



HIV Planning Council Meeting Agenda

Thursday, May 24, 2012 at 9:00 A.M.

Samantha Kuryla, Chair

Brad Gammell, Vice Chair

1. **Call to Order**
2. **Moment of Silence**
3. **Welcome and Public Record Requirements**
 - a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
 - b. Council Member and Guest Introductions
 - c. Excused Absences and Appointment of Alternates
 - d. Approval of Today’s Agenda
 - e. Approval of 4/26/12 Meeting Minutes
4. **Public Comment** (Up to 10 minutes)
5. **Federal Legislative Report** (via teleconference)

6. **Consent Items**

<p>Consent Item #1: To “Add Glypizide, Glyburide, and Metformin to the Part A Formulary (Tier I) with an expected yearly cost of approximately \$15,000.</p>
<p>Justification: Recommended by the Medical Network because of the lack of available first line oral agents.</p>
<p>Proposed by: Joint Priorities</p>

<p>Consent Item #2: To “move Executive and HIVPC meetings forward by one week for June and July 2012”</p>
<p>Proposed by: Part A Executive Committee</p>

7. **Discussion Items**

8. **May Committee Reports**

a. **Joint Client Community Relations Committee (JCCR)– May 2, 2012 Meeting**

Part A Co-Chair: K. Creary, Part B Co-Chair: L. Washington

The Committee heard Part A, Part B, and ADAP reports. Members provided presentations on three of the four Special Populations identified during the April meeting for community outreach (MSM, Adolescents, Women, and Latinos). Several themes emerged during the presentations, with one notable common theme to utilize peers in community outreach efforts. Members requested that individuals representing the four groups attend the June meeting in order to present their needs firsthand to the Committee. Members discussed planning an event for the fall of 2012 and requested the development of a calendar of community events scheduled for September and October in order to coordinate the community outreach event with other scheduled events. *Agenda Items for Next Meeting:* Standing Agenda Items, Update Regarding the Consumer Survey Schedule, Special Populations Presentations, Community Outreach Event Planning. *Next Meeting Date:* June 5, 2012.

b. **Membership/Council Development Committee (MCDC) – May 3, 2012**

Chair: H. Bradley Katz, Vice Chair: Tara Wilson

The Committee reviewed HIVPC demographics, vacancies, current applicants and interested parties, and attendance. The Committee was concerned with the language in the HIVPC/Committee warning and

removal letters. The letter in its current form suggests the Committee is directing the HIVPC to provide the warning instead of indicating the letter is sent from the HIVPC in line with established attendance policies and procedures. Members requested the template letter be reviewed at the next meeting. Members discussed the process for recruiting new members onto the HIVPC. They requested a calendar of upcoming events be provided at the June meeting in order to determine if the Committee can use the events to recruit new members. The Committee discussed steps to update its work plan and agreed that discussion is needed to develop the recruitment plan, membership orientation process, and clarify the mentoring program. In addition, the work plan must reflect the status of each activity. In order to develop the FY2012-2013 work plan, the Committee agreed to hold an all day retreat on June 7, 2012 at the Carpenter House. *Next Meeting: June 7, 2012. Agenda Items for Next Meeting: Standing Agenda Items, Review Planning Council Demographics and Vacancies, Review Current Applicants and Interested Parties, Review Attendance Policy, Develop Committee Work Plan.*

c. Joint Planning Committee – May 14, 2012 Meeting

Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick

The Committee heard a presentation from the Broward County Health Department analyzing the three-year trend epidemiological trends for HIV/AIDS. The number of new HIV cases increased in 2011 compared to 2010 and reached the same number as 2009. The demographic trends remained relatively consistent in that period. The Department noted rising numbers of cases among the 30-39 and 40-49 age groups. The Part A Grantee asked the Committee for any recommendations to Joint Priorities about populations to target. After a discussion, the Committee agreed the present focus was appropriate and recommended no changes. A guest, BCHD Medical Epidemiologist, said a 10-year look-back may show more, and the Committee asked for that report for its next meeting. The Part A Grantee noted that epidemiological data gathered for the Comprehensive Report may give new insight. The Committee noted that Joint Priorities may want to take into account the spending impact of new CDC recommendations that new HIV+ people be in drug treatment as a way to maintain health. The Committee noted that Joint Priorities may want to hear an update from the BCHD Epidemiologist about the highlights of the trends, including MSMs, the Black Community and the various age groups. *Agenda items for the next meeting: Standing Agenda Items, Client Survey Input. Next Meeting Date: Monday, June 11, 2012.*

d. Local Pharmacy Advisory Committee (LPAC) – May 14, 2012 Meeting

Chair: Dr. S. Abel

Brad Gammell, HIVPC Vice-Chair, performed chair duties in the LPAC Chair's absence. The Committee continued to review recommended additions to the Part A Formulary. The Medical Network provided recommendations for medications that have become difficult to access through a Patient Assistance Program (PAP) thereby creating a barrier to treatment. The Medical Network recommended adding Statins (currently on Tier 3 of the Formulary) and oral Diabetes medications (the current Formulary contains injectable insulin and one oral option, Actos, which the Medical Network has recommended be removed). The Committee agreed to add the oral Diabetes medications Glipizide, Glyburide, and Metformin to Tier 1 to address the lack of available first line oral Diabetes agents on the Formulary. The Committee estimated an annual cost to Part A of approximately \$15,000. The Committee expressed concern regarding the lack of Statins on Tier 1. The Committee requested that the following information be provided at the next meeting: 1) updated data on Statins pricing in order to estimate the impact of adding either Crestor or the generic form of Lipitor to the Formulary, 2) an estimate from the Medical Network of the percentage of Part A clients who need Statins but are not obtaining them as a result of PAP-related barriers. The Committee expressed concern regarding shipments of the appetite stimulant Megace to providers without clear dosing instructions. Clinics and pharmacies are bound by law to dispense medications with clear dosing instructions to ensure client safety; the PAP's process poses both a legal and client safety concern. The Committee will address this matter again at the next meeting. *Agenda Items for Next Meeting: Standing Agenda Items, Review of Recommended Additions/Deletions to the Formulary, PAP Drug Labeling. Next Meeting: June 2010 (exact date TBD).*

e. Joint Priorities Committee – May 16, 2012 Meeting

Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: TBD

The Committee reviewed the changes made to the Policies and Procedures, noting that further changes need to be made to reflect the ‘stratification’ that was discussed at the 4/18/12 retreat. Part A Co-Chair and support staff will redraft this document. The eligibility criteria document reflecting the 2012 FPL (Federal Poverty Limit) for the three ‘supercore’ services was reviewed and discussed with regard to being “funded at a minimum.” As for the PSRA process, the committee agreed to have a guest (Medical Epidemiologist from the BCHD) conduct a short EPI Data Presentation at the June 13th meeting. The PSRA timeline was reviewed. The Committee will meet twice in June (13th and 20th) and Priority Setting Resource Allocations (PSRA) will take place in July. *Agenda Items for Next Meeting: Standing Agenda Items, EPI Data Presentation, PSRA Data Review. How Best to Meet Need Language. Next Meeting: May 16, 2012.*

f. Joint Executive Committee – May 17, 2012 Meeting

Chair: S. Kuryla, Vice Chair: B. Gammell

The Committee met without quorum. The Part A Chair held brief discussion on Agenda Item 9c: Effect of New AICP policy on Consumers/Notifications. *Next Meeting Date: 7/12/12. Agenda Items for Next Meeting: The May Agenda will be carried forward to the July meeting.*

g. Part A Executive Committee – May 17, 2012 Meeting

Chair: S. Kuryla, Vice Chair: B. Gammell

The Committee met and approved the HIVPC Agenda and the HIVPC June 2012 meeting calendar with changes. The formulary changes brought forward by Joint Priorities (from LPAC) were discussed at length noting the chronic illnesses. This will go to full Council on 5/24/12. *Agenda Items for Next Meeting: Standing Agenda Items. Next Meeting: June 14, 2012.*

h. Quality Management Committee (QMC) – May 21, 2012

Chair: Michael Rajner

Report not yet submitted at the time of this printing.

9. Grantee Reports (Part A, Part B, ADAP)

10. Other Reports (Part C, Part D, HOPWA)

11. Unfinished Business

- AICP Letter Sent to FDOH, Tallahassee
- Retreats Follow Up (continued)

12. New Business

- a. Healthcare Reform Update

13. Announcements

14. Public Comment (Up to 10 minutes)

15. Reminder:

- Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date
- Ryan White HIV/AIDS Program 2013 Reauthorization: Comments Requested (*below*)

16. Request for Information Form

17. Next Meeting Date: Thursday, June 21, 2012 at 9:00 a.m. **VENUE:** BRHPC

18. Agenda Items for Next Meeting

19. Adjournment

Ryan White HIV/AIDS Program 2013 Reauthorization: Comments Requested

HRSA/HAB is requesting comments regarding reauthorization of the Ryan White legislation, which will take place in 2013. The Ryan White HIV/AIDS Program is the largest Federal program specifically dedicated to providing HIV care and treatment. It funds heavily impacted metropolitan areas, States, and local community-based organizations to provide medical care, medications, and support services to more than half a million people each year. Currently authorized by the Ryan White HIV/AIDS Treatment Extension Act of 2009, the program will be up for reauthorization by the U.S. Congress in 2013.

To inform that reauthorization, HRSA encourages stakeholders, including grantees, advocacy organizations, State and local administrators, and other members of the Ryan White and HIV/AIDS communities to provide comments on all aspects of the program. Comments should be organized under headings that clearly indicate which Part (Part A, B, C, D or F) the comment addresses. HRSA has established a web page with details on how to submit comments.

Comments are due July 31, 2012

HRSA will hold at least four webinar or teleconference listening sessions over the next few months, each focused on a different geographic region. Dates, times and other details will be available in near future.

In addition to the resources listed above, don't forget to check out these other HAB resources, which are updated regularly. [HAB Web site](#)

[TARGET Center](#), Central Source for Ryan White TA (Not a US Government Web site)

[Twitter](#), Sign up using "ryanwhitecare" (Not a US Government Website)

The HAB Information E-mail is distributed biweekly by the HRSA/HAB Division of Training and Technical Assistance (DTTA). To subscribe or unsubscribe contact [Paula Jones](#).

the time that she did. She hopes that both entities can somehow work together in continuing to assist the HIV/AIDS programs in Broward County.

Approval of 03/22/12 Agenda

Motion #1	To “approve the 04/26/12 Meeting Agenda”				
Proposed by	Claudette Grant	Seconded by	W. James Perigny	Action	Passed

Approval of the 02/23/12 Meeting Minutes

Motion #2	To “approve the 03/22/12 Meeting Minutes”				
Proposed by	Leroy Dyer	Seconded by	Carla Taylor-Bennett	Action	Passed

5. Federal Legislative Report – Kareem Murphy, The Ferguson Group

The following report was provided via teleconference:

The House and Senate are moving forward with consideration of their Fiscal Year (FY) 2013 appropriations bills. The Labor-Health and Human Services Appropriations bill is expected to be the last one considered in each chamber. While major cuts have been proposed in the House’s version of many bills, the increase in the President’s request for the Ryan White Program combined with the lack of criticism of program performance during congressional hearing bodes well for the House-recommended funding level. The White House Budget request includes \$2,093,555,000 for Parts A and B (compared with \$1995 billion for the FY 2012 enacted level). It also includes \$1 billion for ADAP, reflecting the \$25 million set aside within the Public Health Services Emergency Fund. We expect the House to write its version of the bill in late May or early June, with the Senate following shortly thereafter.

Because the House and Senate have differing caps on overall, government wide funding, we do not expect the appropriations process to work out smoothly after the House and Senate pass their respective bills. Congress might not reach final agreement on any of its bills, including Labor-HHS, until after the election. Such a scenario might potentially delay HRSA’s administration of FY 2013 Ryan White funds.

6. Consent Items (and Items pulled for Discussion)

Consent Items #3 and #4 were pulled for Discussion.

Consent Item #1: To “accept the vote for the new members (<i>Kristopher Kenny, Kathleen Myers, Patricia Parker-Maysnet and Debbie Wilkins</i>) to the committee”
Proposed by: Joint Client/Community Relations Committee

Consent Item #2: To “recommend that a Client Survey be completed by December 31, 2012 the data to be used at next fiscal year’s PSRA process”
Proposed by: Joint Planning Committee

The following motion was made to approve Consent Items # and #2:

Motion #3: To “approve Consent Items #1 and #2					
Proposed by:	Michael Rajner	Seconded by:	Timothy Moragne	Action:	Passed (2 oppositions)

Items pulled for Discussion:

Consent Item #3: To “change the eligibility requirements for Outpatient Ambulatory Medical Care from 300% to 400%” (<i>Effective after ratification by the HIVPC</i>)
Proposed by: Joint Priorities Committee

Consent Item #4: To “change the eligibility requirements for Part A Pharmacy from 300% to 400%” (<i>Effective after ratification by the HIVPC</i>)
Proposed by: Joint Priorities Committee

Motion #4: To “approve Consent Items #3					
Proposed by:	Michael Rajner	Seconded by:	Timothy Moragne	Action:	Passed (2 oppositions)

Motion #5: To “approve Consent Items #4					
Proposed by:	Michael Rajner	Seconded by:	Timothy Moragne	Action:	Passed (2 oppositions)

7. April Committee Reports

- a. Joint Client Community Relations Committee Meeting (4/3/12) Part A Co-Chair: K. Creary, Part B Co-Chair: L. Washington.** The Committee met and reviewed the Work Plan. With reference to community outreach, four special population groups were identified: MSM, Youth, Women and Latinos. Members chose their target population and are to report at the May 2012 meeting as to their needs, what they would like to see change in their communities with respect to social media, awareness events or educational forums. It was agreed to invite Lisa Agate (ARCH) to the next meeting to ensure the committee is aware of all available community resources. *Next Meeting Agenda Items:* Standing Items, Newsletter Topic Request, Special Populations, Community Outreach Event. *Next Meeting:* 5/1/12.
- b. Joint Planning Committee Meeting (4/9/12) Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick.** The Committee met with quorum. Senior Epidemiologist from the Department of Health's Bureau of HIV/AIDS in Tallahassee conducted her presentation on HIV Community Viral Load in Florida, via video conference. The representative from the BCHD presented the National HIV Surveillance Card showing cases that went from HIV diagnosis to AIDS diagnosis in the last six months of 2011. In the interest of time the three-year EPI trend presentation was postponed to present at the next meeting. With regards to the PE training that had taken place at the Grantee's office in March 2012 a member noted the PE system was a robust one. The committee made a motion recommending that a Client Survey be completed by December 31, 2012 the data from which will be used at next fiscal year's PSRA process. *Agenda Items for Next Meeting:* Standing Agenda Items, Three-Year EPI Trend (BCHD), Comprehensive Plan Discussion. *Next Meeting:* May 14, 2012.
- c. ad Hoc Local Pharmacy Advisory Committee Meeting (4/9/12) Chair: Dr. S. Abel.** An ADAP representative was not present; however, information was given from the recent ADAP workgroup's meeting. The ADAP waitlist is expected to be eliminated by July 2012. LPAC reviewed drug utilization between 3/11 and 1/12 as well as recommendations made by Medical Network members for additions to the Part A Formulary. It was noted the Formulary was updated to include a notation that Aspirin may be dispensed only with Plavix as secondary prevention for cardiovascular illnesses. LPAC recommended that utilization data be reviewed by the Medical Network. The Network submitted the following recommendations for additions to the Formulary: 1) Megace as an option for clients who fail Periactin; 2) Statins (currently on Tier Three); 3) oral Diabetes medications (removed); and 4) Ensure. The Health Department will provide a summary of historical data on the cost and utilization of Statins and Diabetes medications dispensed through the ADAP program. Further research regarding nutritional supplements was requested in response to the recommendation to add Ensure. The recommendation was made as a result of new restrictions made by the Patient Assistance Program providing the supplement. The cost of Ensure was noted as a concern. A summary of the previous work done by the Nutrition Network regarding nutritional supplements and alternatives to Ensure will be reviewed at the next meeting. The Committee reviewed a report of the NQC In + Care Campaign retention measures. LPAC members agreed to meet on a quarterly basis. *Agenda Items for Next Meeting:* Standing Items, Review of Medical Network Formulary recommendations, Discussion of nutritional supplements. *Next Meeting:* 5/14/12.
- d. Part A Executive Committee Meeting (3/15/12) Chair: S. Kuryla, Vice Chair: B. Gammell.** The committee reviewed and approved the HIVPC 04/26/12 Agenda and May 2012 meeting calendar and provided individual committee reports. Discussion topics included time management within an HIVPC or committee meeting, attendance tracking, excused absence criteria, warning and removal letters, and the LPAC Chair's presence at Joint Priorities Committee meetings when required. *Agenda Items for Next Meeting:* Standing Agenda Items. *Next Meeting:* 4/19/12.
Addition: To make the agendas more HIVPC than BRHPC.
- e. Quality Management Committee (4/16/12) Chair: M. Rajner.** This meeting was canceled by the Chair due to the advertised agenda items not being fully prepared for committee discussion. *Next Meeting:* 5/21/12.
- f. Joint Priorities Committee Meeting (4/18/12) Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: K. Cannon**
The Committee held a half-day retreat. Part B Allocations were conducted. Motions were made to change eligibility required for Part A Pharmacy and OAMC from 300% to 400%. In addition, a motion was made to add a guiding principle to the Policies and Procedures for Ryan White Part A Services to allow all eligible clients access at a minimum to OAMC, Part A Pharmacy and Oral Healthcare effective upon ratification by the HIVPC.

The Committee will continue this work at the next meeting. The meeting also marked the last meeting for the Part B Co Chair. *Agenda Items for Next Meeting:* Standing Agenda Items, Mapping the PSRA Process, PSRA Funding Policy and follow up to HIVPC and Joint Executive retreats. *Next Meeting:* 5/16/12.

8. Grantee Reports

Part A

The Part A Grantee reported the Comprehensive Plan is due May 22, 2012. All Part A's across state of FL worked together in order to incorporate to the state comp plan and then contributed to their EMA's Comp Plan. On May 5 – May 10, 2012 the first copy of the Comprehensive Plan will be posted for comment by the HIVPC and others in the community. All are urged to read, review and comment as this will be our work plan for the next three years. The Part A Grantee presented the initial utilization for FY 11/12 as shown below:

**Ft. Lauderdale/Broward EMA
Ryan White Part A
FY 11/12 Preliminary Service Utilization**

<u>Total Unduplicated Clients</u>	<u>Male</u>	<u>Female</u>	<u>Transgender</u>		
7,022	70.1%	29.5%	0.40%		
<u>RACE</u>		<u>ETHNICITY</u>			
American Indian or Alaskan Native	0.1%	Hatian	9.9%		
Asian	0.5%	Hispanic	14.4%		
Black	52.0%	Non-Hispanic	75.7%		
Native Hawaiian or Other Pacific Islander	0.1%				
More than one race	0.3%				
White	44.2%				
Other Race	2.9%				
<u>FEDERAL POVERTY LEVEL</u>	<u>0-100</u>	<u>101-200</u>	<u>201-300</u>	<u>301-400</u>	<u>400-449</u>
	58.5%	31.1%	9.2%	1.0%	0.2%

The Part A Grantee continued, as FY 13/14 approaches a 5% increase in clients is anticipated. This year was different as a couple of service categories were lost (Medical Transportation and Health Insurance Continuation Plan or HICP) which freed up some funds. One hundred percent (100%) FPL is around \$13K. HRSA has been reorganized. Mr. Philips is now project officer for the state (Part B). Steve Young is now project officer with the Part A side.

Part B

The Part B Grantee report was provided on expenditures up to March 2012: Non Medical Case Management conducted 521 eligibility interviews in March of which 130 were new clients. Medication co-payment served 314 clients in which 10 were new to the program. There were 307 clients served in March for Med Co-Pay and 7 clients served for mail orders. Cost avoidance for Med Co-Pay program is \$34,432. Total cost avoidance from April 2011 - March 2012 is \$248,000. There are approximately \$42,000 in invoices being processed that will be reflected in the final end of year closeout report. When Part A bus passes have been depleted, Part B bus passes will begin being distributed. Remaining funds are approximately 7%-8% (\$85,000-\$95,000) and must be returned to the state.

ADAP

The ADAP report through April 25, 2012 was provided: The total ADAP "open" enrollment was 2,469 with 1,526 total ADAP clients being served in the last 30 days. The ADAP Waitlist enrolled 111 clients and the total ADAP/Medicare Part D Enrollment was 187. There were 606 appointments of which 187 (31%) were missed. Client(s) Served is defined as having at least one "pickup" in the period. The category definitions and the clients served by category are as follows:

Category A Clients Served = 8 (CD4 < 200 cells/mm³ and/or CD4% < 14%: A diagnosis of AIDS and/or diagnosis of active opportunistic infection and/or diagnosis of HIV-associated nephropathy.)

Category B Clients Served = 64 (CD4 cell count between 201-350 cells/ mm³: Persons currently on ARV therapy, persons previously on ARV therapy but therapy was interrupted and treatment naïve clients)

Category C Clients Served = 97 (Treatment naïve clients with CD4 cell count > 350 cells/mm³)

Category D Clients Served = 9 (Unknown/Other)

Clients are removed from the Wait List by medical category in the order of earliest enrollment. This serves as a reminder that clients MUST recertify every 6 months or they will lose their position on the Wait List. The ADAP Grantee added the Part B Supplemental report is due April 27, 2012 and also a high impact program being rolled out July 1, 2012

High CD4 count, even though treated, can have impact on overall health. Keeping viral load to undetectable is better for overall health and the client is less infectious.

Motion: To "send a letter to the Bureau of HIV/AIDS recommending the Bureau to amend AICP eligibility criteria to include asymptomatic and symptomatic HIV+ individuals in an effort to better coordinate efforts to lower community viral loads.					
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Proposed by:	Michael Rajner	Seconded by:	Andrew Bush	Action:	Passed (1 abstention)
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9. Other Reports

Part C

The Part C Grantee announced there is nothing new to report.

Part D

The Part D Grantee reported they serve Women, Infants, Children and Youth up to the age of 24. Funding Opportunity Announcements (FOA) were sent out.

HOPWA

The HOPWA Grantee was not present.

10. Old Business

Retreat Follow Up

Follow up from the two retreats this year (Executive January and HIVPC February) the reports from these retreat meetings is a part of the 2009 Comprehensive Plan review/report. Member noted the list is large and suggested that items that are checked off as they are completed.

Another member noted that on a Planning Committee level much progress has been made on many of these items.

11. New Business

HIVPC Meeting Agenda

12. Announcements

There were no announcements.

13. Public Comment (up to 10 minutes)

There was no public comment.

14. **Reminder:** Meeting Attendance Confirmation required at least 48 hours prior to meeting date.

The Chair reminded members that staff needs to be informed of their attendance status, and even if the meeting is canceled due to lack of quorum.

15. Request for Information/Directives Form

The Chair clarified this as being a form the committee will complete with directives to support staff to ensure gaps that may arise with verbal communication.

16. Next Meeting Date

Thursday, May 24, 2012 at 9:00 a.m. **VENUE:** BRHPC, 200 Oakwood Lane, Suite 100, Hollywood, 33020.

17. Agenda Items for Next Meeting

- Standing Agenda Items (including Healthcare Reform)
- Retreats Follow Up (Continued)

18. Adjournment

The meeting was adjourned at 11:08 a.m.

Broward County Health Department ADAP Report as of 4/25/12

Total ADAP "Open" Enrollment	2,469
Total ADAP Clients Served in Last 30 Days*	1,526
Total ADAP Waitlist Enrollment**	111
Category A	2
Category B	51
Category C	58
Category D	0
Total ADAP/Medicare Part D Enrollment	187
Number of Appointments in April	606
Number of Missed Appointment in April	187
Percentage of April Appointments Missed	31%

*"Clients Served" defined as having at least one "pickup" in the period.

** Category Definitions:

CATEGORY A

Diagnosis of AIDS and/or CD4 < 200 cells/mm³ and/or CD4% < 14%

Diagnosis of active opportunistic infection

Diagnosis of HIV-associated nephropathy (HIVAN)

CATEGORY B

Persons who are currently on ARV therapy

Persons who were previously on ARV therapy but therapy was interrupted

Treatment naïve clients with CD4 cell count between 201-350 cells/ mm³

CATEGORY C

Treatment naïve clients with CD4 cell count > 350 cells/mm³

CATEGORY D

Unknown/Other

Clients are removed from the Wait List **by medical category** in the order they were placed on it. This serves as a reminder to people that if they are on the wait list they **MUST** recertify at 6 months or they will lose their position on the Wait List.

1S OR

Preliminary Data

Counseling and Testing Data Summary Report By Selected Variables

Report Date: 05/08/2012

County BROWARD

Sex	N	P	Total	P%
Female	2130	6	2138	0.28
Male	2241	28	2279	1.23
Transgender	7	2	9	22.22
Missing Data	32	0	32	0.00
Grand Total	4410	36	4458	0.81

Race	N	P	Total	P%
Asian	30	0	30	0.00
Black	2310	25	2340	1.07
Hispanic	849	5	858	0.58
Amer Indian/Alaskan	8	0	8	0.00
Native Hawaiian/ Pac Isle	21	0	21	0.00
White	1098	6	1107	0.54
Mixed	31	0	31	0.00
Refused	11	0	11	0.00
Missing Data	52	0	52	0.00
Grand Total	4410	36	4458	0.81

Site Type	N	P	Total	P%
01-Anonymous	1	0	1	0.00
02-STD	412	13	425	3.06
03-Drug Treatment	52	0	52	0.00
04-Family Planning	242	0	242	0.00
05-Prenatal/OB	0	0	0	0.00
06-TB	12	0	12	0.00
07-Adult Health	51	1	52	1.92
08-Prison/Jails	386	1	388	0.26
09-College	11	0	11	0.00
10-Private/MD	1233	7	1242	0.56
11-Special Projects	0	0	0	0.00
12-CBO	2008	14	2031	0.69
13-CHD FieldVisit	2	0	2	0.00
Other-Missing	0	0	0	0.00
Grand Total	4410	36	4458	0.81

Risk	N	P	Total	P%
MSM/IDU	29	1	30	3.33
MSM	629	17	652	2.61
IDU	223	0	223	0.00
Sex with HIV	54	5	59	8.47
Sex with MSM	28	0	28	0.00
Sex with IDU	70	0	70	0.00
Sex with Other	157	1	158	0.63
Perinatal	16	0	16	0.00
STD Diagnosis	533	4	537	0.74
Sex for Drugs/Money	38	0	38	0.00
Sexual Assault	128	0	129	0.00
Heterosexual	2363	5	2372	0.21
Other Risk	64	1	65	1.54
No Identifiable Risk	39	0	39	0.00
Refused	16	0	17	0.00
Missing Data	23	2	25	8.00
Grand Total	4410	36	4458	0.81

Age Group	N	P	Total	P%
<2	0	0	0	0.00
2-4	1	0	1	0.00
5-12	0	0	0	0.00
13-19	472	0	475	0.00
20-29	1792	11	1806	0.61
30-39	938	9	950	0.95
40-49	657	10	670	1.49
50+	534	6	540	1.11
Missing Data	16	0	16	0.00
Grand Total	4410	36	4458	0.81

**Indeterminate test results are not shown, but are included in the total tested