

RWHAP Client Data 2024

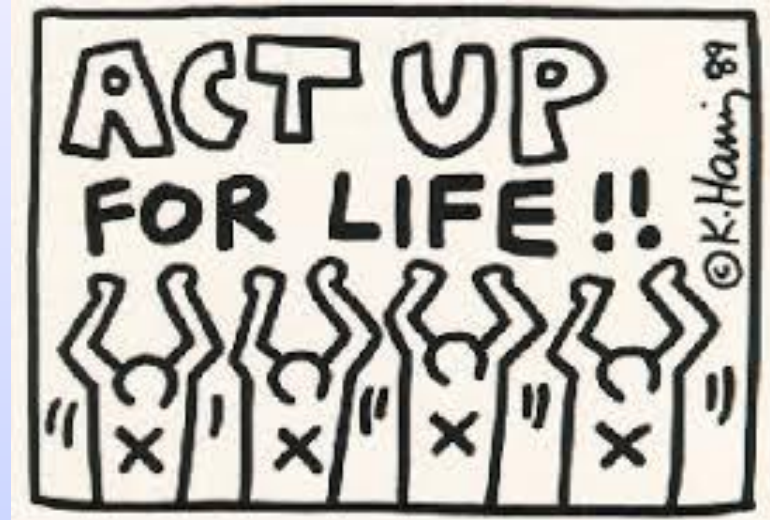
By

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Disclaimer on language, cultural sensitivity, and identity

- The variables used to analyze this population are not the ones that our HGAP team would have chosen to represent marginalized and historically oppressed groups.
- Our federal funder (HRSA/HAB) decides how we measure race, gender, HIV exposure, and other key data elements presented. These are a reporting requirement for the RWHAP.
- When possible, we do as much as we can to look outside of our database to answer contextual and demographic questions.
- The language used to describe BIPOC, Transgender people, and people who use drugs does not reflect the opinions or values of the data analysts.



Glossary of Ryan White Program Terms

TGA

Transitional Grant Area (our 6-county service region)

PLWH

People Living with HIV+

CQM

Clinical Quality Management (HRSA-required)

IDU

Injection Drug Use at the time of HIV exposure

PSRA

Priority Setting and Resource Allocation (how we allocate funds)

RWHAP

Ryan White HIV/AIDS Program

Incidence

The rate of new cases over a period of time

Prevalence

The total number of cases at a period of time

Presentation Agenda

01

Epidemiologic Profile

Understand the demography of RWHAP clients compared to all people living with HIV in the region

02

Performance Measures

Annual Labs and Viral Load Suppression by demography and service categories

03

Qualitative Context

Notes from our providers on services, clients, and funding this year. Key federal changes.

04

Recommendations

Thinking ahead to PSRA...

All art displayed in this presentation is by HIV+ positive, BIPOC, and LGBTQ+ artists.



Photo by TL Little

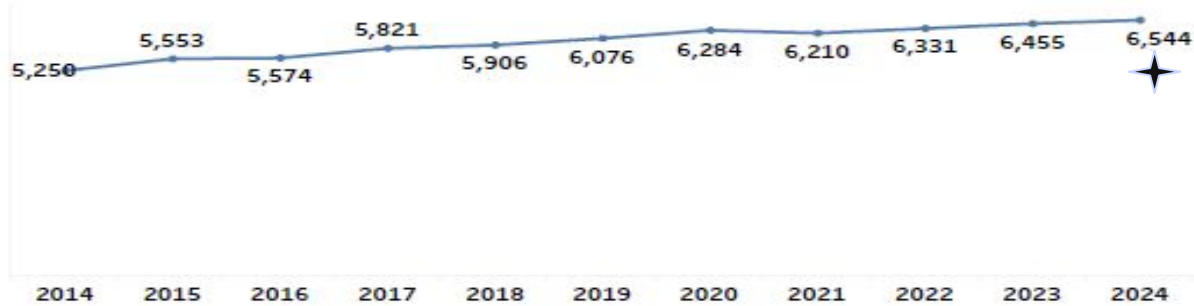
01

Epidemiologic Profile

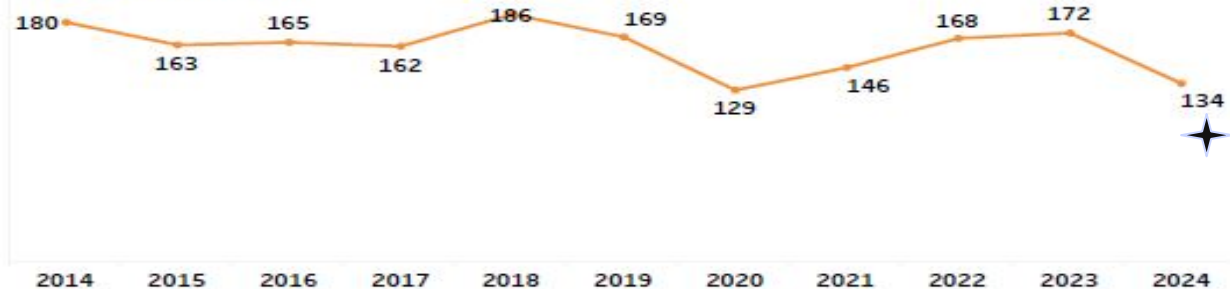
Who are our RWHAP clients? How do they compare to other people living with HIV in the community?

HIV Prevalence and Incidence in the TGA Counties

HIV/AIDS Cases



Newly Diagnosed



HIV Prevalence and Unduplicated Client Count

People Living with HIV in TGA

RW Clients

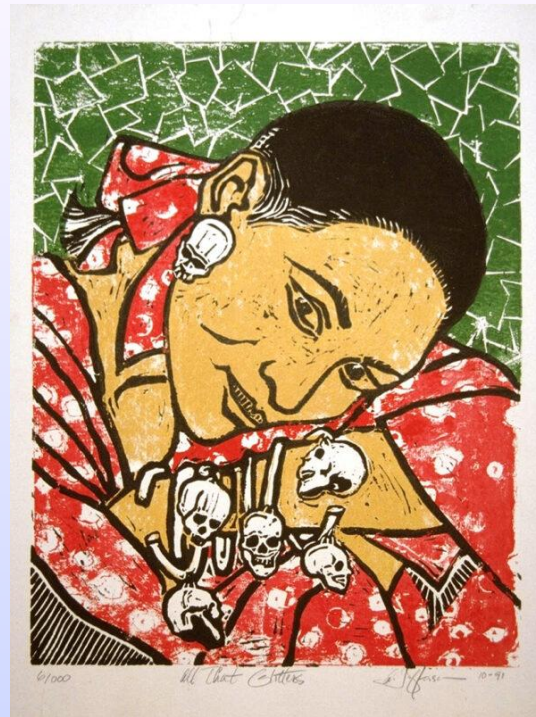


~46%

of PLWH in our TGA region are served by our
program every year.

54%

of Newly Diagnosed people in the TGA were
served by our program in 2024.



Painting by Affrekka Jefferson



PLWH Surveillance Demographics

66%

are 45 years old or older. 17% are over the age of 65.

59%

are Multnomah residents. Followed by 15% Washington, 14% Clark.

88%

identify as Male (in ORPHEUS).

65%

identify as White (Non-Hispanic). 17% Latinx. 11% Black/AA.

14%

had IDU or MSM/IDU as their HIV exposure.

21%

of new HIV cases had IDU or MSM/IDU exposure.

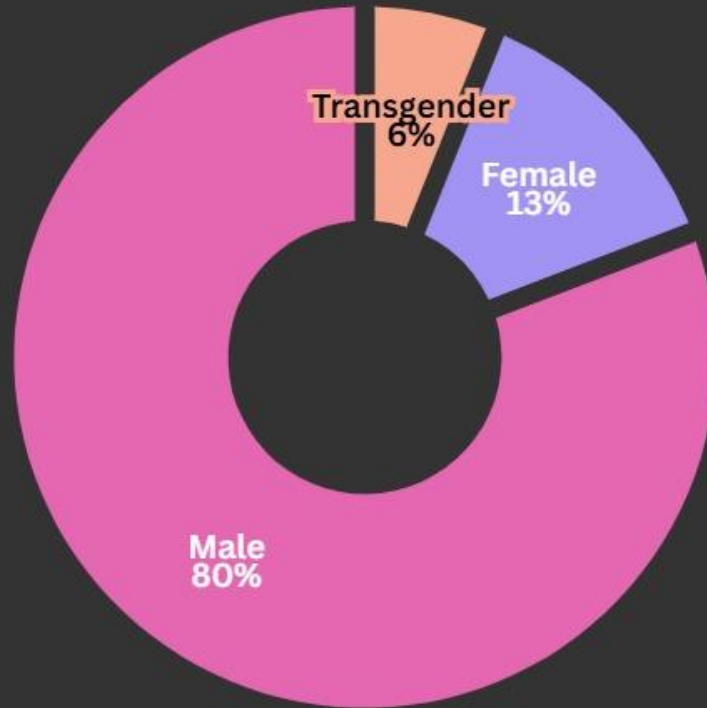
Client Demographics

I Love a Positive Woman

Photo by Kia LeBeija

Client Gender in 2024

N=3034



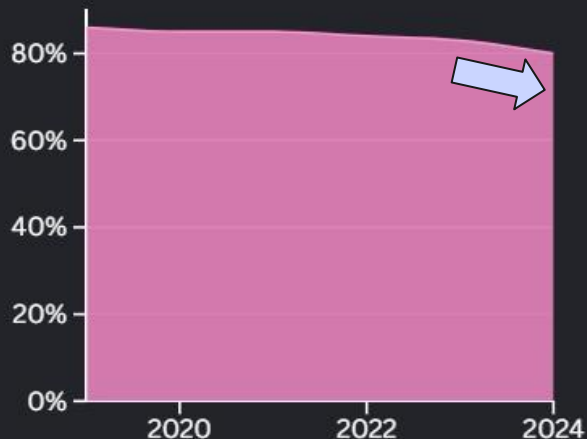
Majority of the population identifies as cisgender Male.

HRSA categories less comprehensive than OHA's SOGI.

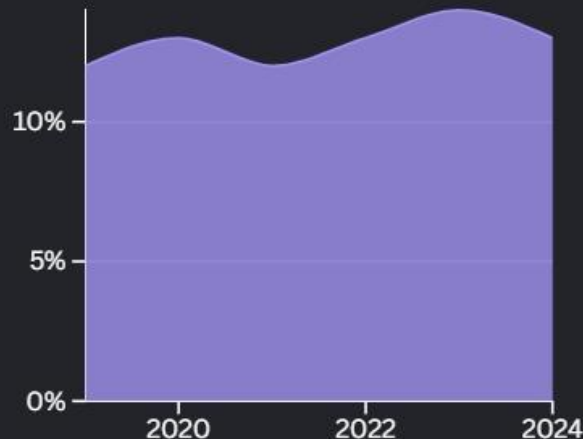
Client Gender, Trends by Year

N=3034

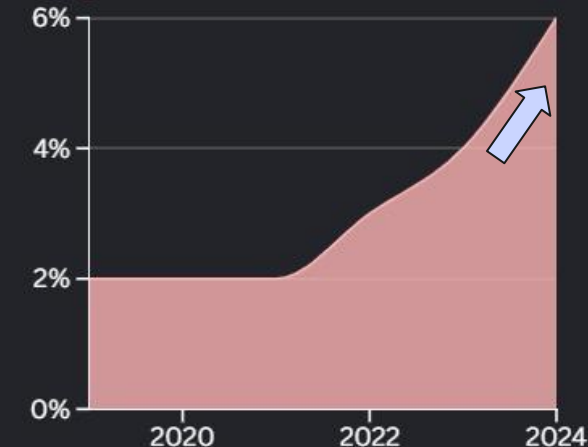
Male



Female



Transgender

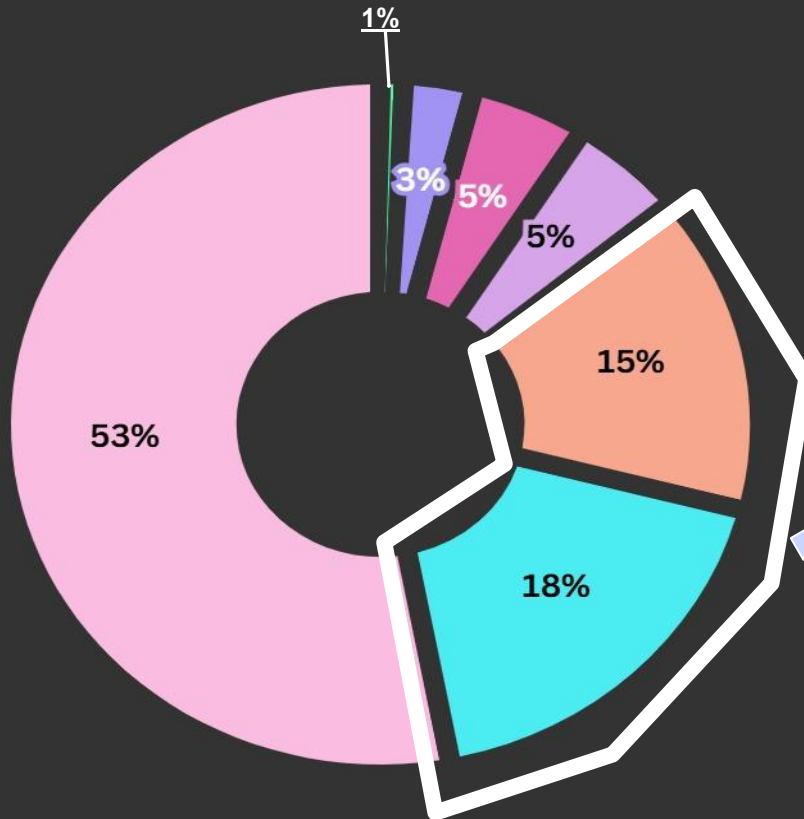


As we continue to merge duplicates and resolve SOGI data in CAREWare, we've uncovered more transgender clients!

Client Race in 2024

N=3034

- American Indian/Alaska Native
- Asian
- Black/African American
- Latinx
- Multiracial (3+)
- Native Hawaiian/Pacific Islander
- White

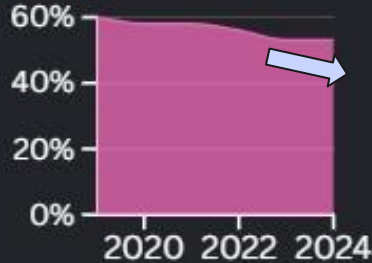


Black/AA and Latinx are priority populations for our TGA.

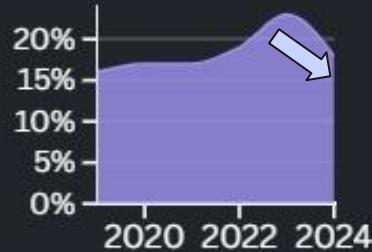
N=3034

Client Race (2019-2024)

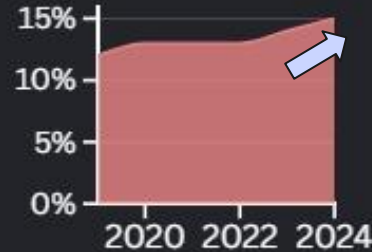
White



Latinx



Black/African American



American Indian/Alaska Native



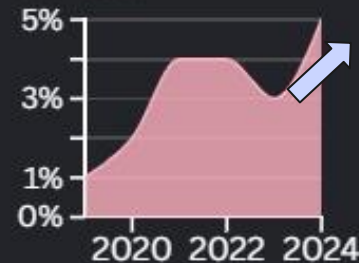
Native Hawaiian/Pacific Islander



Asian



Multiracial



Multiracial defined by 3 or more races.

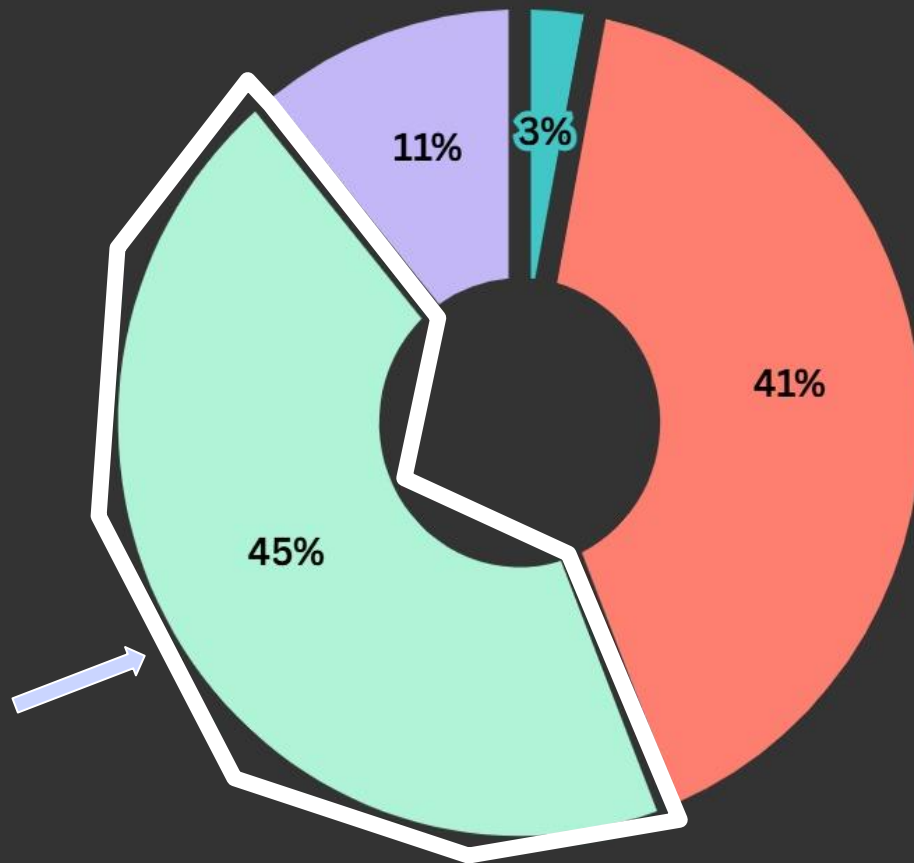
Changes in some categories could be explained by database rather than population REALD v HRSA categories.

General decrease in white clients year over year.

N=3034

Client Age in 2024

■ 13-24 years ■ 25-44 years ■ 45-64 years ■ 65 and older

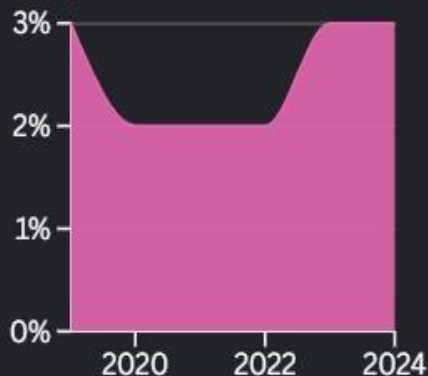


The majority of clients are between 45-64 years of age.

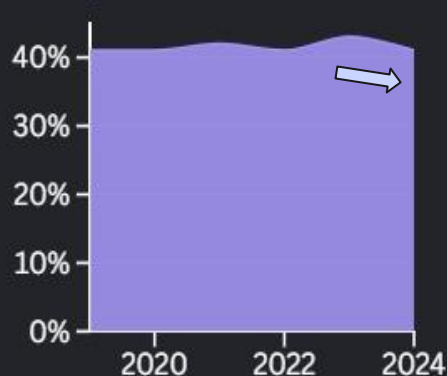
N=3034

Client Age (2019-2024)

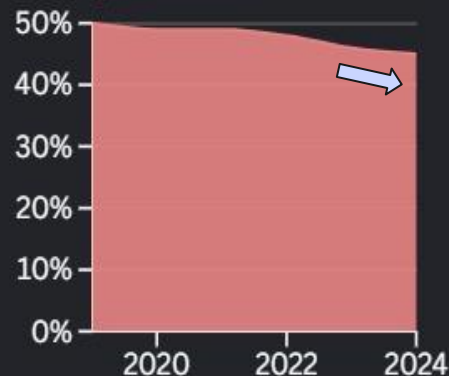
13-24 years



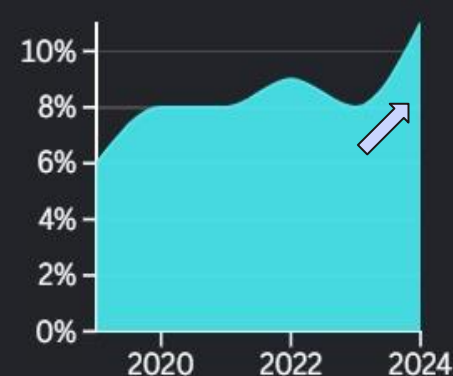
25-44 years



45-64 years



65 and older

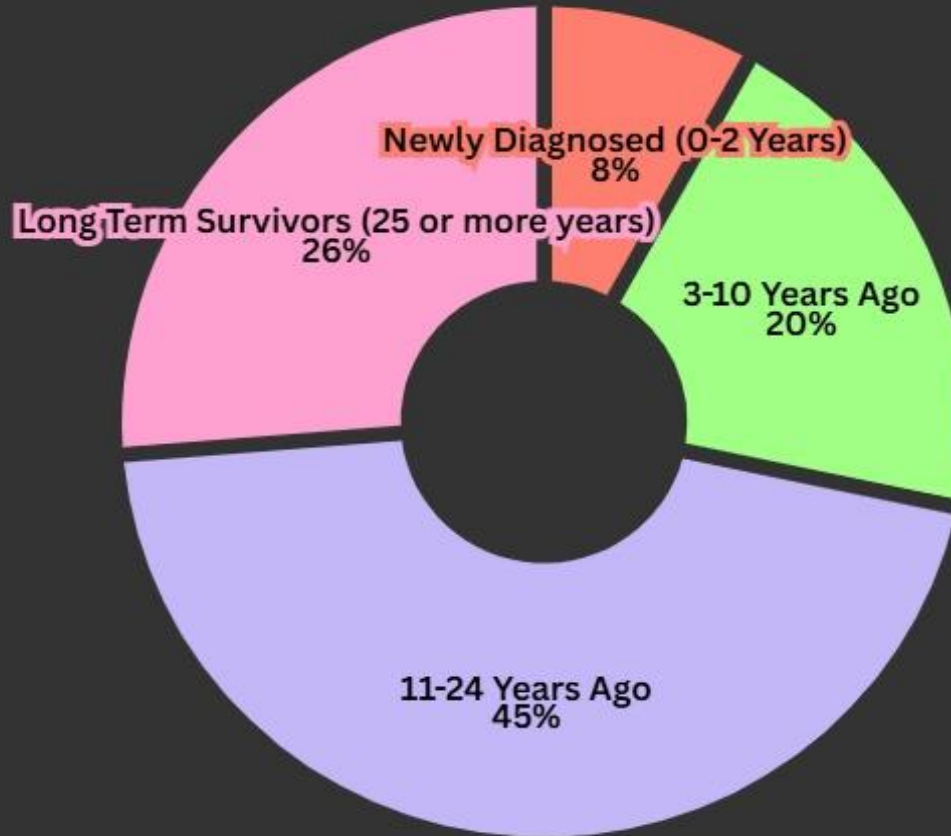


While the bulk of the population is between 25 and 64 years of age, these trends depict an aging population. It is important to consider that an aging population may have complex needs related to medical care and may need additional social supports.

Client Diagnosis Groups in 2024

N=3034

■ Newly Diagnosed (0-2 Years) ■ 3-10 Years Ago ■ 11-24 Years Ago ■ Long Term Survivors (25 or more years)

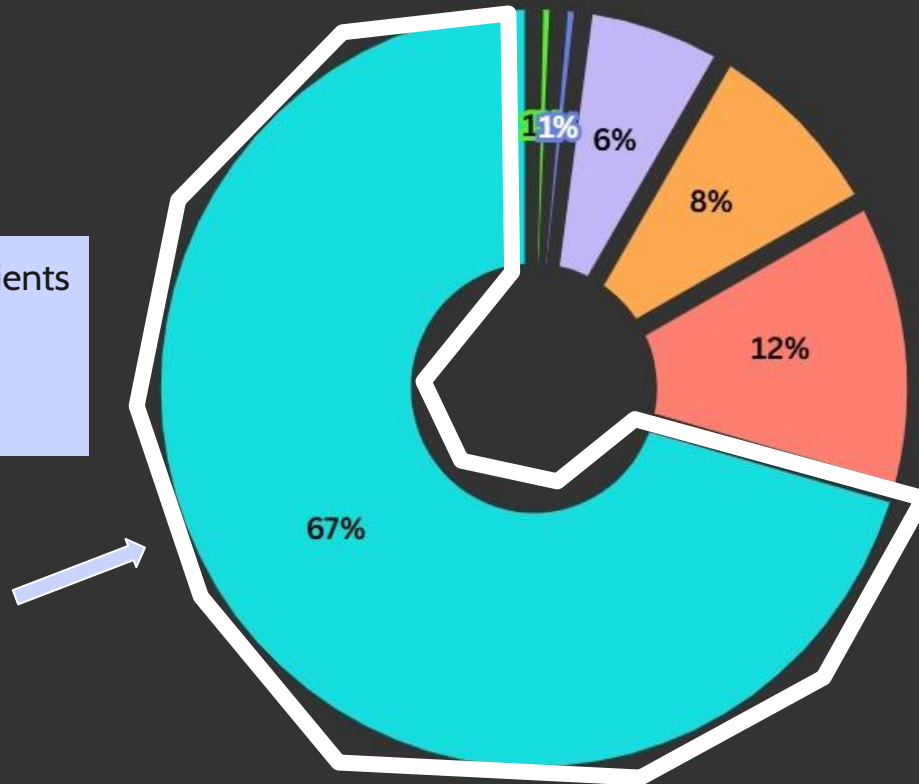


Again, we have an aging population with the majority of diagnoses occurring 11 or more years ago. These group proportions remain stable across time.

Client Counties in 2024

N=3034

Multnomah Washington Columbia Clackamas Clark Yamhill



The majority of clients are Multnomah County residents.

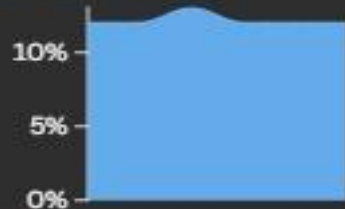
N=3034

Client County (2019-2024)

Multnomah



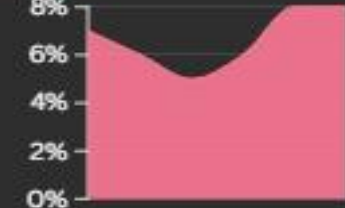
Washington



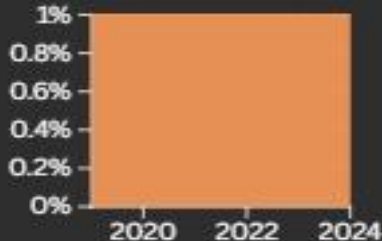
Clackamas



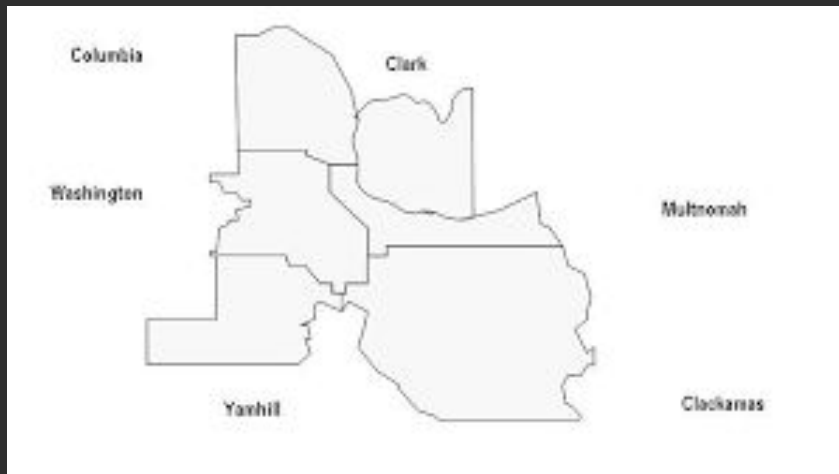
Clark



Columbia



Yamhill

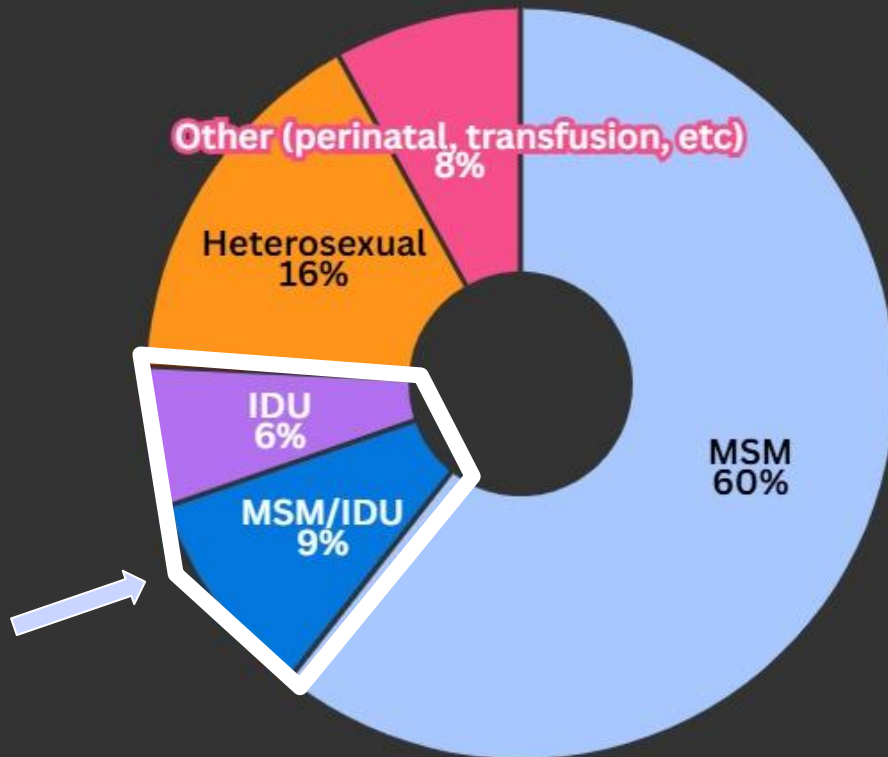


Steady service in most counties. Slight decrease in Clackamas clients.

Client Exposure Distribution

N=3034

■ MSM ■ MSM/IDU ■ IDU ■ Heterosexual ■ Other (perinatal, transfusion, etc)



Trends are stable, year over year.

MSM and Heterosexual are categories with major limitations.

People who use intravenous drugs are a priority population in our TGA.

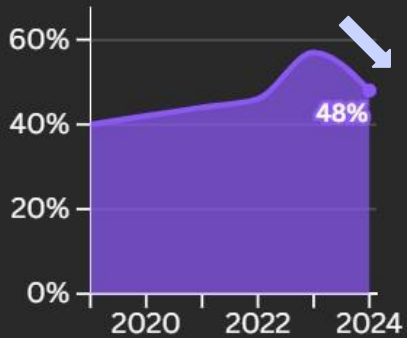
MSM/IDU and IDU are mutually exclusive categories in this dataset. You can add the percentages together (15%) to get the full group of clients exposed to IDU.

We have more MSM/IDU clients than other IDU clients. We might want to reflect on the social factors that contribute to substance use, alongside systemic homophobia and transphobia.

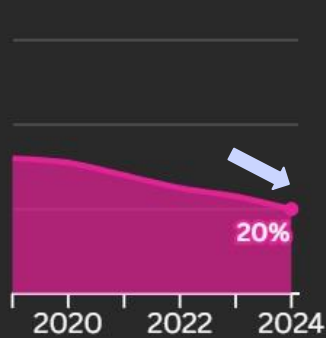
Insurance Type (2019-2024)

N=3034

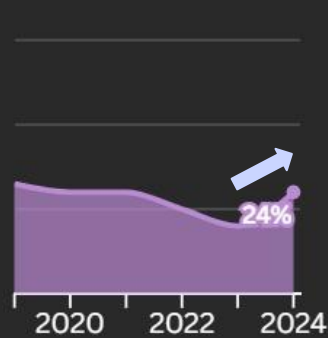
Medicaid N=1219



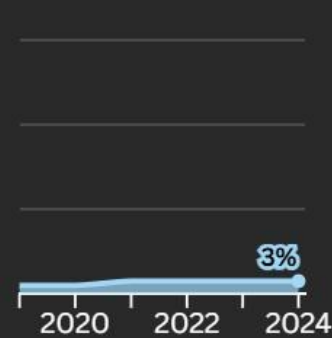
Private (N=531)



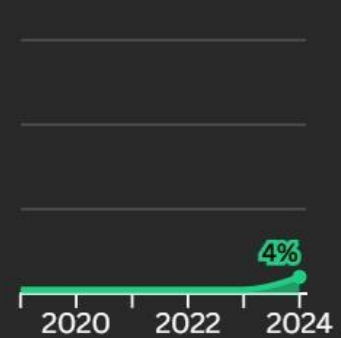
Medicare (N=639)



No Insurance (N=76)



VA/Other (N=95)



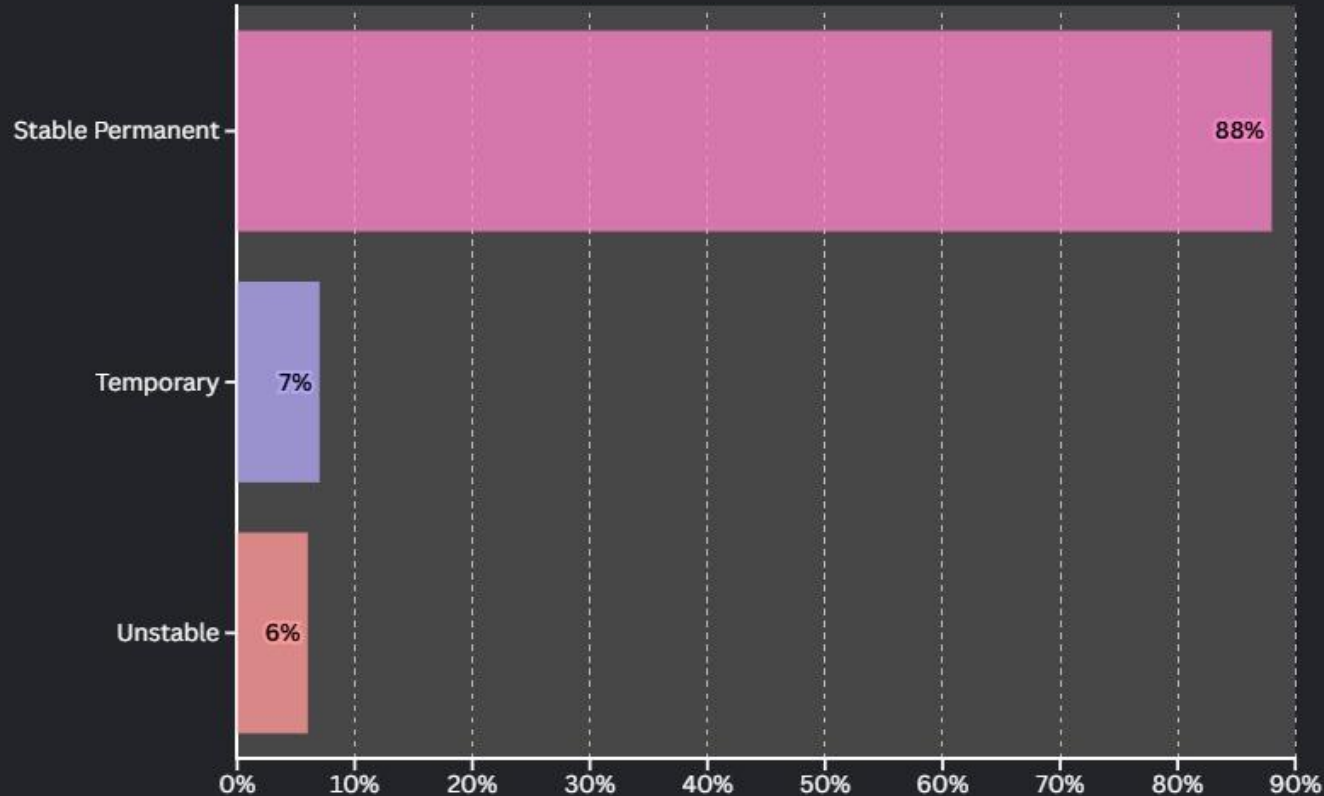
Medicaid disenrollment from Covid-19 support funds.

Private insurance dip and Medicare gains may reflect aging population transitioning out of the workforce.

Housing Status in 2024

N=3034

■ Stable Permanent ■ Temporary ■ Unstable



Year over year trends are consistent, thus we chose to present only 2024. These numbers are aligned with national RWHAP averages as of January 2025.

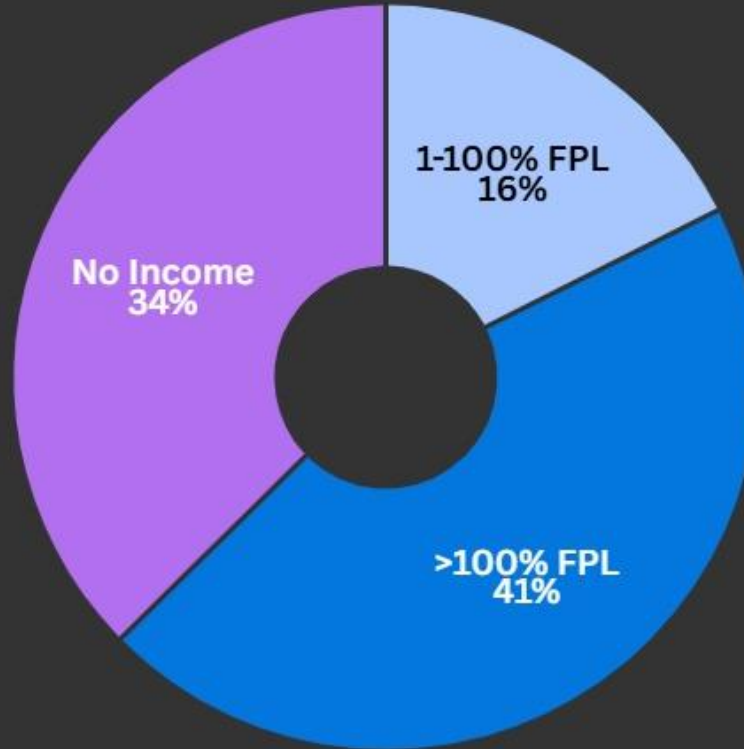
Client Poverty (2024)

N=3034

■ 1-100% FPL ■ >100% FPL ■ No Income

These proportions illustrate a wealth stratification. Many folks are either no income or above 100%.

See breakdown on the next slide.

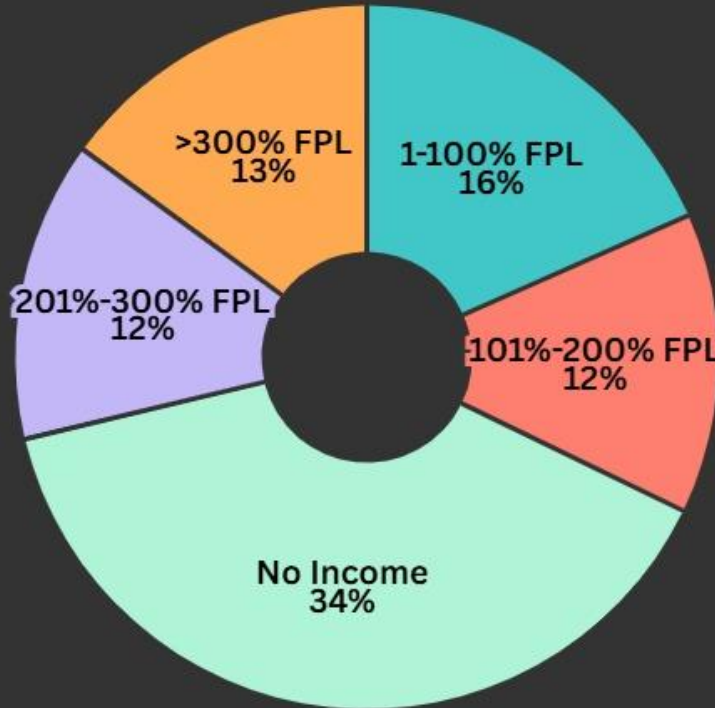


Year-over-year trend analysis will be provided in the coming report.

Client Poverty (2024)

N=3034

■ 1-100% FPL ■ 101%-200% FPL ■ No Income ■ 201%-300% FPL ■ >300% FPL

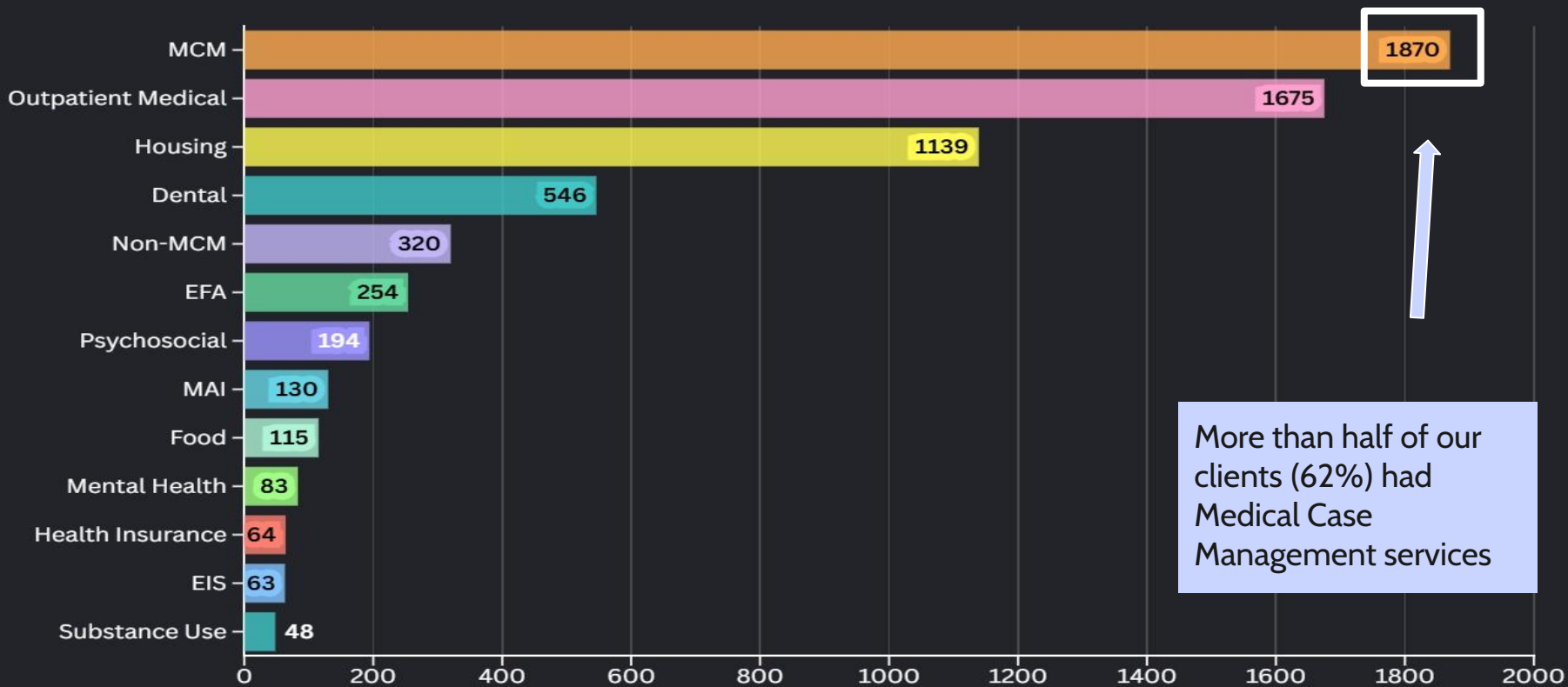


The largest single proportion of our clients has no income, but we've also found some folks above the income qualification who will need to be investigated.

Count of Clients by Service Category in 2024

N=3034

Clients can have multiple services



Network of Care Analysis

56.3

was the average number of service units per client (across all service categories) in 2024.

41%

of clients saw two or more of our funded providers in 2024.



Painting by Angel Davila

Network of Care Analysis

170,786

service units were delivered by our providers in 2024.

This includes Part A and Part B Program Income-funded services only.



Painting by Angel Davila



Photo by Steven Arnold

0
2

Performance Measures

How many RW clients got their annual labs? How does viral load suppression differ among client populations? How well are we linking clients to care?

Performance Measure Goals

95%

Annual Labs (Viral Load or CD4 test every 12 months)

90%

Viral Load Suppression (<200 copies/ml) for those who have had their annual lab.



Painting by David Jester

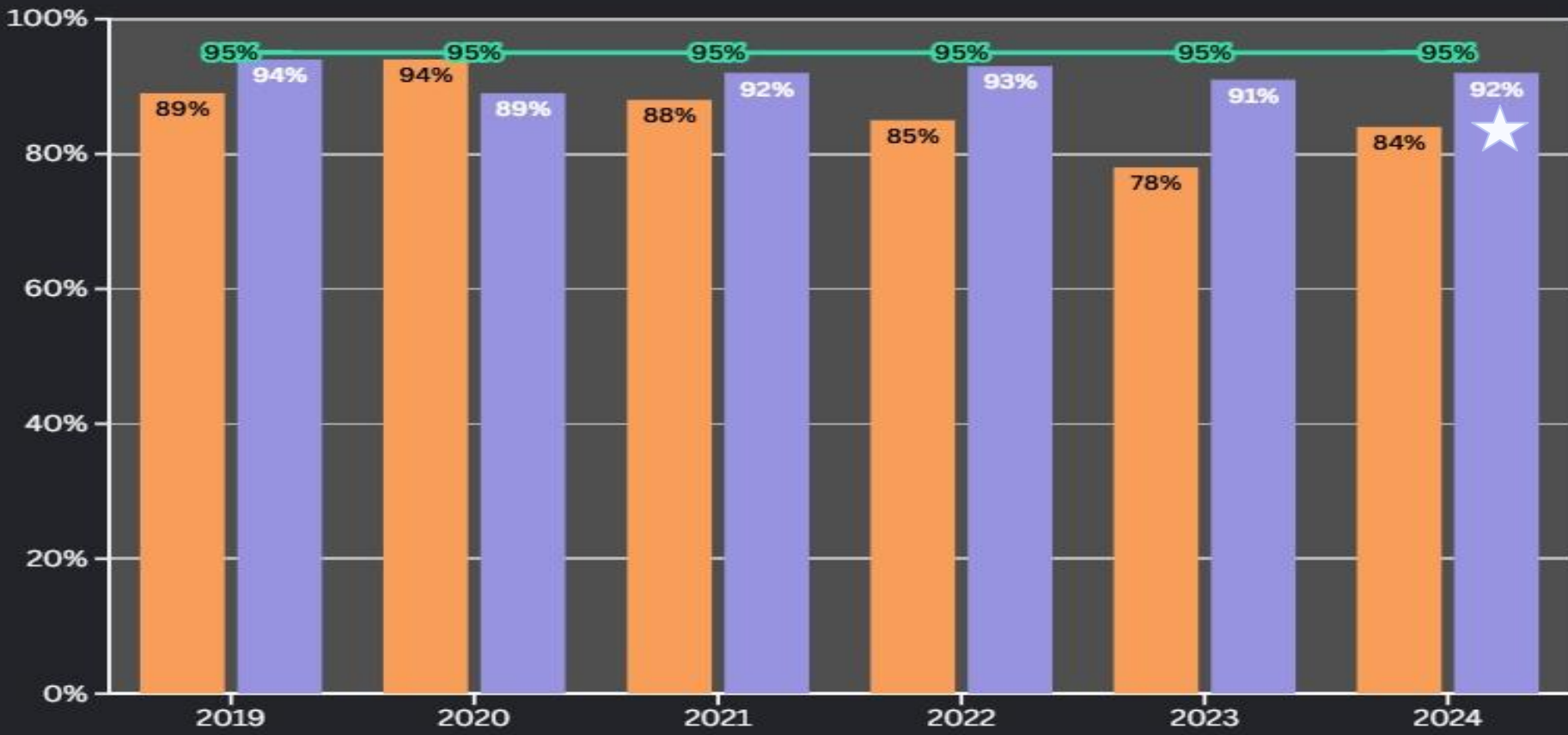
Caveats and Reminders

- Limitation to these Performance Measures overall:
 - Not getting a lab within 12 months does not necessarily mean “out of care”
 - People are more than their lab data
 - Related measures (VLS is a subset of AL)
- Use of Performance Measure data for Quality Improvement Projects
 - Moving the needle is hard, long term work and involves a lot of factors we don’t always have control over
 - We also gather Client Experience Survey data for Quality Improvements
 - We want to hear from you what *you* think and what you are hearing from clients
- While we highlighted insights for these slides, everyone has a different view of what is important, meaningful, and relevant
 - We encourage you to spend time with these graphs to identify what’s important, meaningful, and relevant for you, your organization, and your goals.

Annual Lab, Whole Population

Surveillance (N=6544) and Client Data (N=3034)

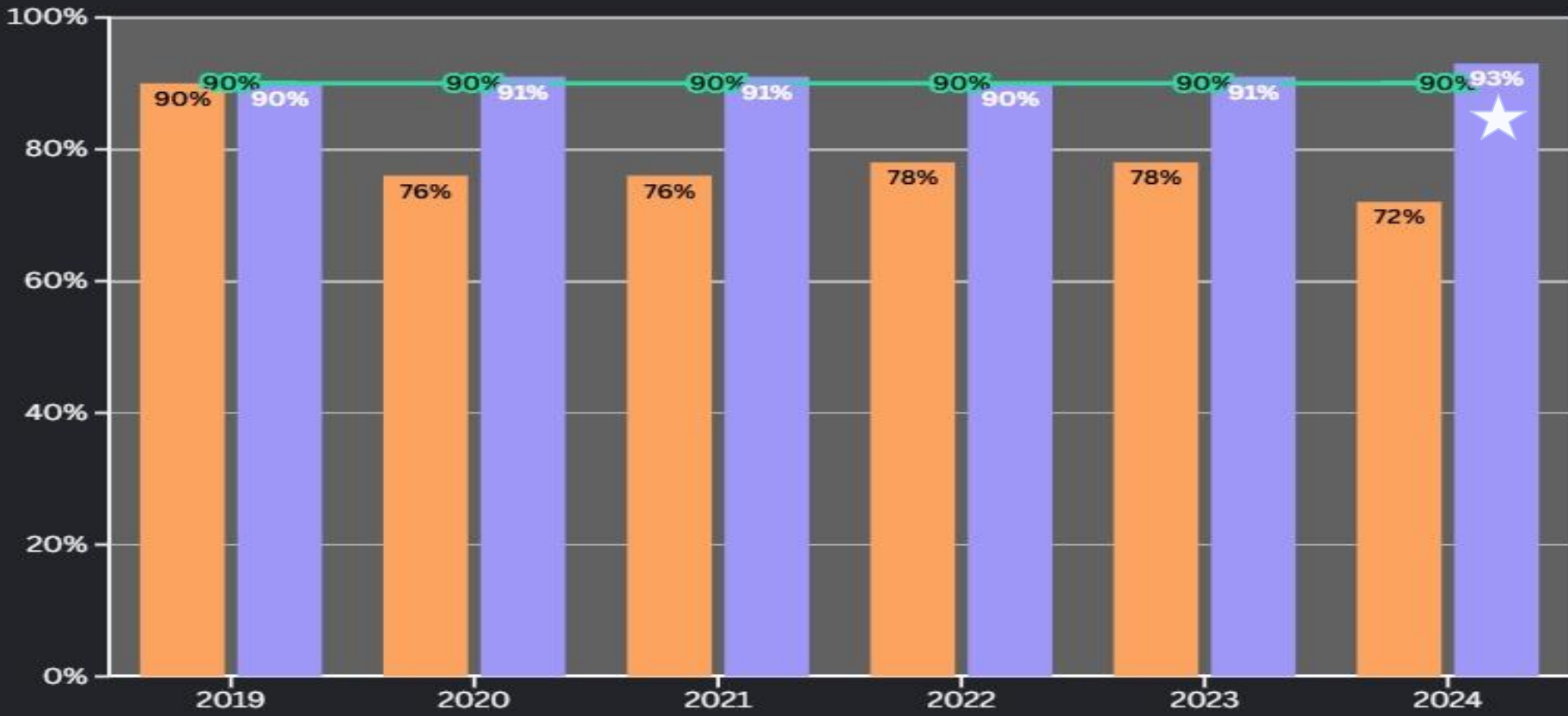
TGA Goal All PLWH, Portland TGA RW clients



Viral Suppression, Whole Population

Surveillance (N=6544) and Client Data (N=3034)

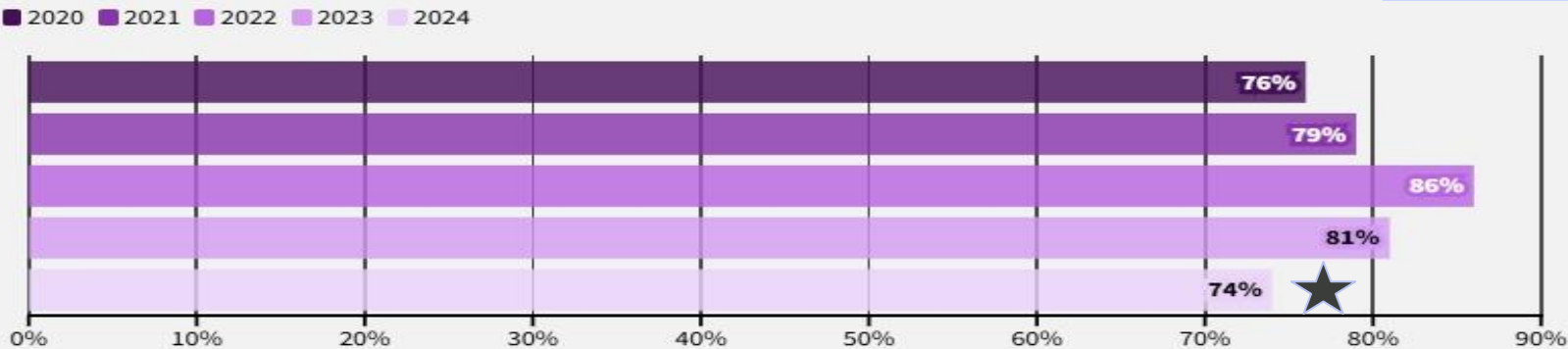
TGA Goal All PLWH, Portland TGA RW clients



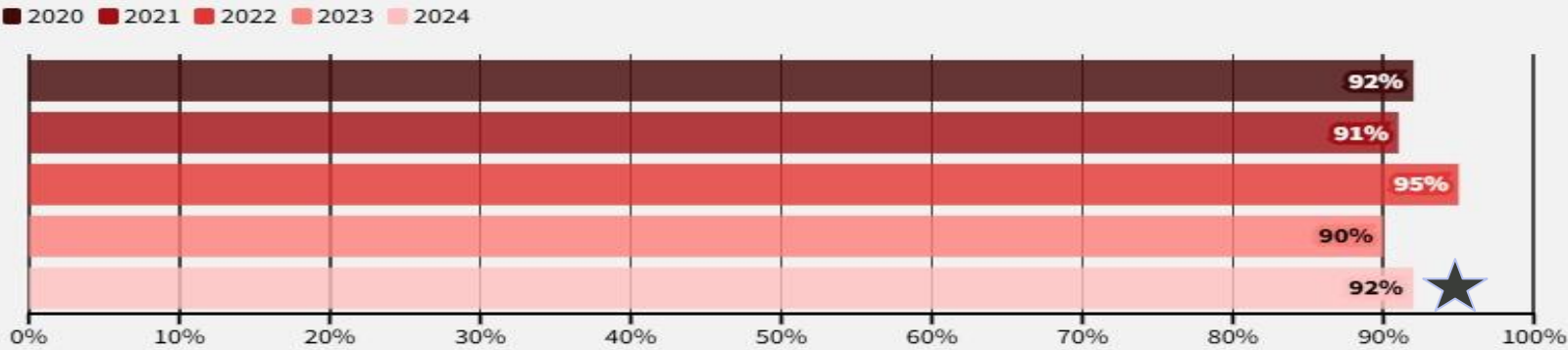
Newly Diagnosed Clients, 30 and 90 Days

Clients Linked to Care within 30 Days

N=73 (2024 only)



Clients Linked to Care within 90 Days



Annual Lab and Viral Load Suppression by Diagnosis Group in 2024

■ Annual Lab ■ Viral Load Suppression

Very steady trends year over year across diagnosis groups, thus we only presented 2024.

Newly Diagnosed, 0-2 Years (N=201)

95%

93%

3-10 Years (N=505)

91%

92%

11-24 Years (N=1122)

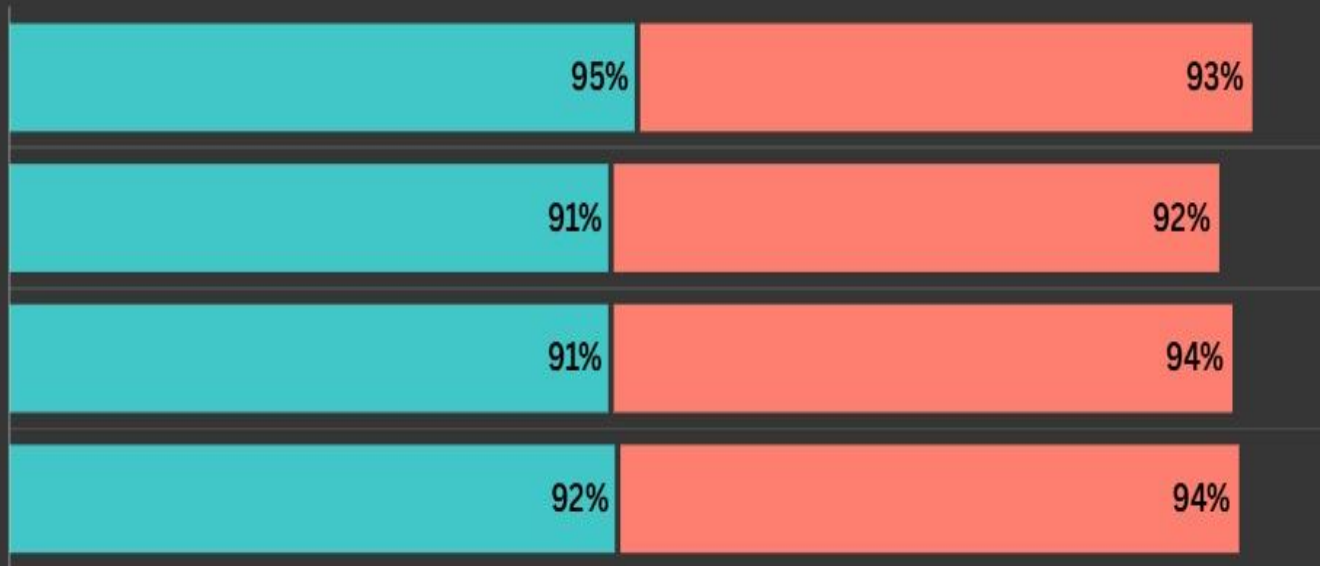
91%

94%

Long Term Survivors, 25+ Years (N=640)

92%

94%



Annual Lab by Race (2020-2024)

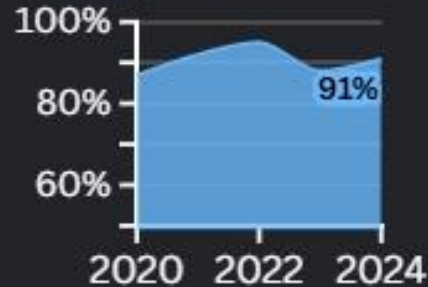
White (N=1583)



Latinx (N=540)



Black/African American (N=443)



American Indian/Alaska Native (N=158)



Native Hawaiian/Pacific Islander (N=24)



Asian (N=80)



Multiracial (N=139)



All rates are increasing or stable, except NH/PI which has a small N.

Derek insight on reframing small N's!

Multiracial defined by 3 or more races.

Viral Suppression by Race (2020-2024)

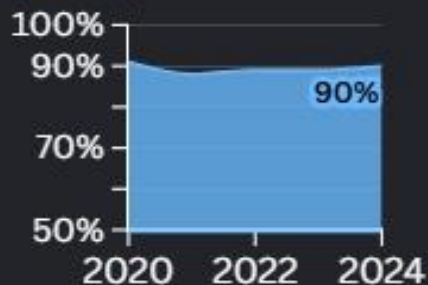
White (N=1387)



Latinx (N=497)



Black/African American (N=395)



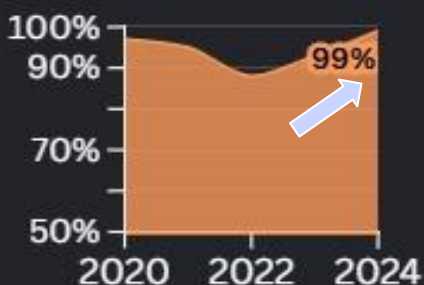
American Indian/Alaska Native (N=139)



Native Hawaiian/Pacific Islander (N=21)



Asian (N=72)

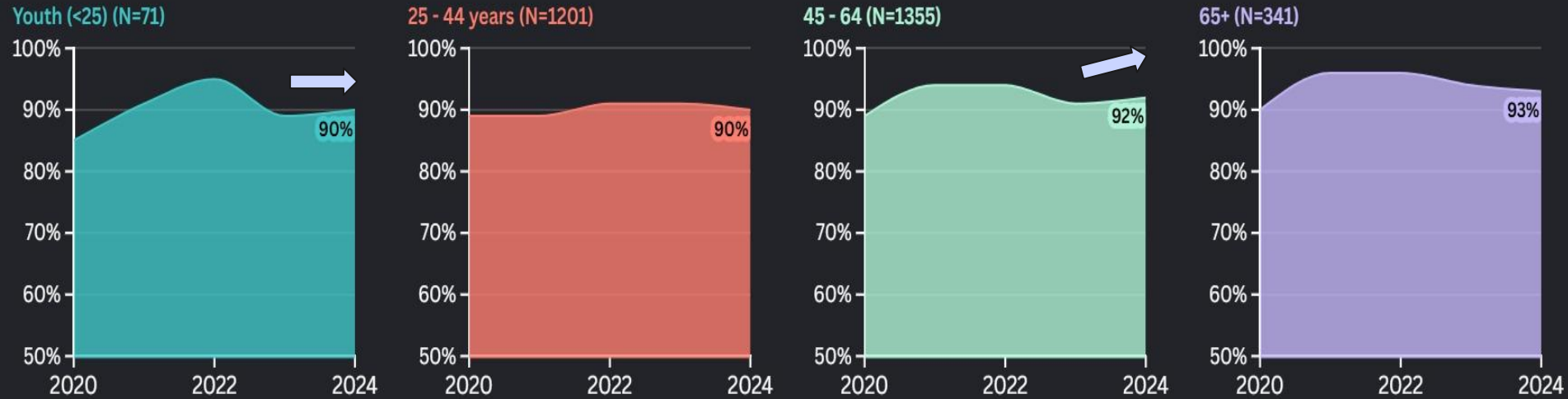


Multiracial (N=129)



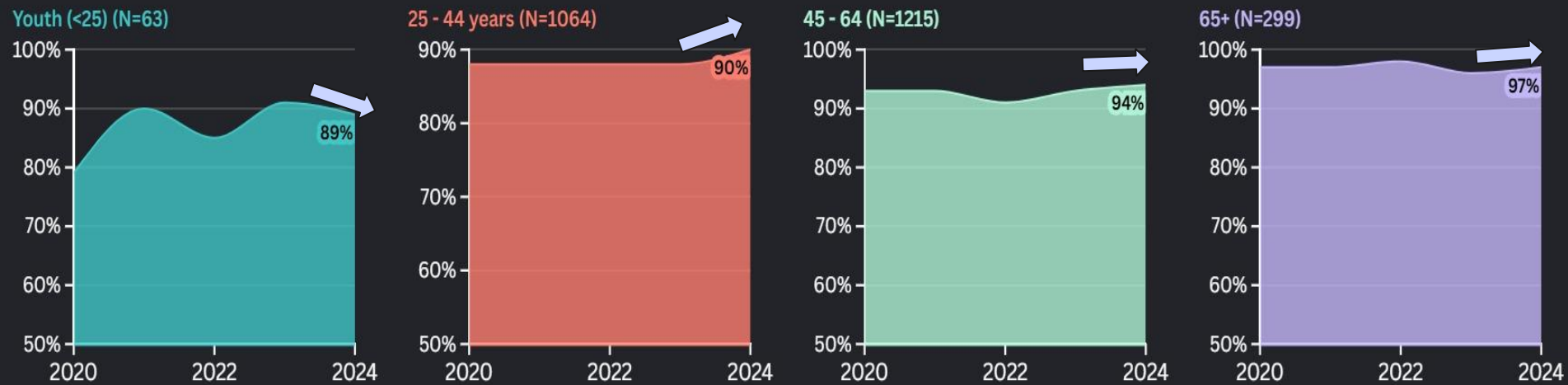
VLS went up across almost all racial categories, because annual lab also went up, we can celebrate these wins as reflective of a more suppressed population!

Annual Lab by Age (2020-2024)



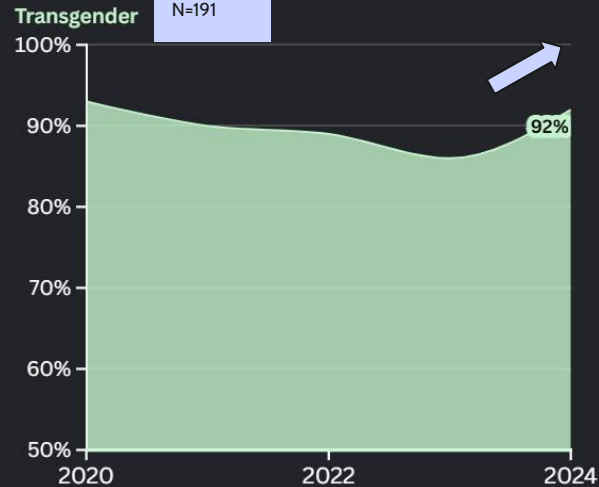
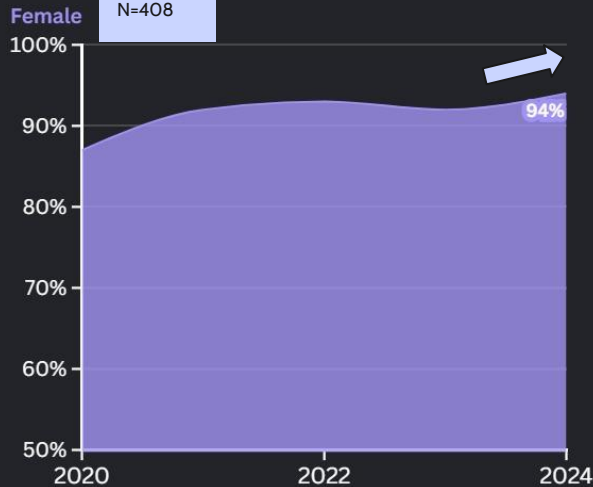
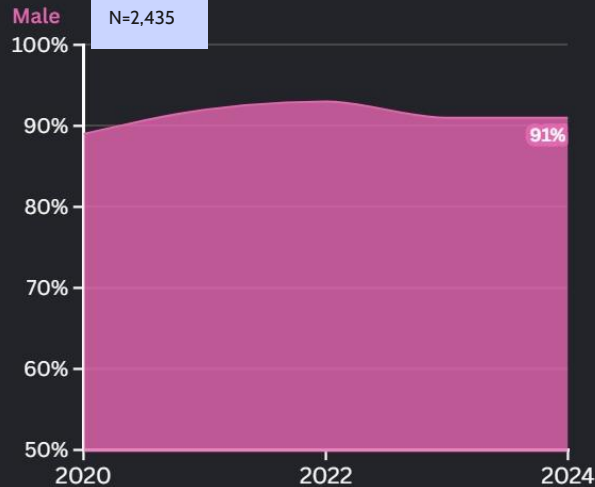
All rates are pretty consistent across time. Aiming to recover Youth from the dip after 2022. Most newly diagnosed are older youth who age out of this category quickly.

Viral Suppression by Age (2020-2024)



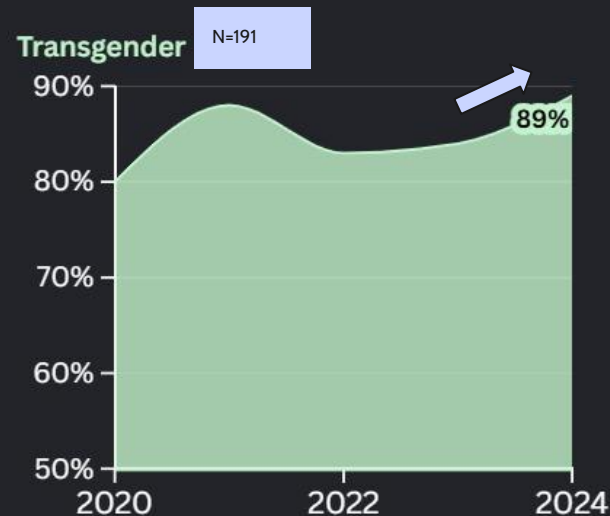
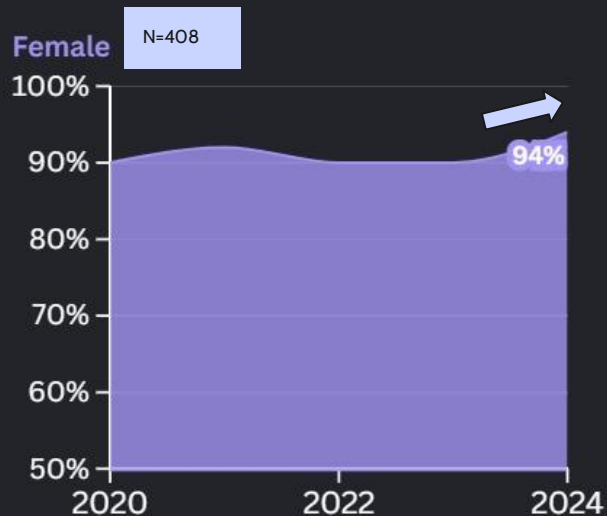
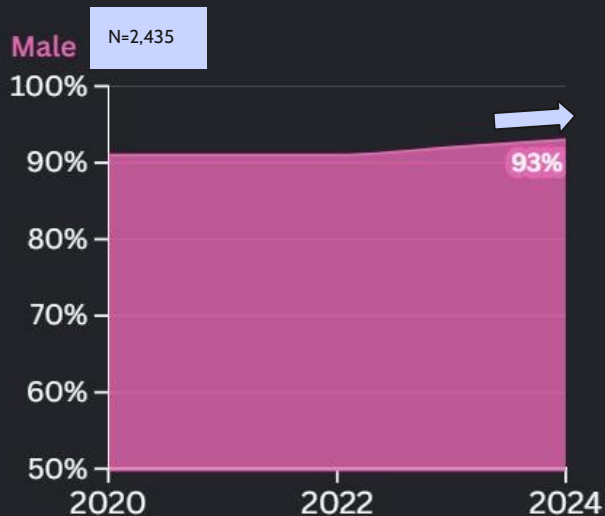
All rates are pretty consistent across time. Youth is the smallest group with new diagnoses and people aging out.

Annual Lab by Gender (2020-2024)



Trends are stable across time, with a slight increase in Female and a larger increase in Transgender people getting labs. This is likely attributable to our duplicate merges.

Viral Suppression by Gender (2020-2024)



Increases across all groups with stable ALs
signifies actual viral load suppression
improvement!

Annual Lab by County (2020-2024)

Multnomah (N=2009)



Washington (N=356)



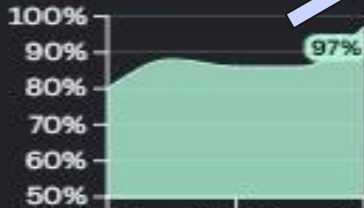
Clackamas (N=191)



Clark (N=228)



Yamhill (N=36)



Columbia (N=29)



Stable trends for the larger counties, gains in the smaller counties.

Clients report counties outside the TGA due to a variety of factors, including homelessness and moving. We opted to report them in the footnote.

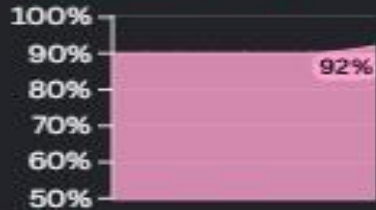
* 119 clients reported another county or no county. They had 90% AL in 2024.

Viral Suppression by County (2020-2024)

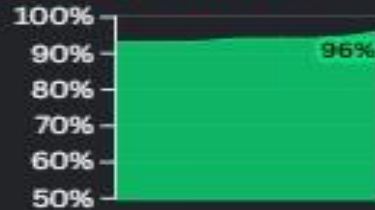
Stable trends across larger counties.

Slight dip in Columbia, which has a small N count. HGAP planning to keep an eye on this county and reach out to Columbia PH, if trend persists into 2025.

Multnomah (N=1795)



Washington (N=312)



Clackamas (N=169)



Clark (N=201)



Yamhill (N=35)



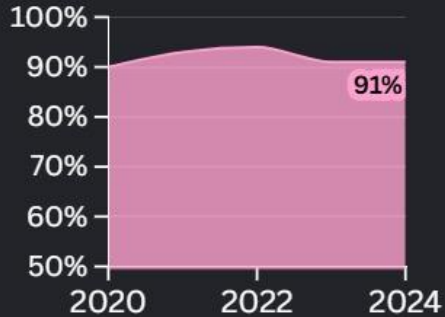
Columbia (N=29)



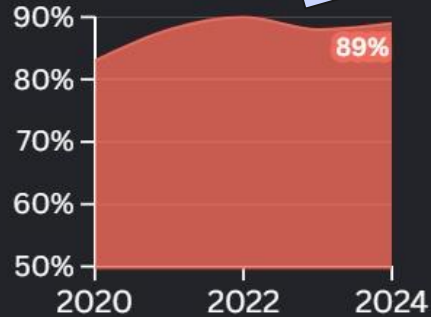
*105 clients reported another county or no county. They had 89% VLS in 2024.

Annual Lab by Exposure Group (2020-2024)

MSM (N=1788)



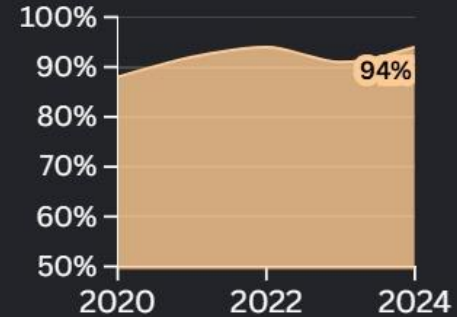
IDU (N=190)



MSM/IDU (N=285)



Heterosexual (N=479)



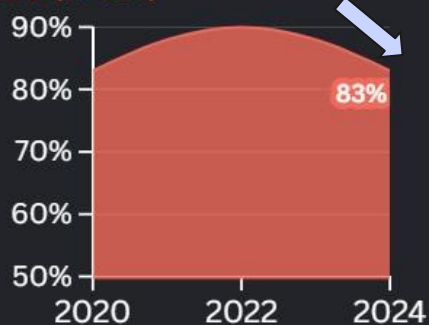
Trends are fairly stable across groups. Slight increase in IDU labs.

Viral Suppression by Exposure Group (2020-2024)

MSM (N=1596)



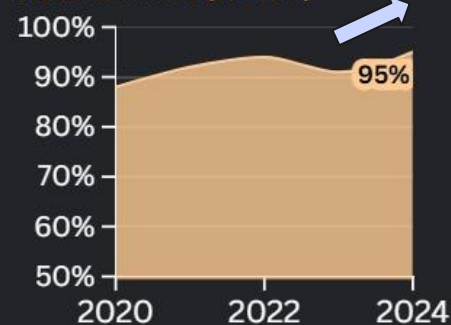
IDU (N=165)



MSM/IDU (N=245)



Heterosexual (N=439)

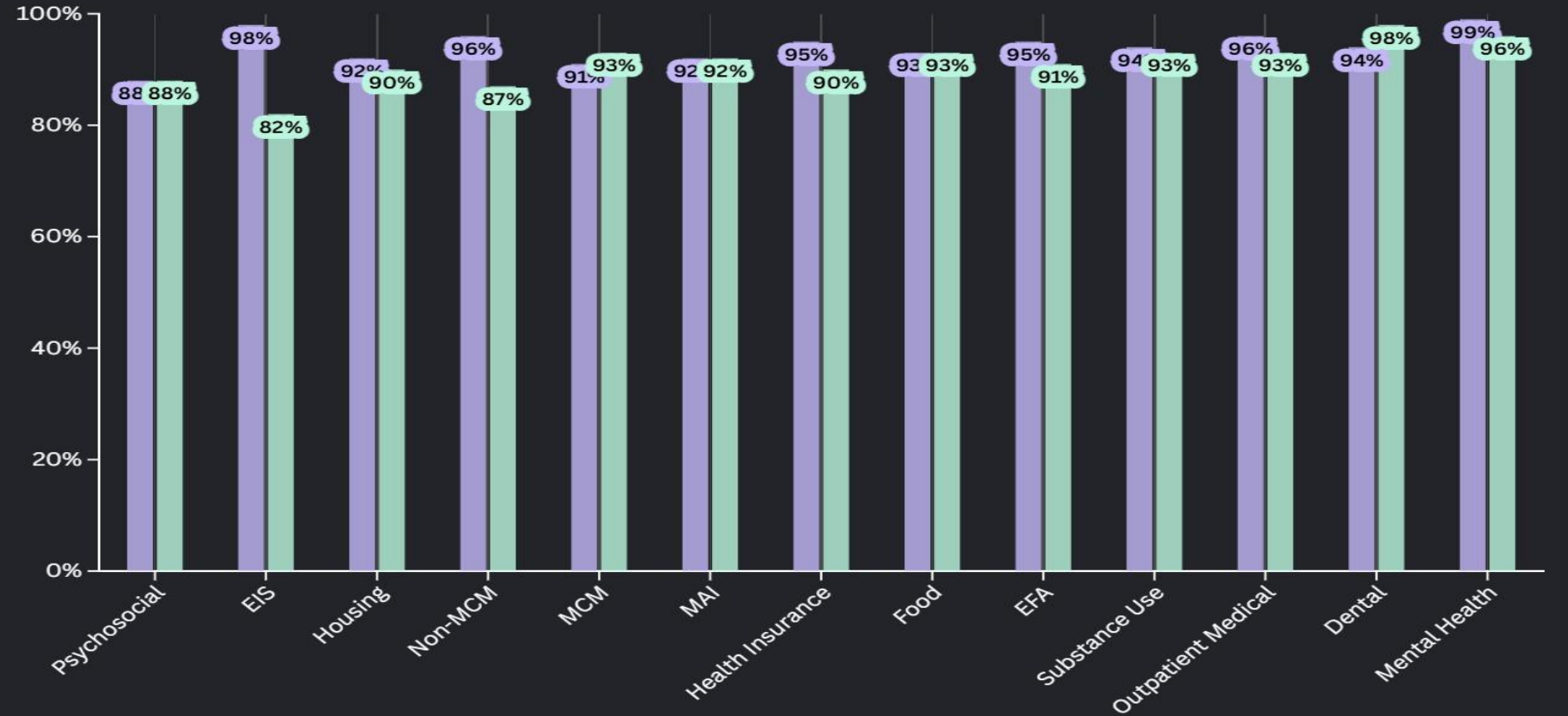


The decrease in IDU is likely attributable to more people with IDU getting their annual labs this year. We're glad that they are being linked into care.

Annual Lab and Viral Load Suppression by Service Category

N=3034 Clients across service categories, Clients can have multiple services.

■ Annual Lab ■ Viral Load Suppression



CQM Update

- New CQM plan developed and in implementation
- Provider-level Quality Improvement projects under development
 - We can use performance measures data from this report
- Ongoing conversation in the CQM Committee: How to better engage PLWH
- Ongoing projects:
 - Client brochure (coming soon!)
 - Carceral Quality Improvement Project (on pause until June)
 - Improving data quality
 - Increasing provider collaboration
 - Improving the Planning Council's Priority Setting and Resource Allocation process
 - Exploring adjusting performance measures
 - Internal HGAP process improvements
 - Upcoming: Changes to the Client Experience Survey



Marsha P. Johnson and Sylvia Rivera by Leonard Fink

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Qualitative Context

Qualitative Data from Providers and Ongoing Budget Considerations

Themes from Provider Narrative Reports

Successes

- New hires
- New programs, workgroups, and events (e.g. Trauma-Informed Care workgroup, weekly music listening group, new tracking for Rapid Start clients), pilot project tracking priority population client data, seasonal gatherings, “Smile with Pride” free clinic event, fundraising events, etc.)
- Ongoing robust services
- Positive new/ongoing collaboration amongst providers

“It is always a privilege when I can offer a warm hand-off to another coordinator in the TGA who can quickly engage a patient in services.”

Themes from Provider Narrative Reports (continued)

Ongoing Challenges

- Data/PDI challenges (e.g. duplicates, accessing data)
- Staffing challenges (understaffed, unable to hire for vacant positions, etc.)
- Limited resources and funding w/rising costs of services and housing
- Increased client acuity
- Data entry requirements

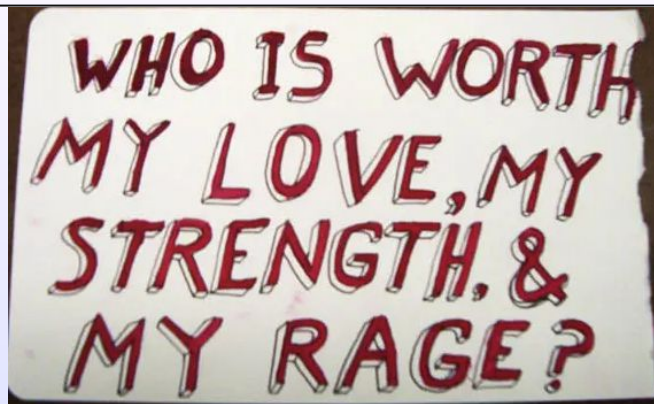
“...the MAI Latine/X Services Navigator position remained vacant during Q4. This continued to be a challenge as the Manager of Navigation does not speak Spanish, and many clients within the MAI Latine/x program are monolingual Spanish-speakers who prefer to work with a member of their community.”



Painting by Joey Terrill

Sociopolitical Context

- Uncertain times with budgetary changes abounding
- Multnomah County budget shortfall leading to reduced services overall (houseless services, behavioral health, STI clinic)
- Awaiting Federal Ryan White Part A notice of award
- Unknown future of HIV prevention funding (potential Ryan White impacts of reduced HIV prevention)



Art by Mark Aguhar

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Recommendations and Takeaways

Thinking ahead to PSRA and thinking in service of
community...

Priority Setting and Resource Allocation (PSRA)

- Reality that we have flat Ryan White funding, with inflation our budget effectively shrinks each year.
- Disinvestment in HIV internationally impacts our work as well.
- How do we make space for future investments and critically look at unmet needs currently identified: increased need for food and emergency financial assistance are two growing needs.
- Potential reduction of HIV prevention could mean a need for investment from Ryan White program to avoid new HIV case spike.
- Two key service populations with distinct needs:
 - Large cohort of stable long-term survivors we are overjoyed to see entering senior status with potentially expanding needs.
 - Distinct cohort of newly diagnosed high acuity people of color, trans folks, younger people, people who use drugs.



**Thank you
for your
passion and
partnership!**



TAKE THIS KISS UPON THE BROW
AND, IN PARTING FROM YOU NOW,
THUS MUST LET ME ALLOW -
YOU ARE THE LOVE WHO DE
THAT I HAVE
BEEN A DREAM.

de l'opéra
de stuttgart



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