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 COMMITTEE 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

RWPC
- Review and Approve Allocations Committee Recommendations

Evaluation
- FY 21 Assess AAM

CCC
- Forum Planning/Consumer Education

Needs Assessment
- FY 2022 Needs Assessment

Planning & Priorities
- FY 2023 Service Priority Setting
- FY 2022 Standards of Care
- FY 2023 Integrated Plan

Allocations
- FY 2022-23 Resource Allocations
- FY 2023-24 Resource Allocation Projections
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 disproportionately 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 pre-exposure 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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**Long-acting PrEP Tools**

**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) recommended 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.
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.
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
We need you!

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 EXECUTIVE COMMITTEE FOR APPOINTMENT TO STANDING COMMITTEES OR RECOMMENDATIONS TO JOINING THE COUNCIL

Planning Council Reflectiveness

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

Qt COMMITTEE DELIVERABLES

Executive- Orientation Training
RWPC- Committee Project Final Approvals
Pe-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

RONAN WHITE PLANNING COUNCIL

TO READERS CELEBRATING IN JANUARY, FEBRUARY, AND MARCH