THE OFFICIAL NEWSLETTER OF THE RYAN WHITE PLANNING COUNCIL OF DALLAS, TX

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A Letter from Office of Support...

Greetings, we are excited to continue the year with new idea development, education, connection, and advocacy. Congratulations to the FY 23 Leadership Team: Helen Zimba John Dornheim James Kleitches Nomi Green Lionel Hillard Donna Wilson

Office of Support Staff

UPCOMING RWPC MEETINGS

MARCH 1, 2023 @ 2PM EXECUTIVE COMMITTEE MEETING

MARCH 8, 2023 @9AM PLANNING COUNCIL COMMITEE MEETING

MARCH 15, 2023 @ 9AM PLANNING & PRIORITIES COMMITTEE MEETING

MARCH 21, 2023 @ 2PM NEEDS ASSESSMENT COMMITTEE MEETING

MARCH 23, 2023 @ 12PM CONSUMER COUNCIL COMMITTEE MEETING

MARCH 27, 2023 @ 5;15PM ALLOCATIONS COMMITTEE MEETING

MARCH 28, 2023 @ 2PM EVALUATION COMMITTEE MEETING

take a look-WHAT HAVE WE BEEN WORKING ON?

Executive

Review Committee Deliverables

Needs Assessment FY 2022 Needs Assessment

RWPC

Review and Approve Allocations Committee Recommendations

Planning & Priorities

FY 2023 Service Priority Setting FY 2022 Standards of Care FY 2023 Integrated Plan Evaluation FY 21 Assess AAM

Allocations

FY 2022-23 Resource Allocations FY 2023-24 Resource Allocation Projections

CCC

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Forum Planning/ Consumer Education



Black women continue to be diagnosed with HIV at disproportionately high rates relative to white and Hispanic/Latina women, according to a report released Thursday by the Centers for Disease Control and Prevention.

Despite recent progress that has seen new HIV diagnoses decrease by 21 percent from 2010 to 2016, black women still accounted for 6 in 10 new HIV infections among women in 2016.

"We know that African American women are disproportionally affected by the HIV epidemic in the United States, and the interventions that have been laid out have not impacted this group in the same way it has males and nonblack women," said Dr. Michael Angarone, assistant professor in the division of infectious diseases at the Northwestern University Feinberg School of Medicine.

The researchers looked at HIV data collected over a seven-year period and used a model to measure the disparity among different groups called the population attributable proportion, or PAP. They modeled the reductions in new HIV infections that would have occurred if the rate of infections among black women were the same as white women. They found that the PAP decreased from 0.75 in 2010 to 0.70 in 2016.

In other words, HIV infections among black and white women would have been 75 percent lower in 2010 and 70 percent lower in 2016 if rates of new HIV infections were the same between white and black women. Additionally, in 2016, 93 percent of infections among black women would not have occurred. This supports the argument for strengthening HIV prevention and care efforts in heterosexual black men and women to close the racial disparity gap in HIV infection among women.

The report did not cite specific initiatives that were in place to reduce HIV in black communities, but they did note that "reducing racial disparities among women is needed to achieve broader HIV control goals" and that "applying tailored strategies to reduce HIV incidence in black women and their partners are important elements to achieving health equity."

Though HIV diagnoses among women have declined in recent years, largely as a result of robust public health efforts, more than 7,000 women — 19 percent of all new cases — received an HIV diagnosis in the United States in 2017.

African American women are hit hardest by HIV as the rate of diagnosis is 15 times as high as that of white women, and almost five time that of Latino women. In fact, HIV/AIDS-related illness is among the leading causes of death for black women ages 25-34, the CDC says.

A number of challenges contribute to the epidemic among black people, including higher rates of poverty; lack of access to health care; higher rates of some sexually transmitted infections and smaller sexual networks; lack of awareness of HIV status; and stigma underscoring the need for strengthened, more focused and innovative efforts to address this disparity.





Long-acting HIV prevention tools are new long-lasting forms of HIV prevention being studied by researchers. These are HIV prevention tools that do not require daily dosing. Instead, they can be inserted, injected, infused, or implanted in a person's body from once a month to once a year to provide sustained protection from acquiring HIV.

Currently, people who are HIV-negative but at risk for HIV can lower their chances of getting HIV by taking HIV prevention medicine as prescribed. This is called preexposure prophylaxis (PrEP). When taken daily, oral PrEP pills can stop HIV from taking hold and spreading



throughout your body. These pills are highly effective when taken daily as prescribed. However, studies have shown that PrEP is much less effective if it is not taken consistently, and that taking a daily pill can be challenging for some people. That's why researchers are working to create new HIV prevention tools that do not require taking a daily pill.

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Intravaginal rings for women. Long-acting intravaginal rings are polymer-based products that are inserted into the vagina, where they continuously release one or more antiretroviral drugs over time. The intravaginal ring at the most advanced stage of research is the dapivirine ring, which was tested in two large clinical trials, including the NIH-funded ASPIRE study. This study and another trial called The Ring Study found that the dapivirine ring reduced the risk of HIV acquisition by roughly 30% in women ages 18 to 45 years and was well-tolerated. In 2021, the World Health Organization (WHO) recommendedExit Disclaimer the ring as part of combination prevention approaches for women at substantial risk for acquiring HIV.

Injectables are select long-acting antiretroviral drugs that are injected into the body. Injectables are being studied for both HIV prevention and HIV treatment. Two large-scale clinical trials found that a long-acting form of the investigational antiretroviral drug cabotegravir injected once every eight weeks, was safe and more effective than daily oral PrEP at preventing HIV acquisition among both cisgender women and cisgender men and transgender women who have sex with men. At the end of 2021, the FDA approved this long-acting form of cabotegravir (Apretude) as the first and only long-acting injectable form of PrEP.

Long-acting implants are small devices that are implanted in the body and release an anti-HIV drug at a controlled rate for continuous protection from HIV over time. NIH, among others, is funding the development and testing of several of these implants for HIV prevention. Most of these products are at an early stage of development and have not yet been tested in humans. Studies supported by other funders are exploring an implant for women that protects users from both HIV and unplanned pregnancy.

Scientists have begun to test whether giving people periodic infusions of powerful *anti-HIV antibodies* can prevent or treat HIV. The antibodies involved can stop a wide variety of HIV strains from infecting human cells in the laboratory and thus are described as "broadly neutralizing antibodies" (bNAbs). Two advanced NIH-funded clinical trials are assessing whether giving infusions of bNAbs to healthy men and women at high risk for HIV protects them from acquiring the virus. Several early-stage clinical trials of other bNAbs for HIV prevention also are underway.



PLANNING COUNCIL



Remembering Ms. Linda Faye Freeman 1952-2023 Daughter, woman, mother, grandmother, and advocate of Living out Loud about her HIV diagnosis since 2000. Linda began advocating for herself and other Black Women from 2002 until her death.

With her last request being "just take care of the women," Linda will be remembered for her fearless spirit. Linda was encouraged by her family and grandchildren, who inspired her to engage in active self-care by doing the things that made her happy. She was the recipient of many awards; however, the LOL Living Legend Award (Afiya

Center) and being inducted into the 2020 Leading Women (SisterLove), were amongst her proudest moments.



The mission of the Texas Black Women's Initiative (TxBWI) is to promote active, engaged, and empowered communities to address HIV disparity among Black women and other women of color related to HIV prevention and care and to achieve sustainable systemic change.



2023 LEADERSHIP & STANDING COMMITTEE MEMBER ORIENTATION TRAINING

APRIL 12, 2023

9 - 1 2 P

AGENDA

9:00AM-9:15AM WELCOME & OPENING REMARKS

> HELEN ZIMBA, RWPC CHAIR JUDGE CLAY JENKINS, CEO DR. PHILLIP HUANG, DCHHS DIRECTOR

9:15AM-10:15AM

RWPC CHAIR AND LEADERSHIP/ MEMBERSHIP INTRODUCTIONS/RYAN WHITE 101

HELEN ZIMBA, RWPC, EVALUATION, PLANNING & PRIORITIES LIONEL HILLARD, NEEDS ASSESSMENT CHAIR JOHN DORNHEIM, RWPC, NEEDS ASSESSMENT, VICE CHAIR JAMES KLEITHES, ALLOCATIONS CHAIR NAOMI GREEN, RWPC, ALLOCATIONS VICE CHAIR DONNA WILSON, CONSUMER COUNCIL COMMITTEE CHAIR

10:15AM-11:45AM GUEST SPEAKERS

SONYA HUGHES, DCHHS GRANTS ASSISTANT DIRECTOR MIRANDA GRANT, ENDING THE HIV EPIDEMIC COORDINATOR JONATHAN GUTE, HIV TASKFORCE

> 11:45AM- 12:00PM WRAP-UP/ Q&A



Dear Ryan White Clients,

We are writing to request your participation in a Virtual Site Visit (VSV) meeting with our federal funder, the Health Resources and Services Administration (HRSA), on Monday, April 17, 2023, from 2:00 pm to 3:30 pm CST. HRSA provides over \$17.6 million for Ryan White client services in the Dallas Eligible Metropolitan Area (Collin, Dallas, Denton, Ellis, Henderson, Hunt, Kaufman, and Rockwall counties). This meeting is scheduled as part of the HRSA site visit to ensure we are meeting expectations when delivering services.

The client meeting allows the HRSA VSV Team to hear directly from clients about their experiences accessing our services. The client meeting is only open to VSV Team members; none of our staff will participate. However, we will assist in scheduling and ensuring you can connect to the virtual meeting.

Any notes taken during the meeting will not identify participants to ensure everyone remains anonymous. If you are interested in participating in this meeting or would like additional information, please get in touch with Sonya Hughes by email at Sonya.Hughes@dallascounty.org or by phone at 214-819-1841.

Due to travel restrictions, the VSV Team will not travel to Dallas or meet in person. Instead, they will use Zoom to connect and conduct the meeting virtually; instructions will be provided on the use of Zoom prior to the meeting.

The VSV Team is eager to meet with clients and hear about their experiences receiving services through our program.

Sincerely,

Sonya M. Hughes, MPH, CPH Assistant Director, Ryan White Grants Compliance Dallas County Health and Human Services 2377 N. Stemmons Fwy, Suite 200 Dallas, TX 75207 Phone: 214-819-1841 Fax: 214-819-6023 Email: Sonya.Hughes@dallascounty.org



The Ryan White Planning Council is a community group that has been appointed by the County Judge, to plan the organization and delivery of HIV services for the Dallas EMA, HSDA funded by Part

A, MAI Part B, & State Services of the Ryan White HIV/AIDS Treatment Extension Act. Each council member is a caring, dedicated volunteer who was carefully selected to represent the general public, persons living with HIV, funded service providers,

and other health and social service organizations. *Please contact RWPC Office Of Support at (214) 819-1840 for an application and/or more information*.

Ryan White Planning Council | Home (dallascounty.org)

A TOTAL OF 10 CANDIDATES SAT FOR INTERVIEWS WITH THE EXEECUTIVE COMMITTEE FOR APPOINTMENT TO STANDING COMMITTEES OR RECOMMENDATIONS TO JOINING THE COUNCIL

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Did you help your committee establish quorum for the month of February? Quorum is equal to two-thirds of the assigned committee members being present at committee meetings. Quorum is essential for being able to conduct business and complete action items.

Planning Council (33 seats): 27 members seated - 6 seats vacant *RWPC Reflectiveness 29% Non-Aligned Consumers (*HRSA requires 33%, Non-Aligned Consumers*)

Allocation Committee (15 seats): 8 members (9 seats open) Evaluation Committee (15 seats): 9 members (6 seats open) Planning & Priorities Committee (15 seats): 8 members (7 seats open) Consumer Council Committee (20 seats): 14 members (6 seats open) Needs Assessment Committee (25 seats): 14 members (12 seats open)





MARK YOUR CALENDAR UPCOMING EVENTS

Friday, March 10, 2023 @ 12PM CCC Forum: Black Women & HIV

Wednesday, April 12, 2023 @ 9AM RWPC Membership Orientation

Every 3rd Thursday @11AM Wellness Roundtable - MLK Branch Library

QI COMMITTEE DELIVERABLES

Executive- Orientation Training RWPC- Committee Project Final Approvals P&P- FY 2023 Priority Service Ranking Needs Assessment- FY 2022 Integrated Plan FY 2022 Needs Assessment Evaluation- FY 2021 Assessment of the Administrative Mechanism (AAM) Allocations- Re-Allocation Recommendations CCC- Community Forums



TO READERS CELEBRATING IN JANUARY, FEBRUARY, AND MARCH