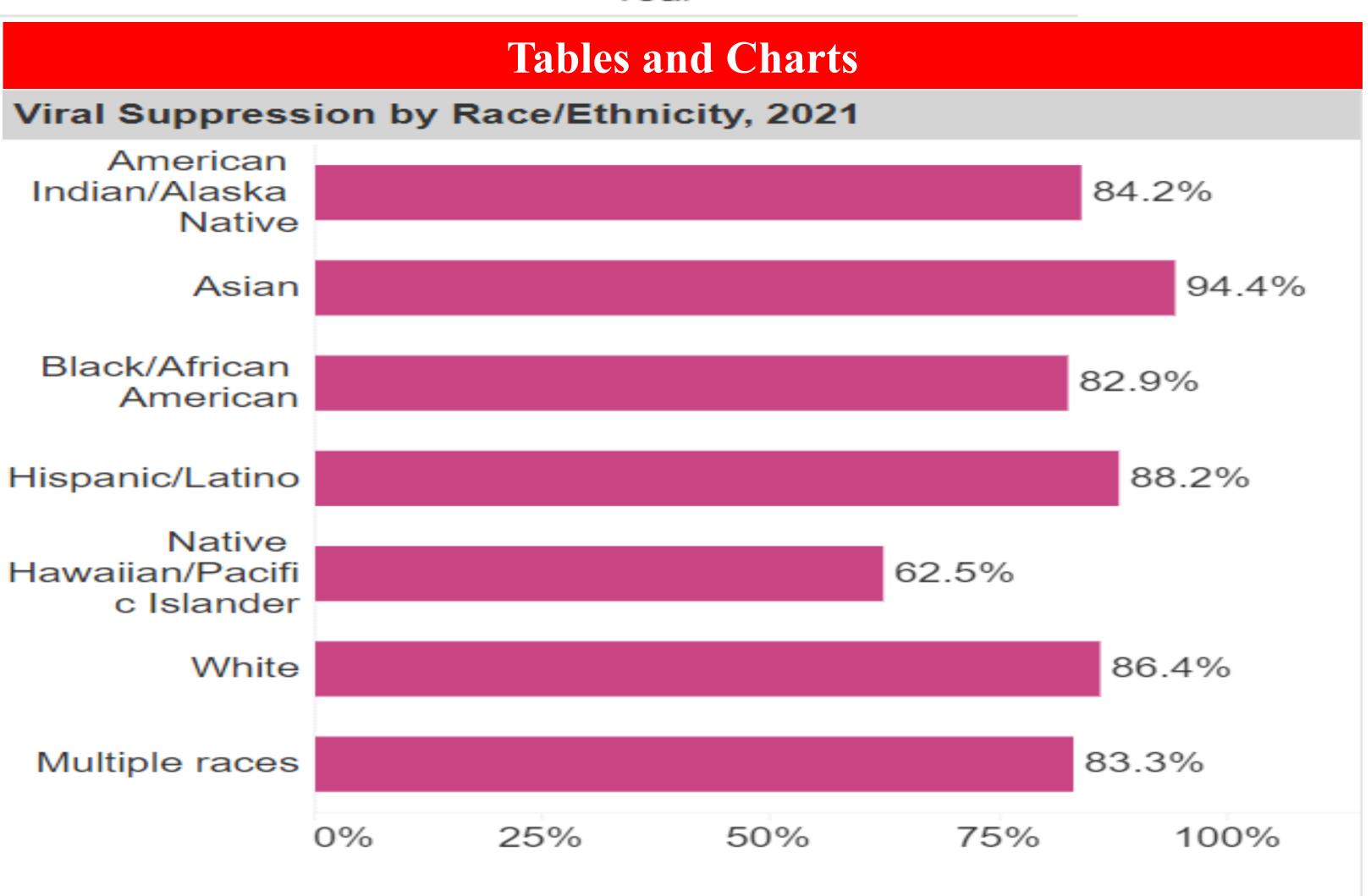- Other data sources as needed (Federal, State & Local)

About HRSA Compass Dashboard

HRSA's new Ryan White HIV/AIDS Program (RWHAP) Compass Dashboard is an interactive data tool that provides a look at national-, state-, and metro area-level data and allows users to explore RWHAP client characteristics and outcomes, including as age, housing status, transmission category, and viral suppression. Contact *RWHAPCompass@hrsa.gov* for technical questions about the Ryan White HIV/AIDS Program Compass Dashboard. Please review the RSR and ADR reports and Technical Notes for more information about the variables and years included in the published data file.

Viral Suppression vs Retention in Care for the Dallas EMA, 2021

Viral Suppression Among RWHAP Clients by Year — 95% Goal (Goal: 95%): 2017: 80.3%, 2018: 81.4%, 2019: 83.9%, 2020: 86.1%, 2021: 85.1%. Donut: 85.1%

Retention in Care Among RWHAP Clients by Year — 95% Goal (Goal: 95%): 2017: 82.1%, 2018: 75.3%, 2019: 79.5%, 2020: 82.0%, 2021: 79.0%. Donut: 79.0%

Tables and Charts

Viral Suppression by Race/Ethnicity, 2021:
- American Indian/Alaska Native: 84.2%
- Asian: 94.4%
- Black/African American: 82.9%
- Hispanic/Latino: 88.2%
- Native Hawaiian/Pacific Islander: 62.5%
- White: 86.4%
- Multiple races: 83.3%

Definitions
Viral Suppression: viral load < 200 copies/mL blood
Mental Health Status: Client's need, or lack thereof, for psychiatric and/or emotional support.
PLWHA: People living with HIV/AIDS
EMA: Eligible Metropolitan Area
HRSA: Health Resource ad Services Administration
RWPC: Ryan White Planning Council
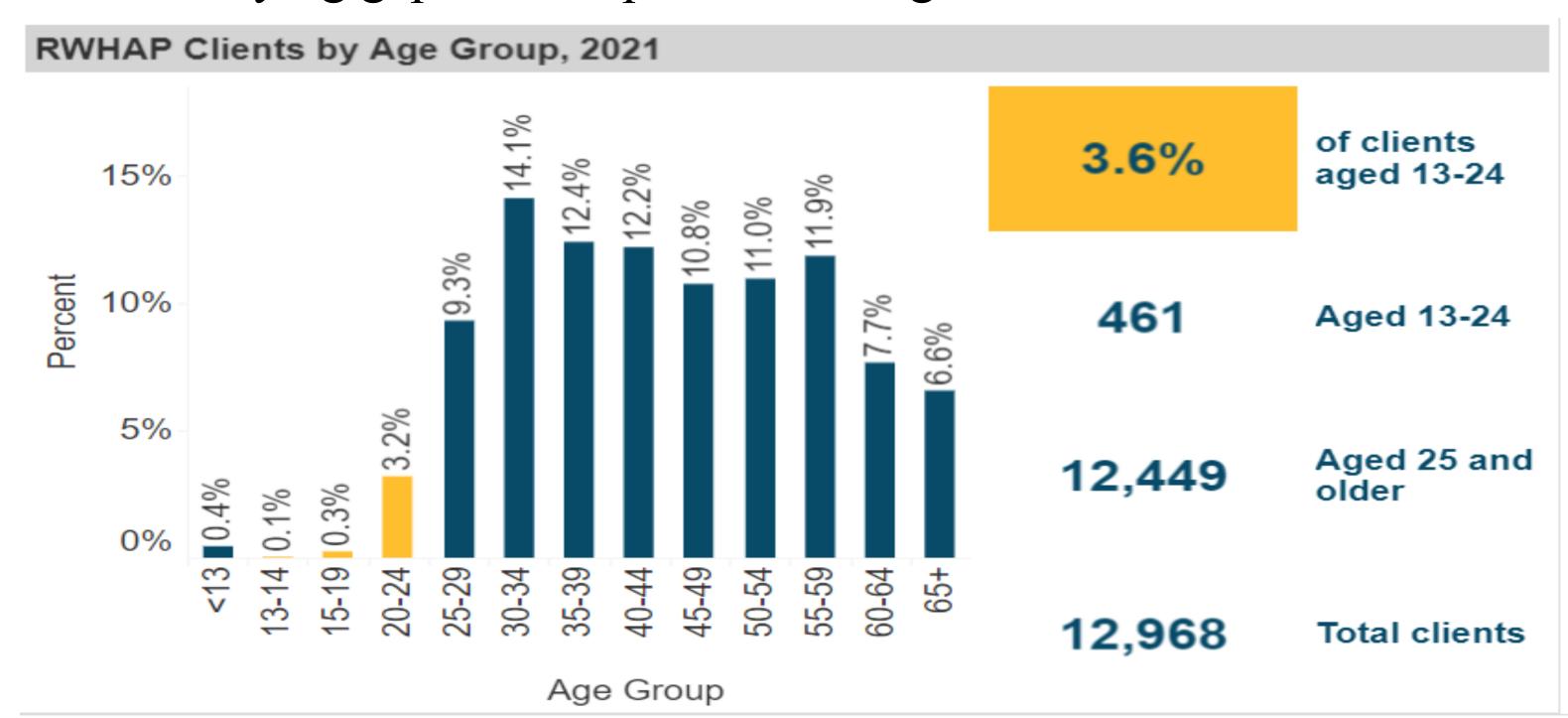**Housing Status:** Stability and affordability of a client's living situation.

How does the RWPC use data to inform Part A activities?

Health outcome data are provided for needs assessment and program planning activities.
- RWPC updates the Dallas EMA annually on the current health status of PLWHA served by Part A services. The Council uses data to identify populations with unmet HIV needs, barriers to care (such as housing, mental health, & substance abuse), and other factors that hinder viral suppression.
- The RWPC will begin using e2Dallas data reports by August of 2023 that will allow stakeholders & consumers to better understand Part A funds that are contributing to the health of PLWH in the Dallas EMA.

RWPC is making strategic investments in services that focus on improving viral suppression and retention in care for PLWH.
- RWPC has develop an annual work plan that is realistic and data-driven by reviewing past performance within the Dallas EMA, identifying gaps and disparities among PLWHA.

RWHAP Clients by Age Group, 2021: <13: 0.4%, 13-14: 0.1%, 15-19: 0.3%, 20-24: 3.2%, 25-29: 9.3%, 30-34: 14.1%, 35-39: 12.4%, 40-44: 12.2%, 45-49: 10.8%, 50-54: 11.0%, 55-59: 11.9%, 60-64: 7.7%, 65+: 6.6%.

3.6% of clients aged 13-24
461 Aged 13-24
12,449 Aged 25 and older
12,968 Total clients

Conclusions & Next Steps for the RWPC of Dallas

Key findings:
- Analysis of client level data is important to identify unaddressed & emerging needs among people living with HIV (PLWH).
- In the Dallas EMA, mental illness, unstable housing and lack of support networks were significantly associated with unsuppressed viral load.
- Additional results from this analysis, which are that, race, age & HIV risk exposure are linked to unsuppressed viral load, are consistent with other research, including an EMA unmet needs assessment.

Next steps:
- Vote to prioritize & rank service categories
- Analyzing longitudinal trends related to viral suppression
- Help the planning council develop innovative systems to address health disparities that contribute to viral non-suppression.