



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



# **LOS ANGELES COUNTY COMMISSION ON HIV 2019 ANNUAL MEETING**

## **Renewed Opportunities & Collaborations in Times of Urgency to End the HIV Epidemic**

**Thursday, November 14, 2019  
9:00 AM - 4:00 PM**

**ST. ANNE'S CONFERENCE CENTER  
155 North Occidental Blvd. | Los Angeles, CA 90026**



LOS ANGELES COUNTY  
COMMISSION ON HIV



REVISED

# 2019 Annual Meeting Agenda

Thursday, November 14, 2019 | 9:00AM – 4:00PM

St. Anne's Conference Center | 155 North Occidental Blvd., Los Angeles CA 90026

## RENEWED OPPORTUNITIES AND COLLABORATIONS IN TIME OF URGENCY TO END THE HIV EPIDEMIC

I.	<b>Registration</b>	8:30 AM – 9:00 AM
II.	<b>Call to Order, Roll Call &amp; Approval of Agenda</b>	9:00 AM – 9:05 AM
III.	<b>Welcome, Opening Remarks &amp; Meeting Objectives</b> Cheryl A. Barrit, MPA, Executive Director, Commission on HIV (COH) Grissel Granados, MSW, COH Co Chair & Al Ballesteros, MBA, COH Co Chair Emily Gantz-McKay, President/Managing Director EGM Consulting, LLC	9:05 AM – 9:30 AM
IV.	<b>Ending the HIV Epidemic: What Do We Know?</b> Mario J. Pérez, MPH, Director, Division of HIV and STD Programs (DHSP), Los Angeles County Department of Public Health Raphael J. Landovitz, MD, MSc Co-Director, UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) Britt Skaathun, PhD, MPH, Postdoctoral Fellow, Infectious Diseases & Global Public Health, School of Medicine, University of California San Diego (UCSD) Marisa Ramos, PhD, Interim Chief, Office of AIDS, California Department of Public Health CDR Michelle Sandoval-Rosario, Director, Prevention through Active Community Engagement (PACE) Program Region 9, Los Angeles LCDR Jose Antonio Ortiz, Deputy Director, Prevention through Active Community Engagement (PACE) Program Region 9, Los Angeles	9:30 AM – 11:15 AM
V.	<b>Facilitated Group Discussion</b>	11:15 AM – 11:45 AM
VI.	<b>Lunch</b>	11:45 AM – 12:15 PM
VII.	<b>Leadership to End the HIV Epidemic: Insights on Public Health and Community Partnerships and Sustained Action</b> Barbara Ferrer, PhD, MPH, MEd, Director, Los Angeles County Department of Public Health Jeffrey Gunzenhauser, MD, MPH, Disease Control Bureau Director and Chief Medical Officer, Los Angeles County Department of Public Health Louise McCarthy, MPP, President and CEO, Community Clinics Association of Los Angeles County (CCLAC)	12:15 PM – 1:00 PM
VIII.	<b>Facilitated Group Discussion</b>	1:00 PM – 1:30 PM
IX.	<b>Break</b>	1:30 PM – 1:45 PM
X.	<b>Creating an Effective and Responsive Community Planning Structure</b>	1:45 PM – 2:45 PM
XI.	<b>Public Comments</b>	2:45 PM – 3:15 PM
XII.	<b>Summary, Closing Remarks &amp; Roll Call</b>	3:15 PM – 3:30 PM
XIII.	<b>Networking Opportunity for Community Stakeholders</b>	3:30 PM – 4:00 PM

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact Dina Jauregui at (213) 738-2816 or via email at [djauregui@lachiv.org](mailto:djauregui@lachiv.org).

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Dina Jauregui al (213) 738-2816 (teléfono), o por correo electrónico a [djauregui@lachiv.org](mailto:djauregui@lachiv.org), por lo menos 72 horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting. If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.



## LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748

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### CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

**All participants and stakeholders should adhere to the following:**

- 1) We strive for consensus and compassion in all our interactions.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) We give and accept respectful and constructive feedback.**
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including transphobia, ableism, and ageism).**
- 9) We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19)**





# 2019 MEMBERSHIP ROSTER

SEAT NO.	MEMBERSHIP SEAT	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE MEMBER
1	Medi-Cal representative	<b>Vacant</b>		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2020	
3	City of Long Beach representative	Susan Alvarado	City of Long Beach Department of Health and Human Services	July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2020	
5	City of West Hollywood representative	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2020	
7	Part B representative	Karl Halfman, MA	California Department of Public Health	July 1, 2018	June 30, 2020	
8	Part C representative	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2018	June 30, 2020	
9	Part D representative	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2020	
11	Provider representative #1	<b>Vacant</b>		July 1, 2019	June 30, 2021	
12	Provider representative #2	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2020	
13	Provider representative #3	Miguel Martinez, MSW, MPH	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
14	Provider representative #4	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2020	
15	Provider representative #5	<b>Vacant</b>		July 1, 2019	June 30, 2021	
16	Provider representative #6	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2018	June 30, 2020	
17	Provider representative #7	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2018	June 30, 2020	
19	Unaffiliated consumer, SPA 1	Michele Daniels	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Craig Scott
20	Unaffiliated consumer, SPA 2	Abad Lopez	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
21	Unaffiliated consumer, SPA 3	Jason Brown	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	Kevin Stalter	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
23	Unaffiliated consumer, SPA 5	<b>Vacant</b>		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	Pamela Coffey	Unaffiliated Consumer	July 1, 2018	June 30, 2020	Alasdair Burton
25	Unaffiliated consumer, SPA 7	Raphael Péna	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Thomas Green - LoA
26	Unaffiliated consumer, SPA 8	<b>Vacant</b>		July 1, 2018	June 30, 2020	Susan Forrest
27	Unaffiliated consumer, Supervisorial District 1	Carlos Moreno	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2	<b>Vacant</b>		July 1, 2018	June 30, 2020	Nestor Rogel
29	Unaffiliated consumer, Supervisorial District 3	Joshua Ray	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Eduardo Martinez
30	Unaffiliated consumer, Supervisorial District 4	<b>Vacant</b>		July 1, 2018	June 30, 2020	
31	Unaffiliated consumer, Supervisorial District 5	Diamante Johnson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Kayla Walker-Heltzel
32	Unaffiliated consumer, at-large #1	<b>Vacant</b>		July 1, 2018	June 30, 2020	
33	Unaffiliated consumer, at-large #2	Joseph Green	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
35	Unaffiliated consumer, at-large #4	Bridget Gordon	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2020	
37	Representative, Board Office 2	Traci Bivens-Davis	Community Clinic Association of LA County	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2020	
39	Representative, Board Office 4	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5	<b>Vacant</b>		July 1, 2018	June 30, 2020	
41	Representative, HOPWA	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	Lee Kochems	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
43	Local health/hospital planning agency representative	<b>Vacant</b>		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2020	
45	HIV stakeholder representative #2	Greg Wilson	In the Meantime Men's Group	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	Juan Preciado (LoA)	Northeast Valley Health Corporation	July 1, 2018	June 30, 2020	
47	HIV stakeholder representative #4	<b>Vacant</b>		July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2018	June 30, 2020	
49	HIV stakeholder representative #6	Amiya Wilson	Unique Women's Coalition	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2018	June 30, 2020	
51	HIV stakeholder representative #8	<b>Vacant</b>		July 1, 2018	June 30, 2020	Miguel Alvarez

# SPEAKER BIOS



## **Barbara Ferrer, PhD, MPH, MEd**

Director

Los Angeles County Public Health Department

Dr. Barbara Ferrer is a nationally-known public health leader with over 30 years of professional experience as a philanthropic strategist, educational leader, researcher, community advocate, and public health director. Currently, Dr. Ferrer is the Director of the Los Angeles County Department of Public Health, which protects health, prevents disease, and promotes equity and well-being among LA County's more than 10 million residents. She oversees a budget of over \$1.3 billion, directs a multidisciplinary workforce of nearly 5,000 staff, and works to integrate services with her colleagues at the Departments of Health Services and Mental Health. Most recently, Dr. Ferrer served as the Chief Strategy Officer for the W.K. Kellogg Foundation, overseeing programming and mission driven investments. Prior to working for the Foundation, Dr. Ferrer was the Executive Director of the Boston Public Health Commission, the city's health department. Under her leadership, the City of Boston saw significant improvements in health outcomes, including a decrease in the rates of childhood obesity, smoking, and infant mortality. Dr. Ferrer also held various leadership positions at the Massachusetts Department of Public Health, including Director of Health Promotion & Chronic Disease Prevention, and Director of the Division of Maternal & Child Health. She also served as a Headmaster at a district high school in Boston. Dr. Ferrer received her Ph.D. in Social Welfare from Brandeis University, a Master of Arts in Public Health from Boston University, a Master of Arts in Education from the University of Massachusetts, Boston, and a Bachelor of Arts in Community Studies from the University of California, Santa Cruz.



## **Jeffrey D. Gunzenhauser, MD, MPH**

Chief Medical Officer

Director, Disease Control Bureau

Los Angeles County Department of Public Health

Dr. Jeffrey Gunzenhauser has been a medical practitioner in public health for more than thirty years and has held a variety of positions and addressed a wide range of public health challenges. He is a graduate of the US Military Academy at West Point, New York, and completed his medical training at the Uniformed Services University School of Medicine at Bethesda, Maryland, after which he served for more than twenty years as a public health physician in the United States Army, including serving as the Preventive Medicine advisor to the Army Surgeon General at the time of the Pentagon attack and early phases of the wars in Afghanistan and Iraq. Dr. Gunzenhauser joined the Los Angeles County Department of Public Health in 2003, where he has led the Department's efforts in Quality Improvement and achieving national accreditation with the Public Health Accreditation Board. Appointed as the Director of the Department's Disease Control Bureau in 2015, he is currently responsible for responding to and controlling all communicable diseases within Los Angeles County. As the Department's Chief Medical Officer, Dr. Gunzenhauser provides support to the practice of medicine on a wide range of issues throughout the Department.

# SPEAKER BIOS



## **Raphael J. Landovitz, MD, MSc**

Center Co-Director | Core Co-Director, Combination Prevention Core  
UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS)

Dr. Raphael Landovitz is Professor of Medicine at the UCLA Center for Clinical AIDS Research & Education. He is also the Center Co-Director of CHIPTS. He has led combination prevention intervention studies and projects using Post-exposure (PEP) and Pre-exposure (PrEP) strategies for MSM, as well as being part of leadership groups of the DAIDS-funded AIDS Clinical Trials Group (ACTG), HIV Prevention Trials Network (HPTN) and the former Adolescent Trials Network (ATN). He is chair of the ACTG Antiretroviral Strategies Scientific Committee, the principal investigator of two multisite PrEP demonstration project in Los Angeles County, and leads the NIH/DAIDS-funded Phase 2 and Phase 3 registrational clinical trials evaluating long-acting injectable Cabotegravir for PrEP. His research agenda focuses on the optimization of the use of antiretroviral medications for both HIV treatment and HIV prevention.



## **Louise McCarthy, MPP**

President & CEO  
Community Clinic Association of Los Angeles County (CCALAC)

Louise McCarthy represents the interests of LA area Community Clinics and Health Centers, and those they serve. Prior to taking this role, Ms. McCarthy served as CCALAC's Vice President of Governmental Affairs for three years. Before joining CCALAC, Ms. McCarthy was the Assistant Director of Policy for the California Primary Care Association, where she worked on statewide legislative, regulatory and administrative issues impacting California's community clinics and health centers. She has also worked for the California Bureau of State Audits, conducting performance evaluations of state agencies, and for the Los Angeles Area Chamber of Commerce, analyzing policies affecting the business community. Ms. McCarthy is the Chair Elect of California Primary Care Association (CPCA) and the past Board Chair of L.A. Care Health Plan. She holds a Masters in Public Policy from the UCLA School of Public Affairs.

# SPEAKER BIOS



## **Emily Gantz McKay**

President and Managing Director  
EGM Consulting, LLC (EGMC)

Emily Gantz McKay is the President and Managing Director of EGM Consulting, LLC (EGMC), a consulting organization that works for positive social change through assisting community-based nonprofit organizations and the public and private entities that support their work. EGMC has particular expertise in nonprofit management and governance, fiscal management and its relation to sustainability, community planning and needs assessment, civil rights and social justice, HIV/AIDS prevention and care, and the role of safety net organizations in a changing health care system. EGMC engages diverse consultants to carry out its services. Emily established EGMC in December 2011 when she left Mosaica: The Center for Nonprofit Development and Pluralism, a Washington, DC-based multicultural nonprofit consulting entity she founded in 1994 to provide tools to nonprofits to build just, inclusive and thriving communities and societies. Emily has spent her entire career in work related to civil rights and social justice, domestically and internationally.



## **LCDR Jose Antonio Ortiz, MPH, BBA, CNA**

Deputy Director, Prevention through Active Community Engagement (PACE)  
Region 9, Los Angeles  
U.S. Department of Health & Human Services

LCDR Jose Antonio Ortiz began his career as United States Public Health Commissioned Officer in February 2007 as an Assistant Health Services Administrator with the Division of Immigration Health Services in El Paso, Texas. In 2015, LCDR Ortiz relocated to his current residence, in Arlington, VA, where he has served as a Senior Health Program Analyst for the Ryan White HIV/AIDS Program within the Health Resources and Services Administration, HIV/AIDS Bureau, Divisions of Community and Metropolitan HIV/AIDS Programs. His expertise and working experience was instrumental through the development and implementation of an Integrated Plan collaborative between HRSA and CDC, which focused on ending the HIV epidemic. LCDR Ortiz possesses a Master's degree in Public Health and Health Services Administration and a Bachelor's degree in Finance and Business Administration. LCDR Jose Ortiz has been selected to serve as Deputy Director for the Region IX PACE program under the Office of the Assistant Secretary for Health.



# SPEAKER BIOS



## **Mario J. Pérez, MPH**

Director, Division of HIV and STD Programs (DHSP)  
Los Angeles County Department of Public Health

As Director of DHSP, Mario is responsible for guiding the work of more than 320 employees and managing the annual investment of more than \$105 million in local, State and federal resources that support the delivery of HIV and STD services through nearly 80 Los Angeles County partner organizations. He is a leader on State, local, and national HIV policy issues, serving as a past member of the Presidential Advisory Council on HIV and AIDS, the Board of Directors of the National Minority AIDS Council, a member of the National Council of STD Directors, a member of the AIDS United Public Policy Committee and a member of the Los Angeles County Commission on HIV. Mr. Pérez began providing HIV education and awareness services in 1990 while a student at UC Berkeley. Over the last 20 years, he has testified before Congress, the Los Angeles County Board of Supervisors, and the Los Angeles City Council to address a range of HIV/AIDS issues, including the need for scientifically-proven interventions, adequate resources, and increased accountability. Mr. Pérez has received recognition for his leadership in the fight against HIV/AIDS from more than a dozen local organizations and more than a dozen state and local elected officials. He was born, raised and lives in Los Angeles. He earned a Bachelor's Degree in Biology from UC Berkeley and a Master of Public Health degree from UCLA.



## **Marisa Ramos, PhD**

Interim Chief  
Chief, Surveillance and Prevention Evaluation and Reporting  
California Department of Public Health, Office of AIDS

Dr. Marisa Ramos has been with the California Department of Public Health for 11 years. She has 25 years of experience managing research projects, data systems, and surveillance efforts, and has authored publications and presented at local, state, national and international conferences on refugee and Latino health issues. Prior to coming to CDPH, Dr. Ramos was an Adjunct Professor of Biology at the University of California, Davis, where she currently serves as a volunteer Professor of Public Health. Dr. Ramos completed both Masters and Doctoral programs in Biological Nutrition with an emphasis in Epidemiology from the University of California, Davis.

# SPEAKER BIOS



## **CDR Michelle Sandoval-Rosario**

Director, Prevention through Active Community Engagement (PACE)  
Region 9, Los Angeles  
U.S. Department of Health & Human Services

Commander Michelle Sandoval-Rosario is currently the PACE Director for Region 9 with the Office of the Assistant Secretary for Health (OASH). Prior to joining the OASH, CDR Sandoval-Rosario was with the Centers for Disease Control and Prevention (CDC) for 13 years and has extensive experience working with state/local government entities and other partners both in the US and overseas on a variety of public health initiatives ranging from HIV, polio, chronic diseases, women and children's health, to the implementation and evaluation of collaborative programs. In her previous position with the CDC, CDR Sandoval-Rosario was a Senior Epidemiologist with the Division of Population Health assigned to the Arizona Department of Health Services (ADHS) where she provided leadership and technical assistance on epidemiology and surveillance efforts to address health disparities. She also worked with the Indiana State Department of Health where she provided critical leadership during high-profile infectious disease investigations, including one of the largest rural community outbreaks of the HIV infection among inject drug users. CDR Sandoval-Rosario has worked with the CDC Division of Global Migration and Quarantine in Los Angeles, CA and the United States Mexico Unit in El Paso, Texas. Prior to joining the USPHS, CDR Sandoval-Rosario was a CDC Council of State and Territorial Epidemiology Fellow working on border health research in the United States Mexico border region and the Rio Grande. CDR Sandoval-Rosario has deployed on several missions, both domestically and internationally. CDR Sandoval-Rosario graduated from the University of California, Irvine where she received her BA in Psychology and Social Behavior with a minor in Public Health and Epidemiology. She received her MPH in Epidemiology from Boston University School of Public Health and her DrPH from the University of Illinois at Chicago School of Public Health. CDR Sandoval-Rosario was born and raised in Los Angeles, CA and enjoys spending time outdoors with her husband and two boys.



## **Britt Skaathun, PhD, MPH**

Postdoctoral Fellow  
Infectious Diseases & Global Public Health, School of Medicine  
University of California, San Diego (UCSD)

Dr. Britt Skaathun is a Postdoctoral Fellow in the Division of Infectious Diseases and Global Public Health at the University of California San Diego (UCSD). She received her Master of Public Health degree in Epidemiology from the University of Illinois, Chicago in 2010 and her PhD in Epidemiology from the University of Chicago in 2016. Her research advances HIV and STI epidemiology through a combination of methodologies, using social network analysis and epidemic modeling methods to produce evidence-based results that inform intervention and policy. She has been involved in HIV research since 2006 and has experience assessing social network factors that impact marginalized populations through managing several longitudinal social network cohort studies among young Black men who have sex with men

# SPEAKER BIOS

(MSM) in Chicago, and working as an Epidemiologist on the National HIV Behavioral Surveillance system. She was recently awarded a NIH Mentored Research Scientist Development Award (K01) from the National Institute on Drug Abuse (NIDA) that develops methods to better understand the complex and overlapping social and molecular network dynamics involved in HIV transmission among substance using populations to more effectively prioritize interventions to reduce HIV incidence.

## Presentation Summary

**Presentation Title:** Ending the HIV Epidemic in Los Angeles County (LAC): A New Path

**Speaker Name(s) and Contact Information:**

Mario J. Pérez, Director  
Division of HIV and STD Programs  
600 S. Commonwealth Ave., 10<sup>th</sup> floor  
Los Angeles, CA 90005  
[mjperez@ph.lacounty.gov](mailto:mjperez@ph.lacounty.gov)  
(213) 351-8001

### Key Highlights of Presentation

The Ending the HIV Epidemic in LAC: A New Path presentation provides an overview of the current Los Angeles County HIV/AIDS Strategy (LACHAS) goals and activities, accomplishments to date, overview of the national Ending the HIV Epidemic initiative including new funding, introduction to the proposed new framework, and future directions and timeline. One critical take away is that this is an unprecedented opportunity to end the HIV epidemic-it's now or never.

### What support do you need from the community-at-large to be successful?

DHSP cannot End the HIV Epidemic in LAC alone and financial resources are not the only thing we need to End the HIV Epidemic in Los Angeles County. To End the HIV Epidemic in LAC we need unwavering commitment from traditional and non-traditional service providers, government leadership at the local and State-levels, activism from the community-at-large, innovative thinking and problem solving and agreement that Ending the HIV Epidemic is a public health priority. We cannot End the HIV Epidemic in LAC without addressing the meth epidemic, uncontrolled number of syphilis infections, mental health disorders and lack of affordable housing.

### What do you see as opportunities to work with the Commission on HIV (COH)?

The Commission can engage non-traditional partners, obtain feedback from PLWH and persons at risk for new services development, inform County leadership about system and infrastructure challenges and barriers and their impact on access and quality of public health services, advocate for change and empower the community.

## Presentation Summary

**Presentation Title:** University of California Los Angeles, Center to HIV Identification, Prevention, and Treatment Services (CHIPTS) Efforts Towards Ending the HIV Epidemic (EtHE)

**Speaker Name(s) and Contact Information:**

Raphael Landovitz, MD, MSc, [RLandovitz@mednet.ucla.edu](mailto:RLandovitz@mednet.ucla.edu) (main presenter); Uyen Kao, MPH, [ukao@mednet.ucla.edu](mailto:ukao@mednet.ucla.edu)

### Key Highlights of Presentation

- To provide an overview of the National Institutes of Health (NIH's) role in the EtHE initiative, in the context of the efforts/activities that are being supported by the other federal health agencies.
- To provide an overview of NIH-funded projects that are being implemented through the Centers for AIDS Research and AIDS Research Centers (across the U.S.), specifically focusing on the three 12-month (9/1/19 to 8/31/20) projects awarded to CHIPTS:
  1. Regional Response to HIV Eradication Efforts in Southern CA Counties  
Project leads: Steven Shoptaw, PhD, and Uyen Kao, MPH  
EtHE pillar: Respond      Award amount: \$131,400.  
Goal: To improve/identify evaluation measures that would inform program planning as well as to identify the infrastructure and capacity building needs to support regional coordination for Los Angeles County (LAC) and other CA counties.
  2. Use of technology-based pre-exposure prophylaxis (PrEP) services to improve uptake, adherence, and persistence among young men who have sex with men (YMSM) and young transgender (YTG) persons of color  
Project leads: Ronald A. Brooks, PhD and Dilara Uskup, PhD  
EtHE pillar: Protect      Award amount: \$120,891  
Goal: To assess how technology-based delivery systems can potentially enhance PrEP uptake, adherence, and persistence among key populations for LAC
  3. Preparing for long-acting injectable treatment for HIV in Los Angeles  
Project leads: Raphael Landovitz, MD, MSc and David Goodman-Meza, MD  
EtHE pillar: Treat      Award amount: \$143,067  
Goal: To understand the barriers to and facilitators of successful implementation of long-acting injectable (LAI) antiretroviral therapy (ART) as part of a strategy to optimize viral suppression for LAC



## **What support do you need from the community-at-large to be successful?**

We need participation and feedback from the community-at-large for each of the three projects:

1. A regional meeting on 1/24/20 in Los Angeles, in which stakeholders and community partners/members from LAC and other CA counties will be invited to in order to discuss and develop a plan for regional coordination. Group interviews will be conducted with county representatives to inform the regional coordination plan.
2. A community consultation meeting on 2/10/20 at St. Anne's Conference Center, in which community partners and members as well as technology-developers will be invited. It will include breakout sessions to discuss challenges and barriers of implementing technology-based PrEP delivery services by key populations.
3. Six focus groups to be conducted on 1/8/20, 1/13/20, and 2/3/20. Two sessions each will be conducted with a) clinical/nonclinical providers, b) policy makers and agency partners, c) consumers.

## **What do you see as opportunities to work with the Commission on HIV (COH)?**

- COH participation in the 1/24/20 regional meeting. For Cheryl Barrit and co-chairs to provide feedback and suggestion on the agenda and format to ensure engagement from community, COH, and other county stakeholder.
- COH involvement and assistance on soliciting community feedback when developing, reviewing, and revising the products/deliverables from each project.
- Participation from COH members in the consultation meeting and focus groups, where appropriate and feasible.
- COH assistance in disseminating or implementing recommendations as a result from the projects (supporting regional coordination, facilitating PrEP uptake, and supporting implementation recommendations for LAI ART).

## Presentation Summary

**Presentation Title:** Responding to HIV molecular transmission clusters comprising transgender women in Los Angeles County

**Speaker Name(s) and Contact Information:**

Britt Skaathun, PhD, MPH, [bskaathun@ucsd.edu](mailto:bskaathun@ucsd.edu) (main presenter); Joel O. Wertheim, PhD, [jwertheim@ucsd.edu](mailto:jwertheim@ucsd.edu); Susan Little, MD, [slittle@ucsd.edu](mailto:slittle@ucsd.edu)

**Key Highlights of Presentation**

To provide an overview of funding received through the Ending the HIV Epidemic (EtHE) initiative for a collaborative project between the University of California, San Diego and Los Angeles County:

- Responding to HIV molecular transmission clusters comprising transgender women in Los Angeles County Department of Public Health
- Project leads (UCSD): Joel O. Wertheim, PhD; Susan Little, MD; Britt Skaathun, PhD, MPH; Sheldon Morris, MD; Annick Borquez, PhD, and Natasha Martin, DPhil
- Project leads (LAC DPH): Wendy Garland, MPH; Virginia Hu, MPH, Kathleen Poortinga, MPH
- EtHE pillar: Respond Award amount: \$100,000
- Goal: To establish the framework and evaluate the feasibility of using molecular transmission clusters to identify seeds for social network recruitment to reach persons at risk for HIV infection for testing and pre-exposure prophylaxis (PrEP).

**What support do you need from the community-at-large to be successful?**

We will need assistance from the community at large to identify culturally acceptable approaches to engaging with those who could benefit most from this project. As a part of this process, we look to the community to help us be cognizant of community concerns, preferences, and priorities.

**What do you see as opportunities to work with the Commission on HIV (COH)?**

- Assistance getting community feedback as we develop the protocol for our project, especially with members of the Transgender Caucus.

- Assistance identifying providers with whom we can reach out to propose partnering with for our social network recruitment study. The ideal partners would (i) be accepted and utilized by the community (ii) have a small space for us to administer a short survey, (iii) provide rapid HIV testing, and (iv) provide PrEP if this test is negative.
- Assistance increasing awareness about the project in the community and disseminating findings.

## Presentation Summary

**Presentation Title:** California Department of Public Health, Office of AIDS

**Speaker Name(s) and Contact Information:**

Marisa Ramos, Ph.D., Interim Chief  
California Department of Public Health, Office of AIDS  
[Marisa.Ramos@cdph.ca.gov](mailto:Marisa.Ramos@cdph.ca.gov)  
916-449-5905

**Key Highlights of Presentation**

- California has been implementing its Integrated HIV Surveillance, Prevention and Care plan since 2017. While all twelve objectives have achieved some progress, none are currently meeting or exceeding expected milestones.
- The State is updating the plan to reflect the national Ending the HIV Epidemic in America plan. The plan will be inclusive of addressing HIV, STDs and Hepatitis C virus (HCV).
- Eight California jurisdictions are part of Phase I of the national plan's implementation. The CDC has awarded funding to Los Angeles, San Francisco, and the State for an accelerated planning year that will be followed with four years to implement the plan. The State funding is to coordinate the plan development for the other six California jurisdictions: Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego.

**What support do you need from the community-at-large to be successful?**

There is a critical need for community input as the plans are developed in order to accurately address community specific needs. Your sharing thoughts and suggestions for effective, innovative, and radically different approaches is essential, as well as your seeking the input of others in your communities. Submit thoughts to [ETE@cdph.ca.gov](mailto:ETE@cdph.ca.gov)

**What do you see as opportunities to work with the Commission on HIV (COH)?**

- Collaborate in hosting community listening sessions.
- COH reviewing drafts as the plan is developed.
- Providing concurrence on the final plan that will be submitted to the CDC .

## Presentation Summary

**Presentation Title:** Ending the HIV Epidemic: Prevention through Active Community Engagement (PACE)

**Speaker Name(s) and Contact Information:**

CDR Michelle Sandoval-Rosario, MPH, DrPH	LCDR Jose A. Ortiz, MPH
Mobile: <a href="tel:2027487750">(202) 748-7750</a>	Mobile: 202 815 5041
Email: <a href="mailto:Michelle.Sandoval-Rosario@hhs.gov">Michelle.Sandoval-Rosario@hhs.gov</a>	Email: <a href="mailto:jose.ortiz1@hhs.gov">jose.ortiz1@hhs.gov</a>

## Key Highlights of Presentation

**Key roles of the Prevention through Active Community Engagement (PACE) Regional offices:**

1. To promote and support the Assistant Secretary for Health initiative on “Ending the HIV Epidemic” initiatives.
2. Work collaboratively with HHS interagency leadership spearheading the “Ending the HIV Epidemic” effort, as well as with other federal and non-federal partners to develop targeted, public health interventions specifically geared toward the communities they are trying to reach.
3. Support partners and stakeholder’s in reducing new HIV infections by 75% in the next 5 years and by 90% in the next decade by concentrating on high-risk regions in the U.S.

## What support do you need from the community-at-large to be successful?

The PACE Program will be looking into the community at large for further engagement, partnerships, and collaboration efforts to identify resources within the community to amplify and extend this initiative locally, regionally and nationwide.

## What do you see as opportunities to work with the Commission on HIV (COH)?

The PACE team would like to collaborate with the Commission on HIV to reach out to community organizers to identify hardest hit communities and provide support to the areas with the greatest needs. In addition, the PACE team will work with the COH to mobilize community members and engage with partners across the state and region to support a strategic plan for ending the HIV epidemic.



## Presentation Summary

**Presentation Title:** Los Angeles County Department of Public Health Support for Ending the HIV Epidemic

**Speaker Name(s) and Contact Information:**

Jeffrey D. Gunzenhauser, MD, MPH

Director of the Disease Control Bureau and Chief Medical Officer, Los Angeles County  
Department of Public Health

[jgunzenhauser@ph.lacounty.gov](mailto:jgunzenhauser@ph.lacounty.gov)

Barbara Ferrer, PhD, MPH, MEd

Director, Los Angeles County Department of Public Health

[bferrer@ph.lacounty.gov](mailto:bferrer@ph.lacounty.gov)

**Key Highlights of Presentation**

1. The Los Angeles County Department of Public Health is enthusiastic and committed to support and provide leadership in the County's efforts to End the HIV Epidemic.
2. The quickest trajectory to reach strategic goals will require close coordination with many partners, a strong engagement with the healthcare system, a full leverage of existing opportunities, and alignment with other County priorities.
3. We look forward to ongoing conversations and shared action that ensure the most efficient and responsive care, HIV-related and beyond; current efforts include addressing the Board motion that instructed the Departments of Public Health, Health Services, and Mental Health to work with partners to propose a structure, initiatives, and metrics that ensure health service integration outside of the current Health Agency structure.

**What support do you need from the community-at-large to be successful?**

1. Support from community partners is critical to engage at-risk community members, especially those hard to reach, to provide testing and linkage to/maintenance in care.
2. Promote awareness of the County's goals and efforts to support a Collective Impact approach.

**What do you see as opportunities to work with the Commission on HIV (COH)?**

1. Remain informed and support Commission on HIV activities which target the End the HIV Epidemic and facilitate health service integration.
2. Share information with the Commission on HIV on the breadth of activities supported by the Los Angeles County Department of Public Health that align with the End the HIV Epidemic goal and streamline services across the Departments of Public Health, Health Services, and Mental Health.

## Presentation Summary

**Presentation Title:** Leadership to End the HIV Epidemic: Insights on Public Health and Community Partnerships and Sustained Action

**Speaker Name(s) and Contact Information:**

- Louise McCarthy, MPP, President and CEO, Community Clinics Association of Los Angeles County (CCALAC)

**Key Highlights of Presentation**

CCALAC's presentation will provide audience members an understanding of:

- the landscape of community clinics and health centers in Los Angeles County and their strategic priorities.
- the involvement of community clinics and health centers in ending the epidemic, including screening, treatment, and prevention.
- promising partnerships and practices of community clinics to scale up HIV/STD prevention and treatment services.
- opportunities to support community clinics and health centers in ending the epidemic.

**What support do you need from the community-at-large to be successful?**

There are many opportunities for community based organizations to partner with community clinics and health centers on supporting our common clients. For example, partnerships in legal services, housing, food security and transportation can enhance the services offered by clinics and address social needs expressed by patients.

**What do you see as opportunities to work with the Commission on HIV (COH)?**

We'd love to continue to work with the commission to explore the promising practices being done in the clinics and work to scale them together. Several CCALAC members participate actively in the commission, in addition to one CCALAC staff member on the commission.

# Ending the HIV Epidemic in LAC: A New Path

Formulating our local response with federal, state and local resources

Commission on HIV Annual Meeting  
November 14, 2019  
Mario J. Pérez  
Director, DHSP

## Overview-Past, Present and Future

- LACHAS progress update since 2017 launch
- National Ending the HIV Epidemic Initiative (EtHE or EtE)
- Aligning EtHE Initiative with LACHAS



# LOS ANGELES COUNTY HIV/AIDS STRATEGY FOR 2020 AND BEYOND





## **Goal 1: Reduce Annual HIV infections to 500 by 2022**

- *Increase access to Biomedical Prevention*
- *Develop a treatment as prevention media campaign (U=U)*
- *Target HIV response in high-risk, high-prevalence geographic areas using epidemiologic evidence*
- *Promote resiliency and protective factors*
- *Address workforce issues regarding capacity, burnout, and minimum expectations to uphold principles of sex positivity, equity, and social justice*
- *Decrease the burden of Syphilis and Gonorrhea among groups at high risk for HIV*

## **Goal 2: Increase the Proportion of Persons Living with HIV who are Diagnosed to at least 90% by 2022**

- *Normalize HIV testing*
- *Make routine testing truly routine*

### **Goal 3: Increase the Proportion of Diagnosed Persons Living with HIV who are Virally Suppressed to 90% by 2022**

- *Seamless testing, disclosure and linkage to care*
- *Medical Care Coordination that recognizes the successes of holistic treatment to mitigate the effects of homelessness, poor mental health and substance abuse*
- *Support programming that specifically addresses the magnitude of the challenges posed by institutional poverty and incarceration*

# 2018-2019 Community Engagement Activities

- Focus groups to identify service needs
- Health District/SPA LACHAS presentations
- Meetings with the Board of Supervisors to promote LACHAS
- Data Summit

# 2018-2019 Programmatic Advancements

## *Implemented new programs*

- Permanent supportive housing services for PLWH
- Ambulatory Outpatient Medical (AOM) & Medical Care Coordination (MCC) services
- New oral health contracts with dental case managers and expanded the list of dental procedures to include prosthodontics for oral health specialty care

## *Expanded existing programs*

- Increased reimbursement rates for Home Based Case Management

# 2018-2019 Programmatic Advancements

## *Proposed Services/Recently Released Solicitations*

- Approximately (TBD, pending Board approval) new HIV Testing, STD Screening, and Sexual Health Express Clinics contracts with new pay-for-performance goals
- U=U social marketing campaign in development
- RW service pamphlet in development
- Transportation services solicitation in development
- RCFCI and TRCF housing services solicitation in development
- Nutrition support services proposed

## *DHSP Infrastructure Enhancements*

- Development of new Planning, Development and Research Section (2018)
- Development of integrated HIV and STD Surveillance Section (2019)

Then, in early 2019 something extraordinary and completely unexpected happened...a new national “Ending the HIV Epidemic” strategy was introduced with unprecedented collaboration across HHS. This caused us to PRESS PAUSE on our LACHAS updates, in order to better understand the direction and resources that would be coming to us from our federal partners.

# Ending the HIV Epidemic: A Plan for America





# Why Focus on Ending the HIV Epidemic in America?

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- More than 700,000 American lives lost to HIV since 1981
- \$20 billion annual direct health expenditures by U.S. government for HIV prevention and care (2016 data)
- Over the next ten years, without intervention and despite substantial progress:
  - Another 400,000 Americans will be newly diagnosed with HIV
  - U.S. government will spend more than \$200 billion

# Ending the HIV Epidemic: A Plan for America

**During the 2019 State of the Union address, the Administration announced the new “Ending the HIV Epidemic: A Plan for America.”**

- This will be a ten year initiative beginning in FY 2020 to achieve the important goal of reducing new HIV infections to less than 3,000 per year by 2030
- Reducing new infections to this level would essentially mean that HIV transmissions would be rare and meet the definition of ending the epidemic
- This is a cross agency plan guided by the Office of the HHS Assistant Secretary for Health. Federal agencies include: Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Indian Health Services, National Institutes of Health (NIH), and Substance Abuse and Mental Health Services Administration (SAMHSA).



# Four Pillars of Ending the HIV Epidemic



# Geographic Locations of Ending the HIV Epidemic Initiative

**Phase 1: Efforts focused in 48 counties, Washington, DC, and San Juan, PR, where more than 50% of HIV diagnoses occurred in 2016 and 2017, and seven states with substantial rural HIV burden.**



**New Funding Available**

## Unprecedented and unexpected increases in resources for Health Departments

- CDC 1 year planning grant September 30, 2019- September 29, 2020- awarded
- HRSA FOA – application submitted 10/14/19
  - Annual awards range from \$450K to \$9 million
  - 5 year implementation grant (admin., planning, and evaluation activities capped at 15%) March 1, 2020 – February 28, 2025
  - Pillars II (treat) and IV (respond)
- CDC FOA anticipated in 2020
  - Pillars I (diagnose) and III (protect)

# Unprecedented and unexpected increases in resources for Other Partners

- HRSA FOAs for national technical assistance and systems coordination providers
- HRSA Primary Care HIV Prevention Supplemental Funding TA (Community Health Centers)-deadline 12/16/19
- NIH CFAR
  - UCSD*
  - 1. Evaluate feasibility of using molecular transmission clusters to “seed” PS elicitation protocols to identify additional persons for testing, ART and PrEP
  - 2. TRANS (ending) the HIV epidemic: planning a mobilized community-delivered response with transgender individuals at high risk for HIV transmission
  - 3. A demonstration project of collaborative clinic-based data to care
  - 4. Proyecto Compadre: community engagement to prevent and treat HIV/AIDS among Latino men in San Diego



## Unprecedented and unexpected increases in resources for Other Partners (cont.)

- NIH CFAR

- UCSF*

1. Evaluating gaps and improving immediate linkage and ART initiation in the Bay Area
2. Enhancing case-based and behavioral surveillance for key populations in Alameda County
3. Optimizing novel strategies to increase virologic suppression rates among unstably housed patients living with HIV

- NIMH ARC

- UCLA CHIPTS*

1. Use of technology-based PrEP services
2. Preparing for long-acting injectable treatment
3. Regional response to HIV eradication efforts in Southern California

## Unprecedented and unexpected increases in resources for Other Partners (cont.)

- NIMH ARC

- SF CAPS*

1. Community-led programming to improve prevention and care services among transgender people in the SF Bay area
2. Enhancing partner services for newly-diagnosed, sexually active, high risk MSM
3. Culturally tailoring a sexual health services model for racial and ethnic minority MSM

- NIDA

- CEPAC (Comparative Effectiveness Public Advisory Council)*

1. Cost-Effectiveness of Preventing HIV Complications



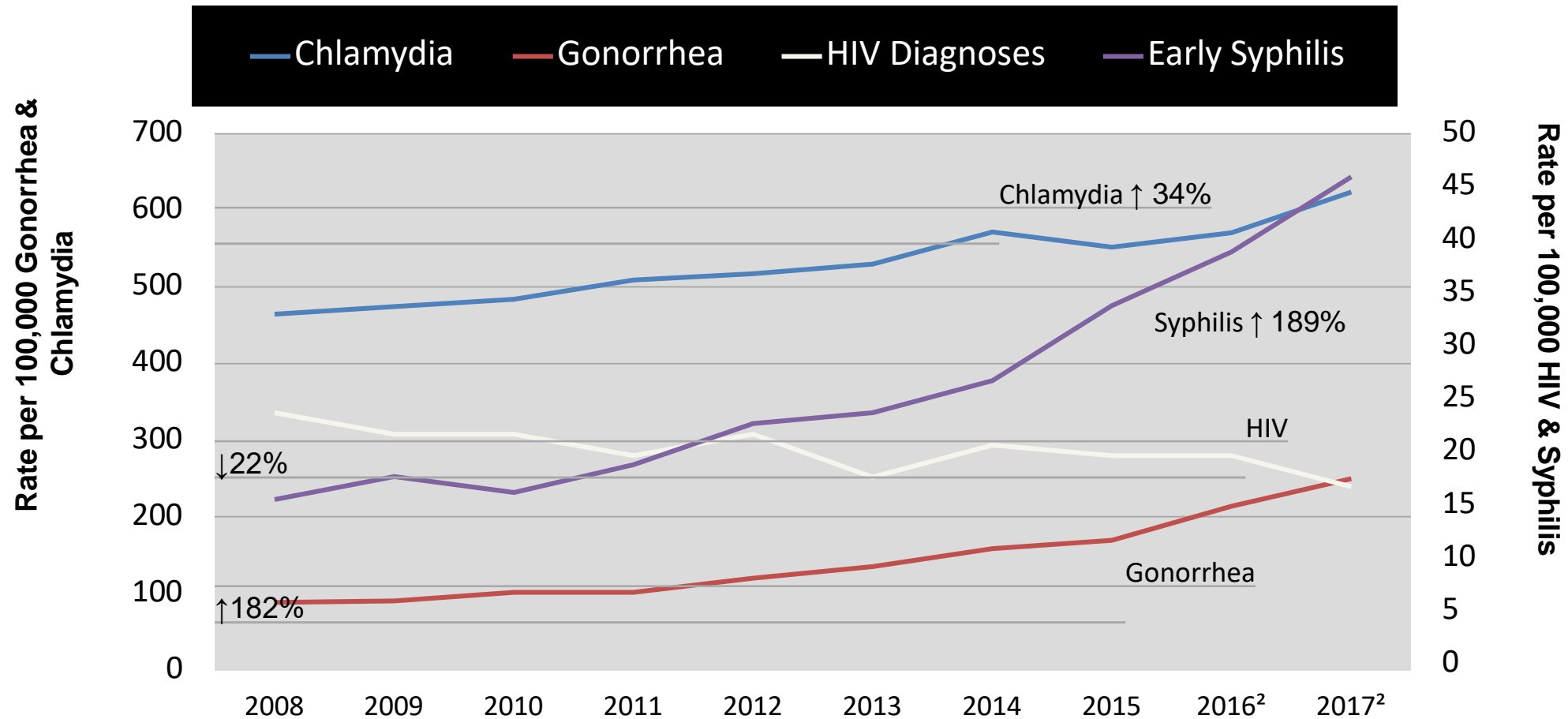
**How can we align LACHAS with the EtHE Initiative?**

**How can we plan and implement at the same time?**

**Who needs to do the work?**

Step 1: Look at the data-What do we know already?

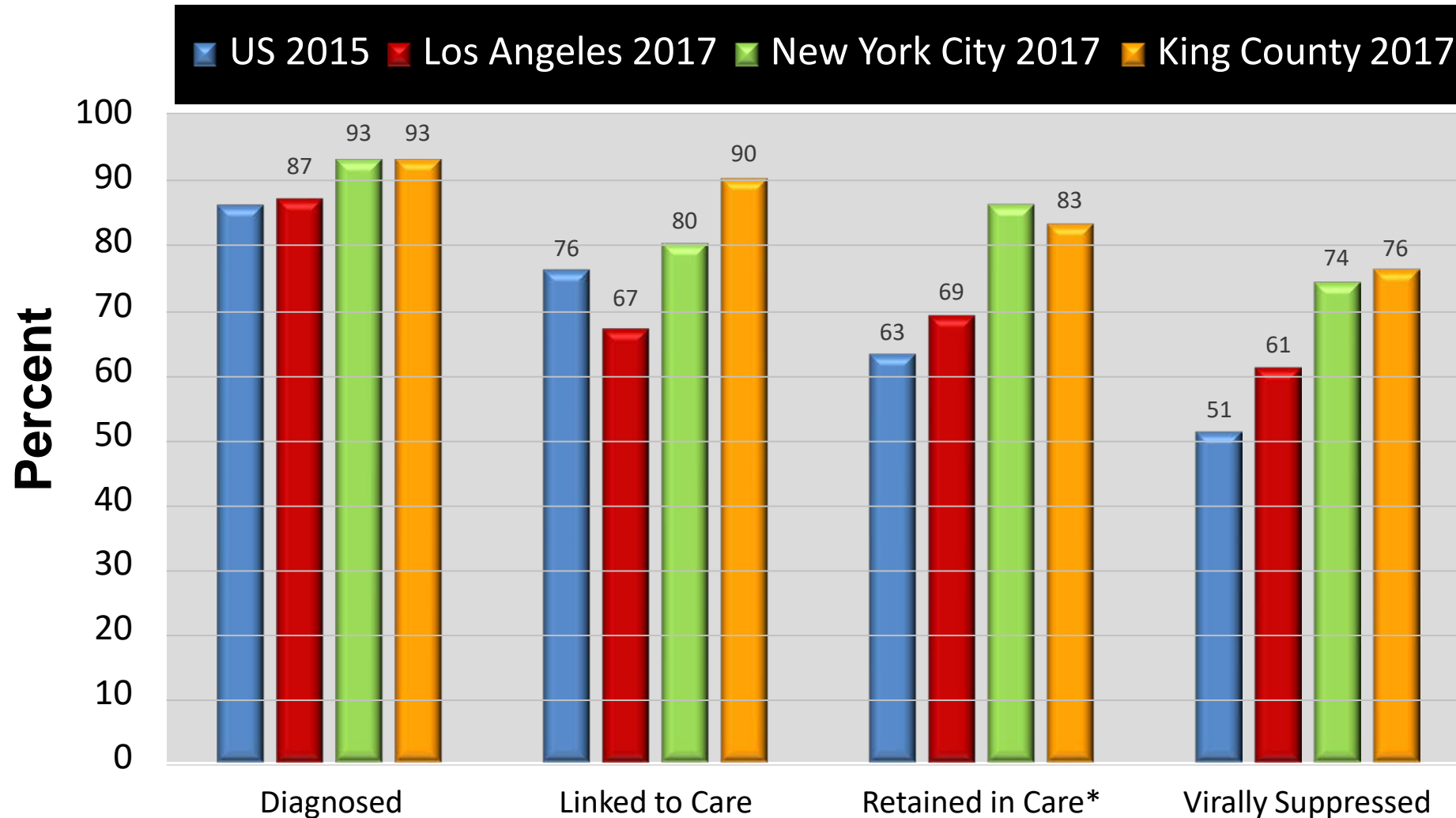
# Rates of Chlamydia, Gonorrhea, Early Syphilis & HIV, Los Angeles County, 2008-2017<sup>1</sup>



<sup>1</sup> Early syphilis includes all cases staged as primary, secondary, or early latent; rates for 2010 are based on smoothed population estimates for the same years prepared by the Office of Health Assessment and Epidemiology, LAC/DPH.

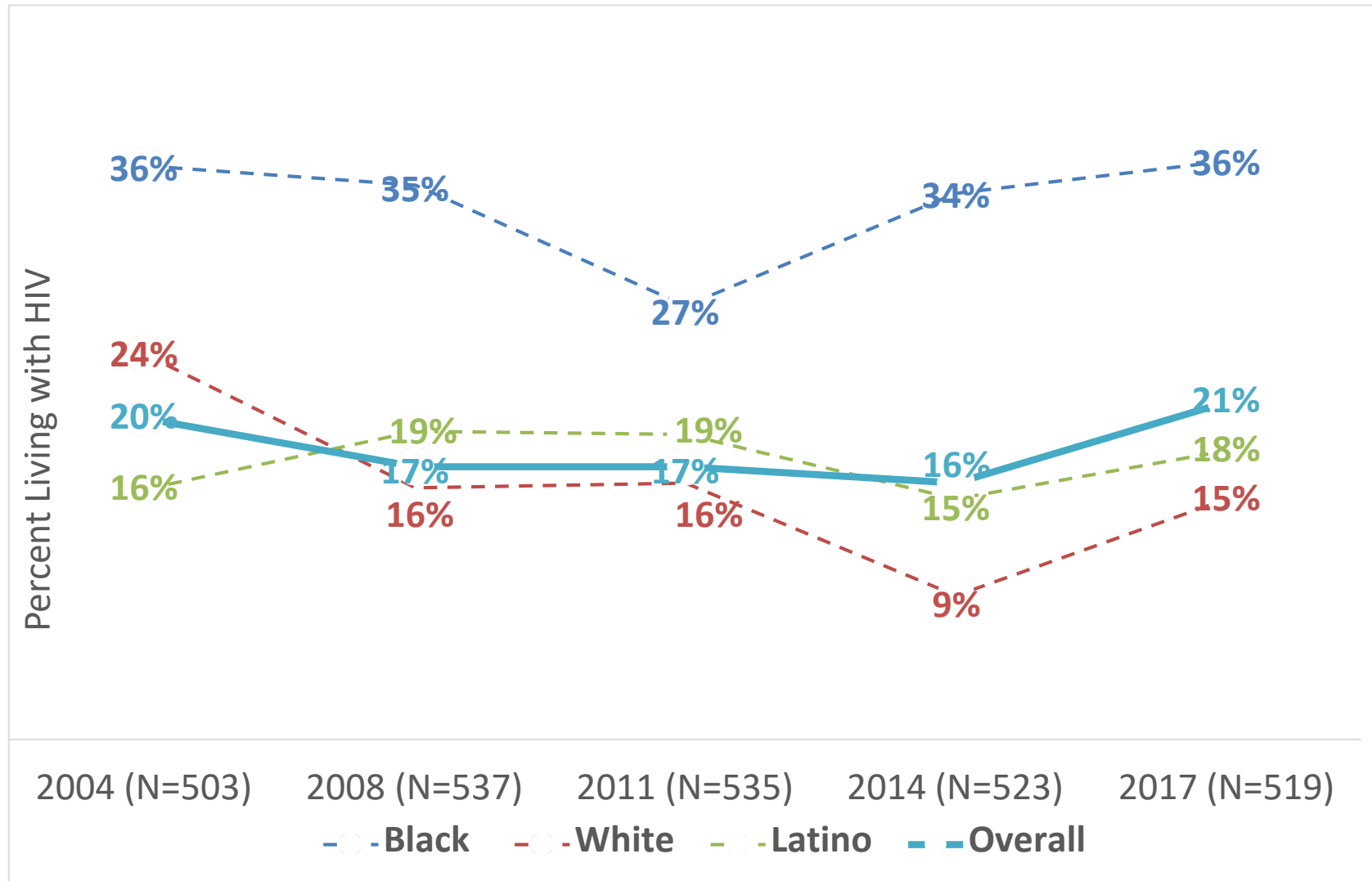
<sup>2</sup> 2016 and 2017 data are provisional due to reporting delay.

# HIV Care Continuums

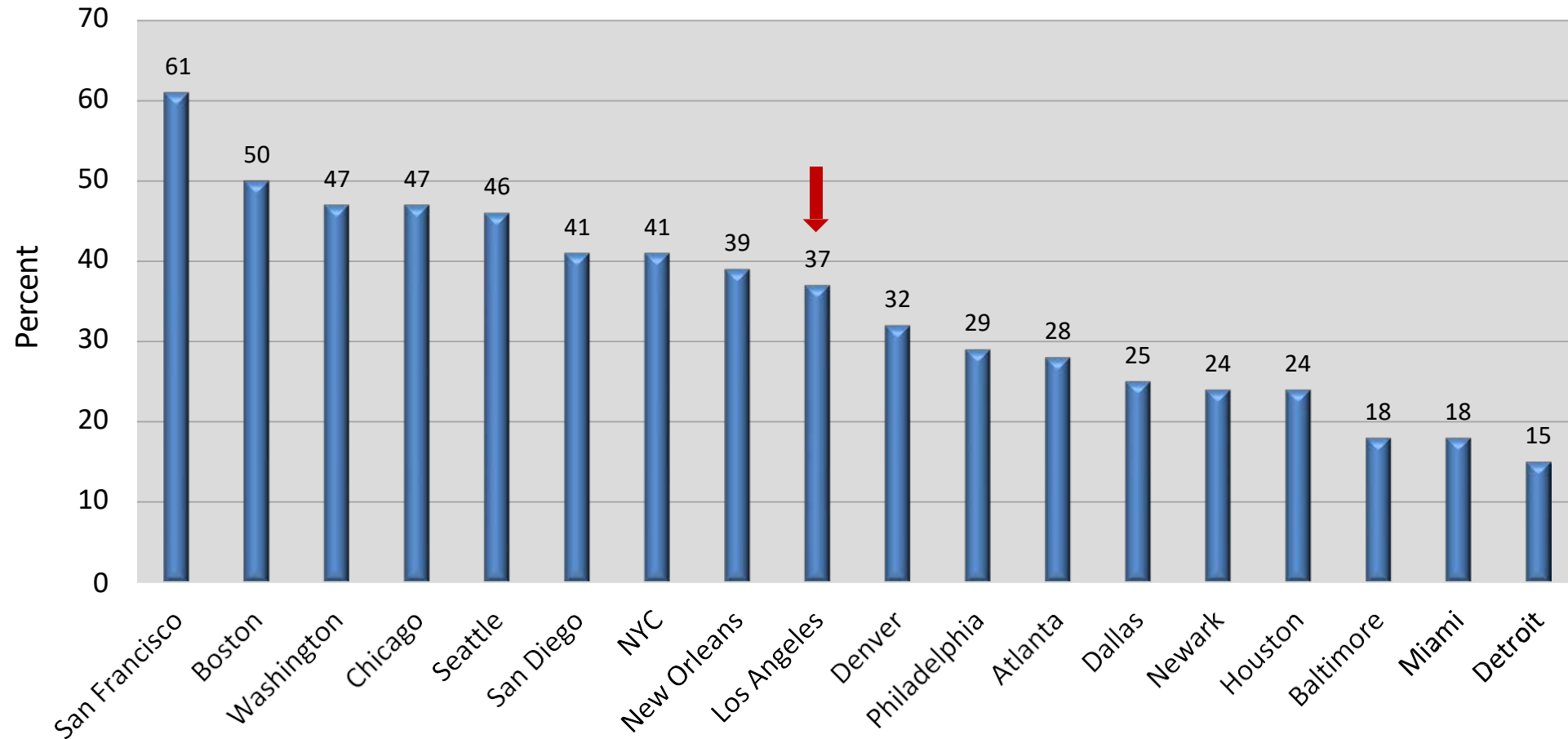


## HIV Prevalence among MSM by Race/Ethnicity, LAC-NHBS

HIV prevalence among Black MSM remains relatively higher compared to Latino and White MSM

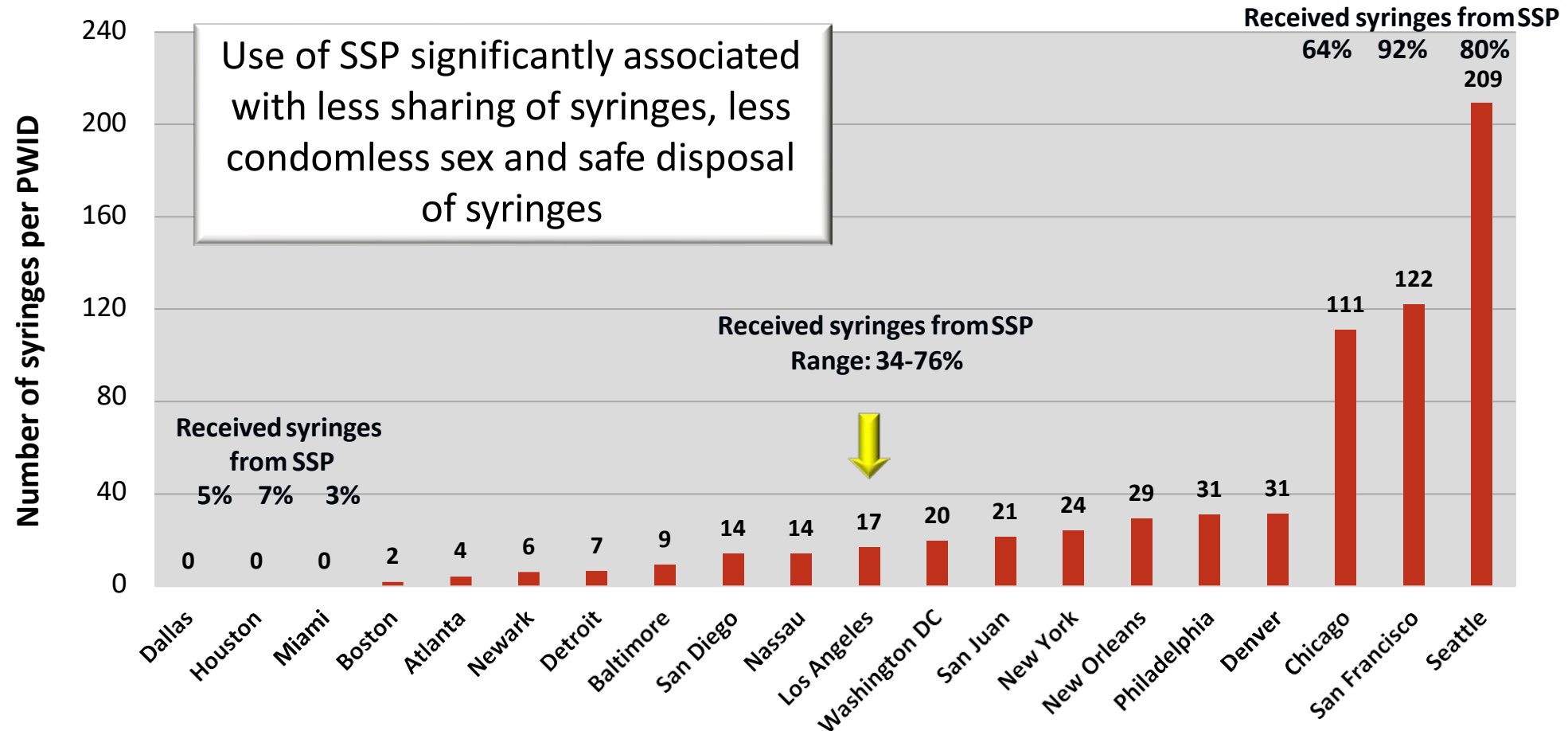


# PrEP Use Among MSM in Cities Participating in NHBS, 2017





# SSP Coverage by Jurisdiction: Number of Syringes Distributed per PWID\*, NHBS 2014



\*Coverage based on estimate of number of PWID (Tempalski B. PloS one. 2013) and reported number syringes exchanged

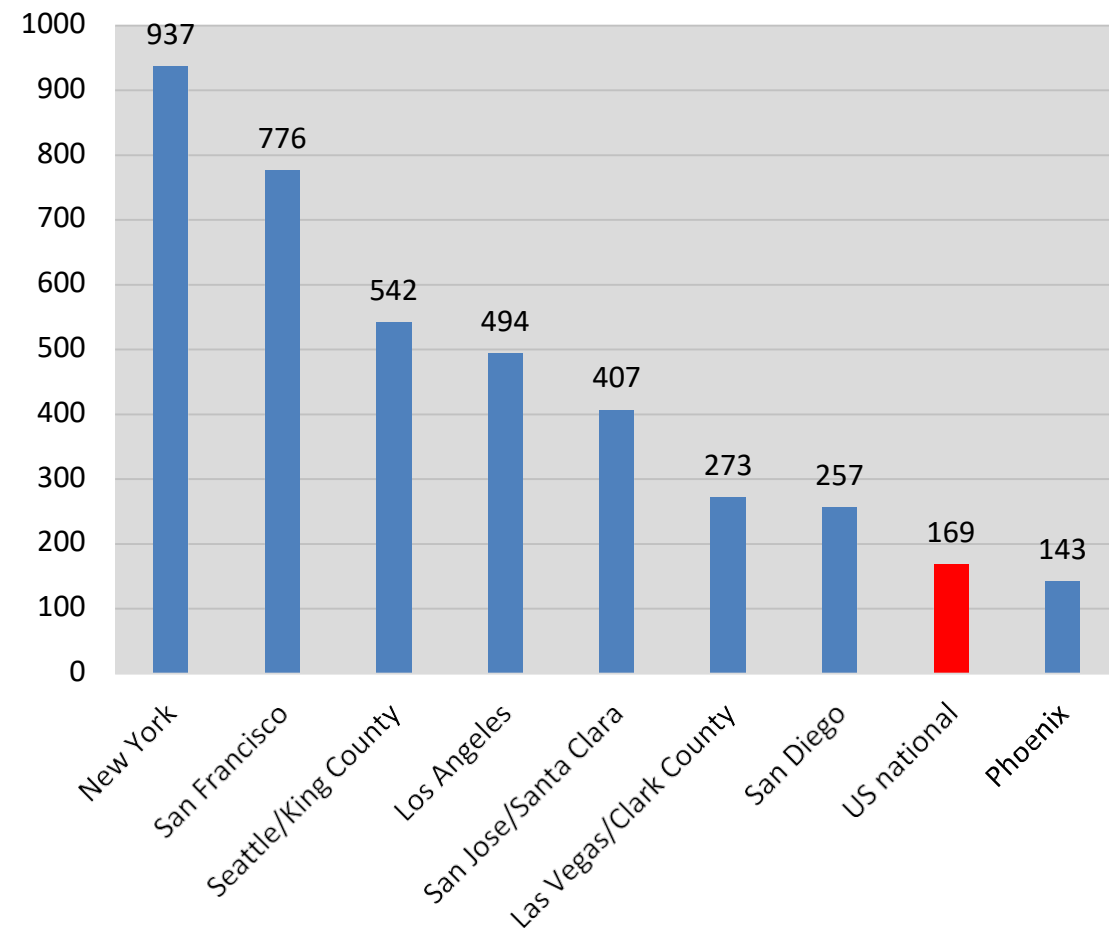
Source: Broz D. APHA 2017

Courtesy of Matt Golden, Seattle King County Health Department, September 2019.

# Homelessness in the United States

- Reflects underlying trends in homelessness and opioid use
- Vulnerability is widespread
  - Homelessness up 12% in LAC 2017-18
  - Almost 3x higher than US national number
  - Still lower than NYC, San Francisco and Seattle

Homelessness per 100,000 in US Cities with Largest Homeless Populations, 2018\*



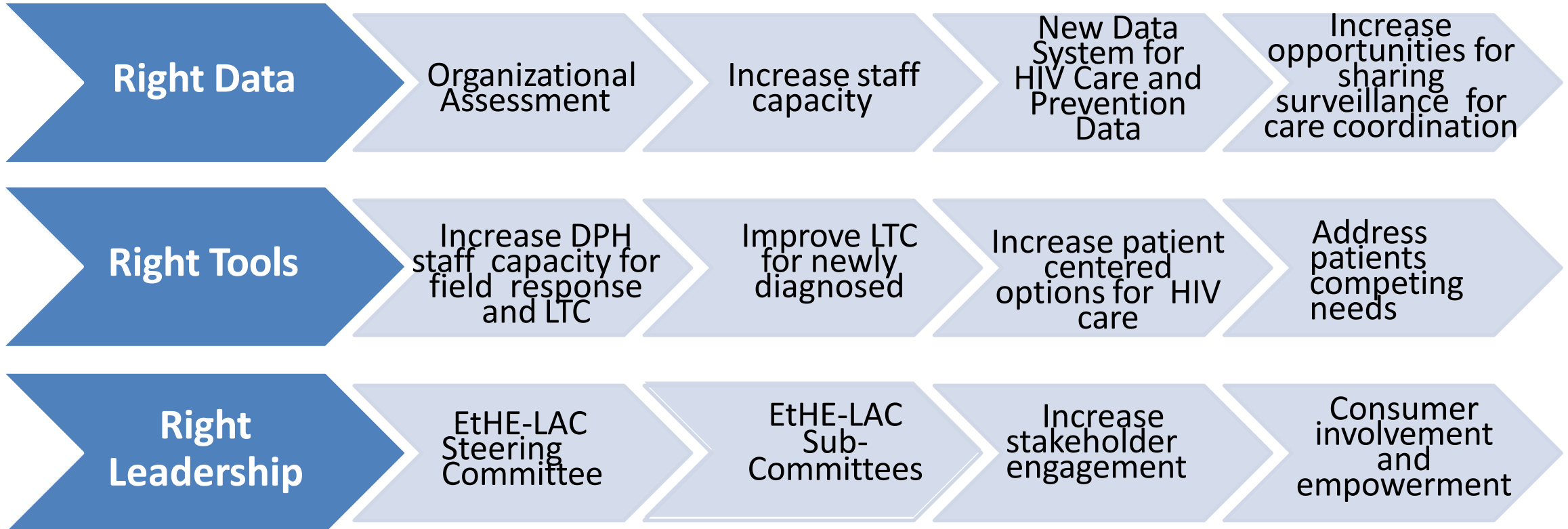
## What needs to happen next?

- Align metrics and timeframe with EtHE
- Update data through new Epi Profile
- Complete situational analysis
- Revise LACHAS documents in order to create and submit DRAFT EtHE plan to CDC by December 30, 2019
- Expand community engagement with additional stakeholders
- Revise plans throughout the next 10 months, based on community engagement and availability of new data and new funding (by September 2020)
- Implement rapid programs/services to address gaps along the HIV Care Continuum (HCC) beginning March 2020

# Proposed EtHE Activities in Los Angeles County



# LACHAS: EtHE Initiative Framework



**Exciting Opportunities!**  
**Thoughts? Questions?**



# Ending the HIV Epidemic: A Plan for America

HHS is proposing a once-in-a-generation opportunity to eliminate new HIV infections in our nation. The multi-year program will infuse 48 counties, Washington, D.C., San Juan, Puerto Rico, as well as 7 states that have a substantial rural HIV burden with the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. Our four strategies – diagnose, treat, protect, and respond – will be implemented across the entire U.S. within 10 years.

## GOAL:

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

**75%**  
reduction  
in new HIV  
infections  
in 5 years  
and at least  
**90%**  
reduction  
in 10 years.



**Diagnose** all people with HIV as early as possible.

**Treat** people with HIV rapidly and effectively to reach sustained viral suppression.

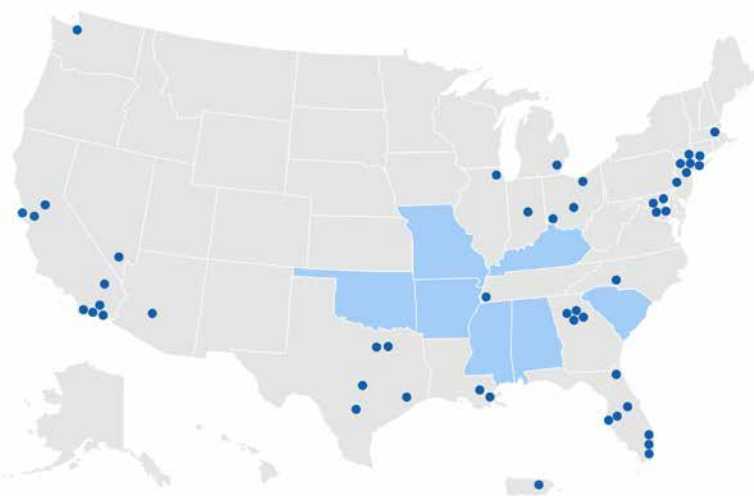


**Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

**Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.



### Geographical Selection:

Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses\* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

Ending  
the  
HIV  
Epidemic

[www.HIV.gov](http://www.HIV.gov)

\*2016-2017 data





# ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA

Ending  
the  
HIV  
Epidemic

[www.hiv.gov](http://www.hiv.gov)



# HIV HAS COST AMERICA TOO MUCH FOR TOO LONG

**700,000**

American lives lost to HIV since 1981

**\$20 billion**

Annual direct health expenditures by U.S. government for HIV prevention and care

Without intervention and despite substantial progress another

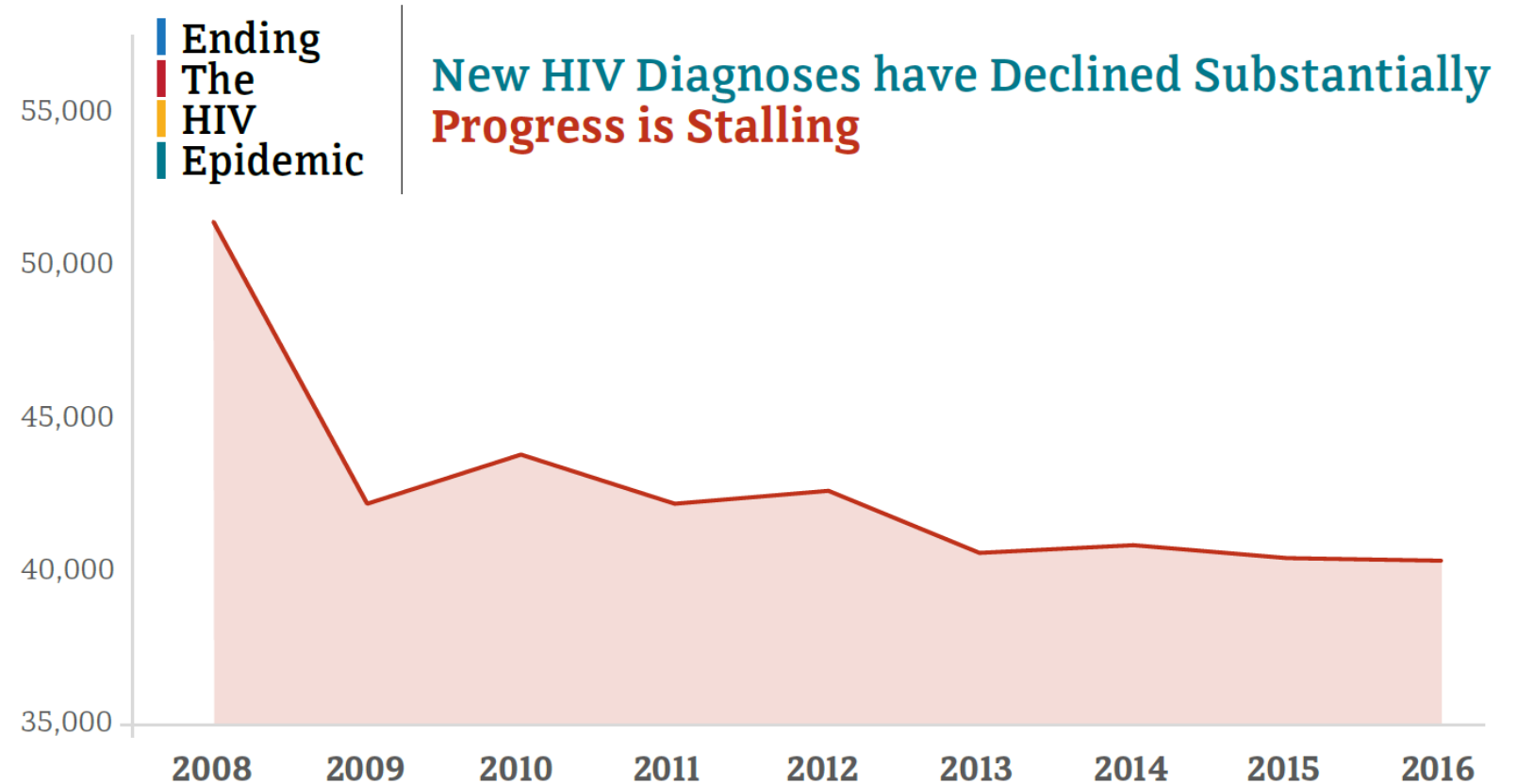
**400,000**

Americans will be newly diagnosed over 10 years despite the available tools to prevent infection

# NEW HIV DIAGNOSES HAVE DECLINED SUBSTANTIALLY BUT PROGRESS IS STALLED

## MAJOR PROGRESS

- **1980s**  
peak incidence near 130,000 annually
- **1985 - 2012**  
interventions have driven infections down to <50,000 annually

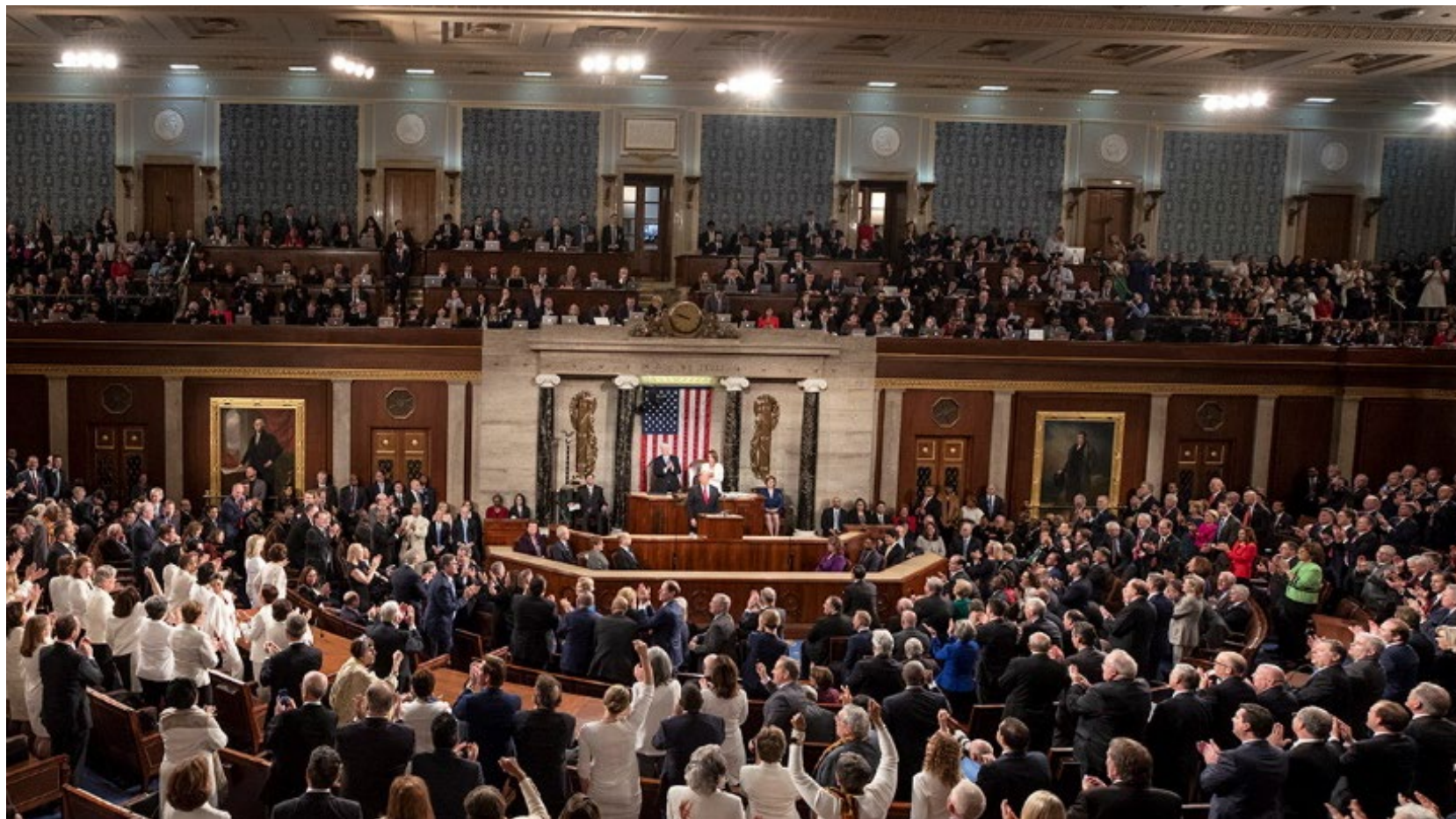


# PRESIDENT TRUMP

## 2019 STATE OF THE UNION ADDRESS

Ending  
the  
HIV  
Epidemic

We have an unprecedented  
opportunity to end the HIV  
epidemic in America.  
Now is the time.



Ending  
the  
HIV  
Epidemic

[www.hiv.gov](http://www.hiv.gov)

# THE TIME IS NOW: RIGHT DATA, RIGHT TOOLS, RIGHT LEADERSHIP

## ■ Epidemiology

- Most new HIV infections are clustered in a limited number of counties and specific demographics

## ■ Antiretroviral Therapy

- Highly effective, saves lives, prevents sexual transmission; increasingly simple and safe

## ■ Pre-exposure Prophylaxis (PrEP)

- FDA-approved and highly effective drug to prevent HIV infections

## ■ Proven Models of Effective Care and Prevention

- 25 years' experience engaging and retaining patients in effective care

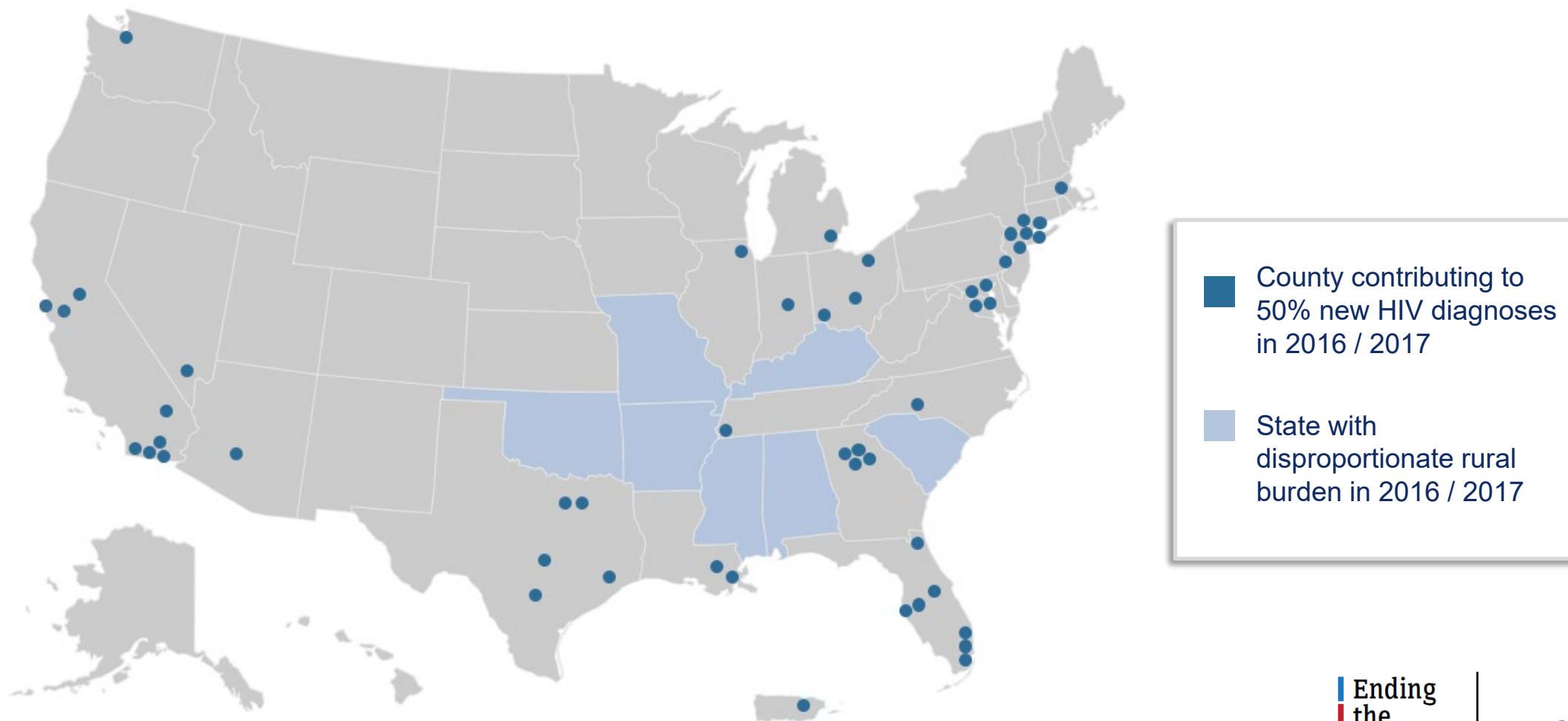
## ■ Detect and Respond Strategy

- Extensive surveillance infrastructure in place, rapid detection and response capacity increasing

**There is a real  
risk of HIV  
exploding again  
in the U.S.**

**due to several factors  
including injection drug  
use and diagnostic  
complacency among  
healthcare providers**

**48 COUNTIES, 7 STATES WITH SUBSTANTIAL RURAL HIV BURDEN,  
DC AND SAN JUAN ACCOUNT FOR 50% OF NEW DIAGNOSES**



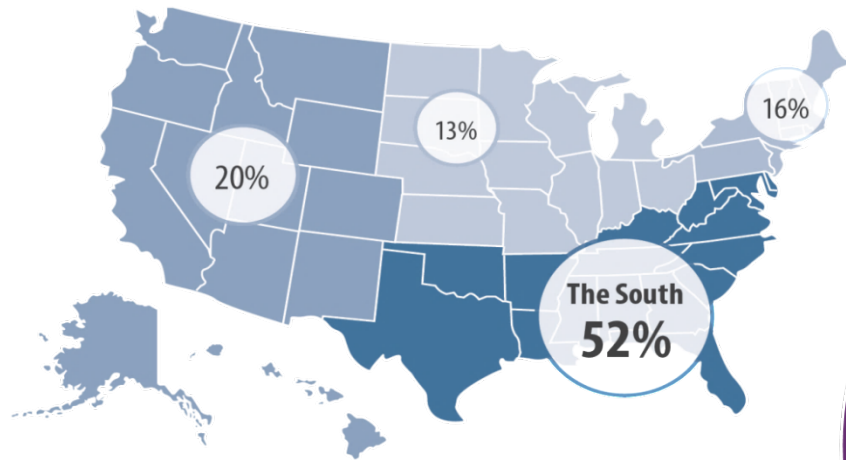


# EARLY DIAGNOSIS IS ESSENTIAL TO END THE HIV EPIDEMIC

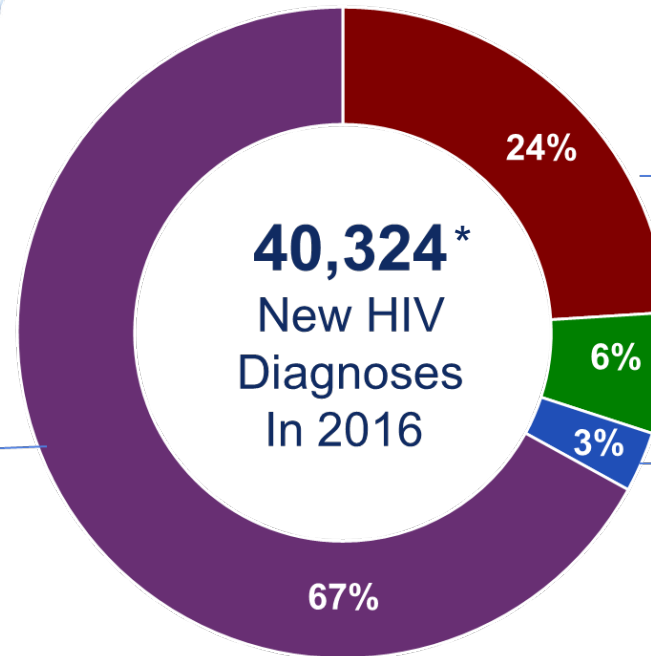
- **1 in 2** people with HIV have the virus at least 3 years before diagnosis
- **1 in 4** people with HIV have the virus at least 7 years before diagnosis
- **1 in 5** people with HIV are diagnosed with advanced disease (AIDS)
- **7 in 10** people with HIV saw a healthcare provider in the 12 months prior to diagnosis and failed to be diagnosed

**87% of new HIV infections are transmitted from people who don't know they have HIV or are not retained in treatment**

# HIV DIAGNOSES ACROSS SPECIFIC GROUPS



Gay and bisexual



Heterosexuals

People who inject drugs

Gay and bisexual men who inject drugs

In 2016, **African Americans** accounted for 44% of HIV diagnoses, but comprised 12% of U.S. population

From 2012-2016, HIV diagnoses among **Hispanic/Latino** MSM age 25-34 years increased 22%

From 2012-2016, HIV diagnoses among **American Indian / Alaska Native** MSM increased 58%

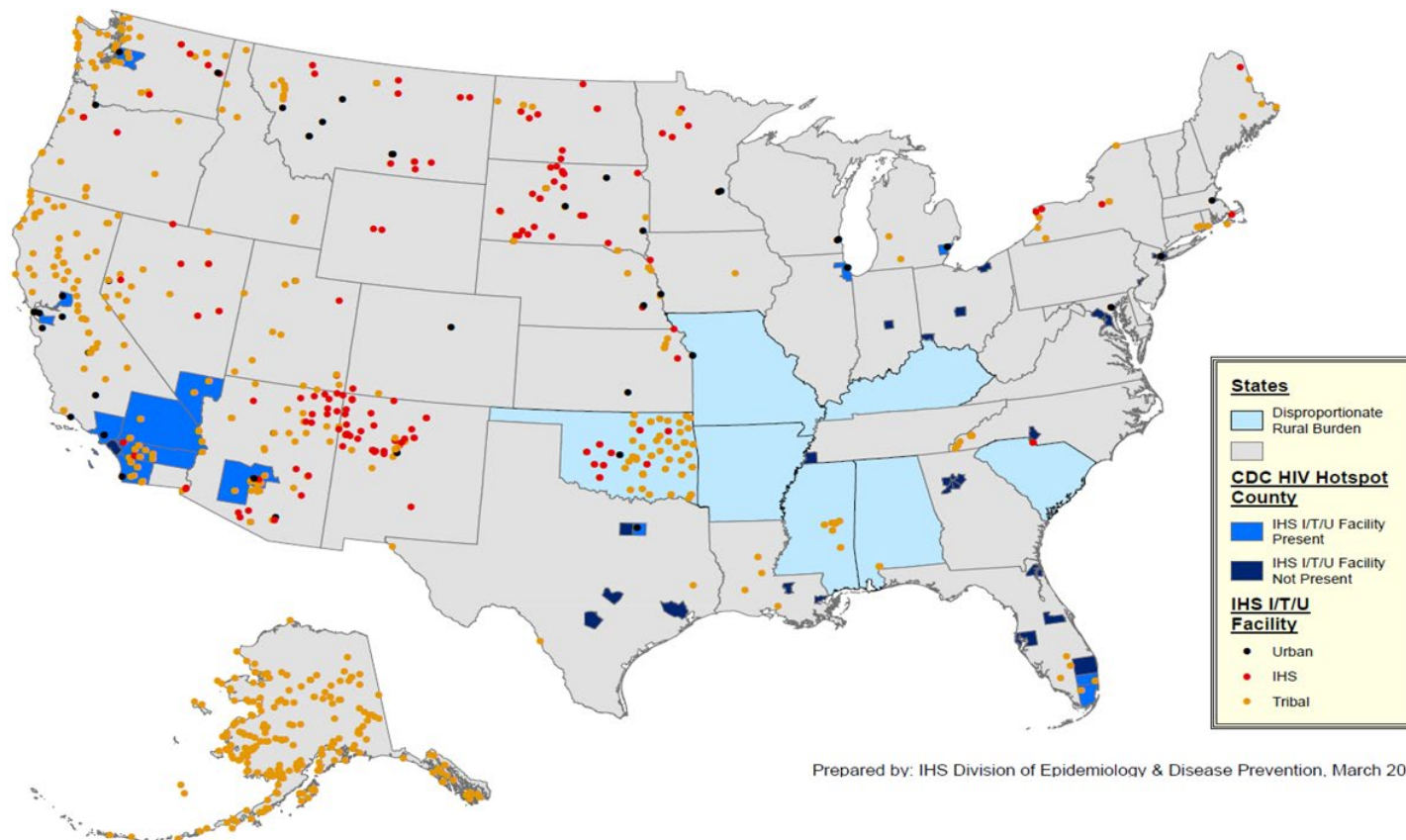
\* [www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-23-4.pdf](http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-23-4.pdf),  
all other data from <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>



# INDIAN HEALTH SERVICE: UNIQUELY POSITIONED TO END THE HIV EPIDEMIC AMONG AMERICAN INDIANS AND ALASKA NATIVES

Indian Health Service I/T/U Health Facilities in CDC's HIV Hotspot Counties and Disproportionate Rural Burden States

- Serves 2.2 million American Indians and Alaska Natives, representing 573 Federally-recognized tribes
- Services provided in nearly 50 hospitals, >300 health centers, >160 Alaska Village clinics, >100 health stations, and 20 school health centers



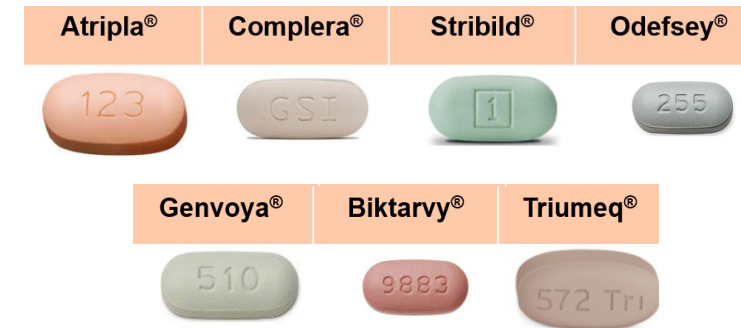
# HIV MEDICAL THERAPY IS SIMPLE AND EFFECTIVE

## 1990s



- Complex
- Limited potency
- High toxicity

## TODAY



- Simplified (one pill per day), many options
- Very potent
- Few side effects

# HIV TREATMENT PREVENTS NEW INFECTIONS

## HIV TREATMENT as PREVENTION

A HIGHLY EFFECTIVE STRATEGY TO PREVENT THE SEXUAL TRANSMISSION OF HIV



People living with HIV who take  
**HIV medication daily  
as prescribed**



and get and keep an  
**undetectable viral load**



**have effectively no risk of  
sexually transmitting HIV**  
to their HIV-negative partners



JANUARY 2019

LEARN MORE AT [HIV.GOV/TASP](http://HIV.GOV/TASP)

**JAMA**® January 10, 2019

VIEWPOINT

## HIV Viral Load and Transmissibility of HIV Infection Undetectable Equals Untransmittable

*Robert Eisinger, Carl Dieffenbach, Anthony Fauci*

The U=U concept bridges the best of biomedical science with current concepts in behavioral and social science by removing the sense of fear and guilt that a person may be harming someone else, as well as the feeling of self-imposed and external stigma that many people with HIV experience.

— RW Eisinger, CW Dieffenbach and AS Fauci



Credit: NIAID

Ending  
the  
HIV  
Epidemic

[www.hiv.gov](http://www.hiv.gov)

# PRE-EXPOSURE PROPHYLAXIS (PrEP)

## PrEP

### WHAT IS PrEP?

- **Single tablet**, Truvada® is currently the only FDA-approved drug for PrEP in the U.S.
- At-risk people can reduce their chance of HIV infection by up to **97%**

**MORE THAN ONE MILLION AT HIGH RISK FOR HIV, BUT FEWER THAN 10% ARE ON PrEP**

### BARRIERS TO PrEP

- Attitudes and stigma that prevent testing and initiation of PrEP
- Lack of awareness among individuals at risk and among providers
- Lack of perceived risk among those at risk and among providers
- Barriers to linkage to PrEP care and prescribing PrEP

# HRSA: RYAN WHITE HIV / AIDS PROGRAM

## Catalyzing Success



Advancing Innovation



Leveraging Data



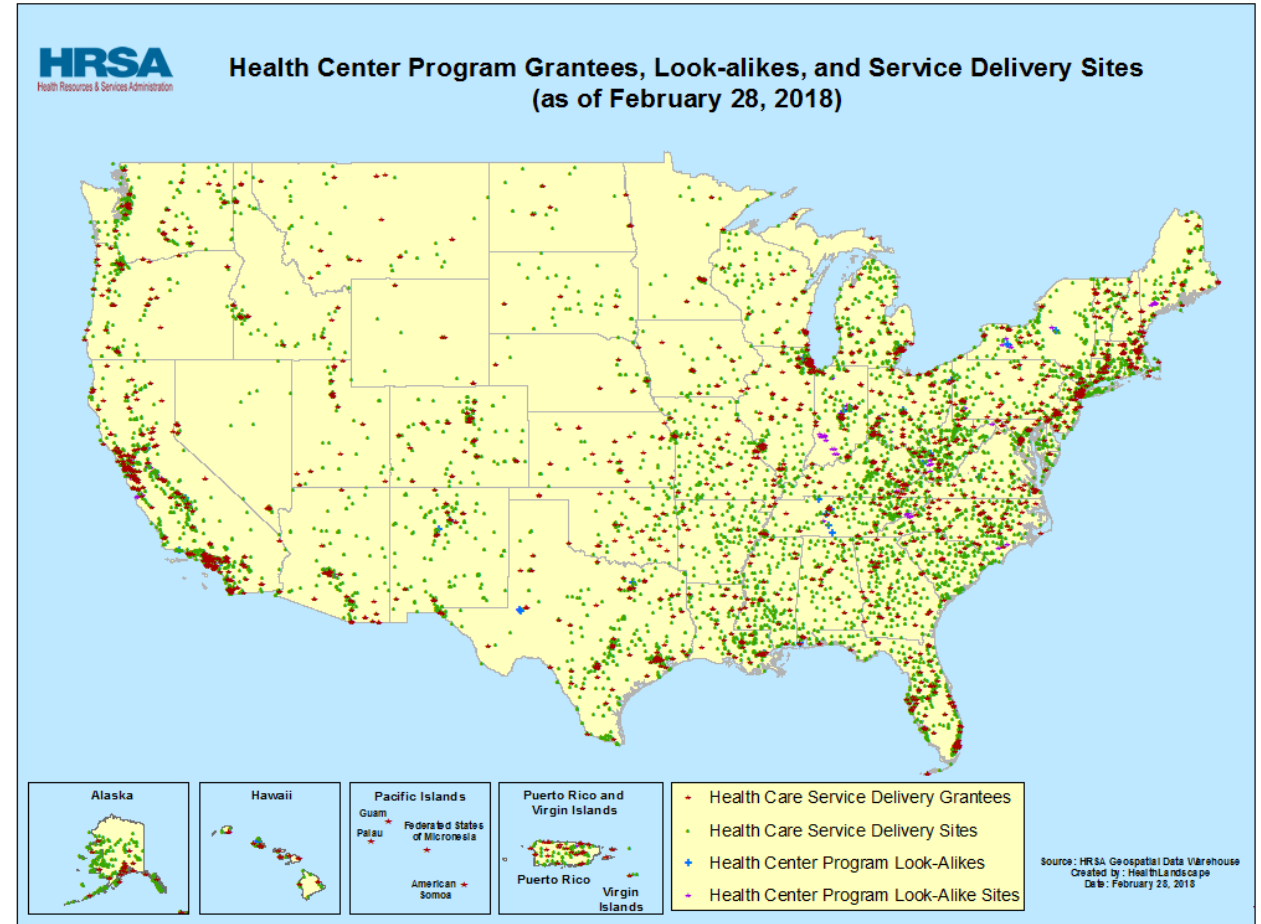
Ending The HIV Epidemic

- More than half of people living with diagnosed HIV in the United States (>500,000) receive services through the Ryan White HIV/AIDS Program
- In 2017, 85.9 percent of Ryan White HIV/AIDS Program clients were virally suppressed, exceeding the national average of 59.8 percent
- The Program is funded at \$2.3 billion in fiscal year 2019; administered by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB)



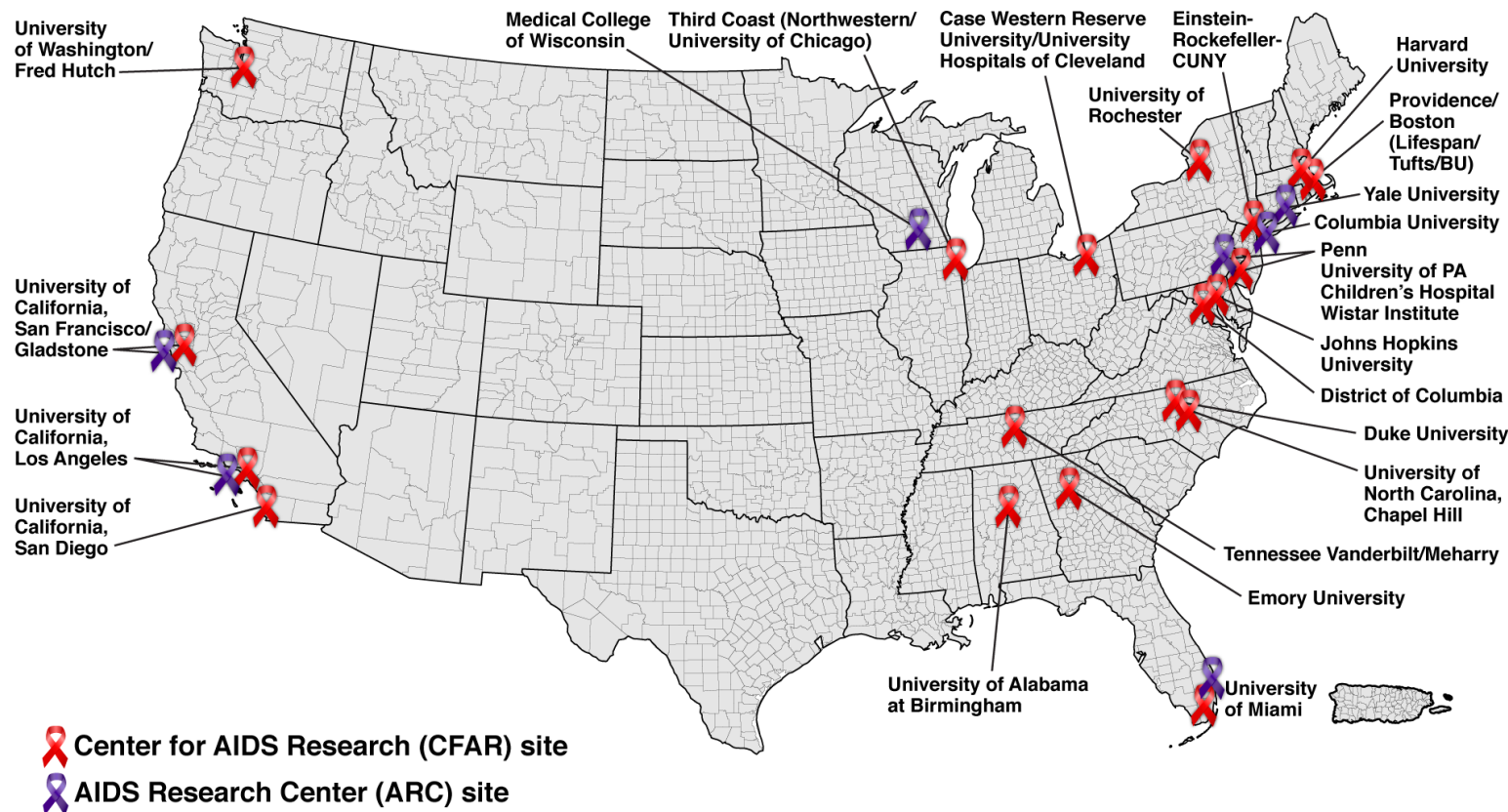
# HRSA: COMMUNITY HEALTH CENTERS

- Serve more than 27 million patients through nearly 1,400 health centers operating approximately 12,000 service delivery sites nationwide
- Health centers provide a variety of HIV services:
  - Nearly 2 million HIV tests conducted annually
  - More than 165,000 patients with HIV receive medical care services at health centers, including many sites co-funded by the Ryan White HIV/AIDS Program
  - Assure linkage to care and provide HIV prevention services, including Pre-Exposure Prophylaxis (PrEP)



# NIH-SPONSORED CENTERS FOR AIDS RESEARCH (CFAR) AND AIDS RESEARCH CENTERS (ARC)

*Supporting multidisciplinary research aimed at reducing the burden of HIV in the U.S.*



## Informs HHS and partners on

- Evidence-based best practices
- Effectiveness of approaches including regional strategies

# ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA

## GOAL:

**75%**  
reduction in new  
HIV infections  
in 5 years

and at least  
**90%**  
reduction  
in 10 years.

**PHASE 1:** Focused effort to reduce new infections by 75% in 5 years

**PHASE 2:** Widely disseminated effort to reduce new infections by 90% in the following 5 years

**PHASE 3:** Intense case management to maintain the number of new infections at < 3,000 per year



# ACHIEVING THE GOALS

## **DIAGNOSE**

All people  
with HIV as early  
as possible after  
infection

## **TREAT**

The infection  
rapidly and  
effectively to  
achieve sustained  
viral suppression

## **PROTECT**

People at highest  
risk of HIV with  
potent evidence-  
based  
interventions

## **RESPOND**

Rapidly and  
effectively to  
clusters and  
outbreaks of new  
HIV infections

## **HIV WORKFORCE**

A boots-on-the-ground team ensures implementation of Ending the HIV Epidemic plans

# IMPLEMENTATION PLAN

- **Target focus initially on high incidence geographies**
  - Target 48 counties, DC and San Juan that account for 50% of diagnoses
  - Target select states with high rural HIV burdens to establish effectiveness in rural environment
- **Emphasize early diagnosis, immediate treatment, engagement**
  - Treat diagnosed persons rapidly to achieve viral suppression and stop transmission
  - Increase viral suppression from 50% to 90%: **HRSA Ryan White has achieved 85%**
- **Expand pre-exposure prophylaxis (PrEP)**
  - Increase use by at-risk population from 10% to at least 50%
- **Rapid and overwhelming response to HIV outbreak clusters**
  - Monitor for early detection of clusters
  - Treat each new diagnosis as a “sentinel event”

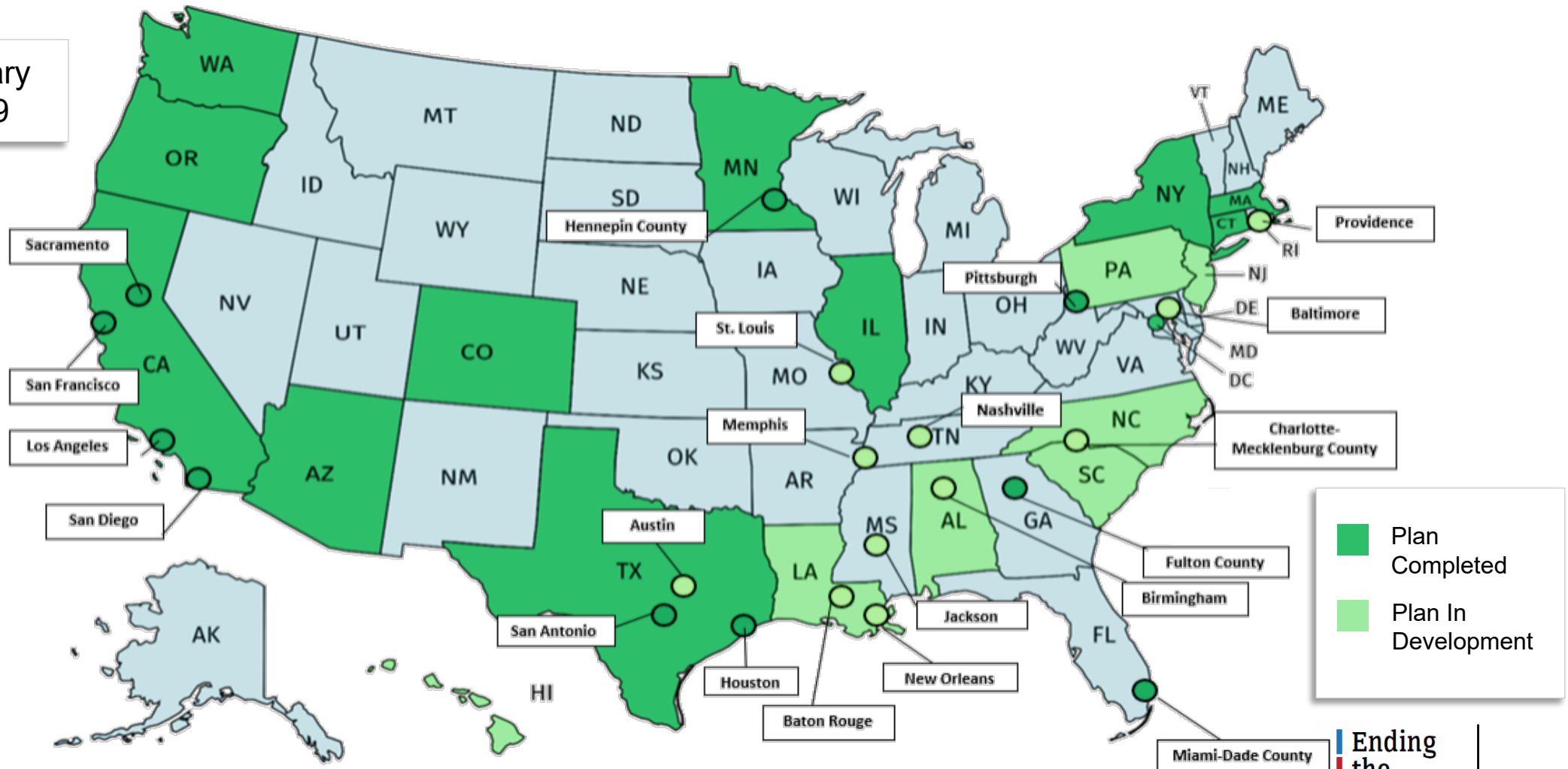
# PRESIDENT'S 2020 BUDGET PROPOSAL

## DISCRETIONARY INVESTMENTS (+\$291 MILLION)

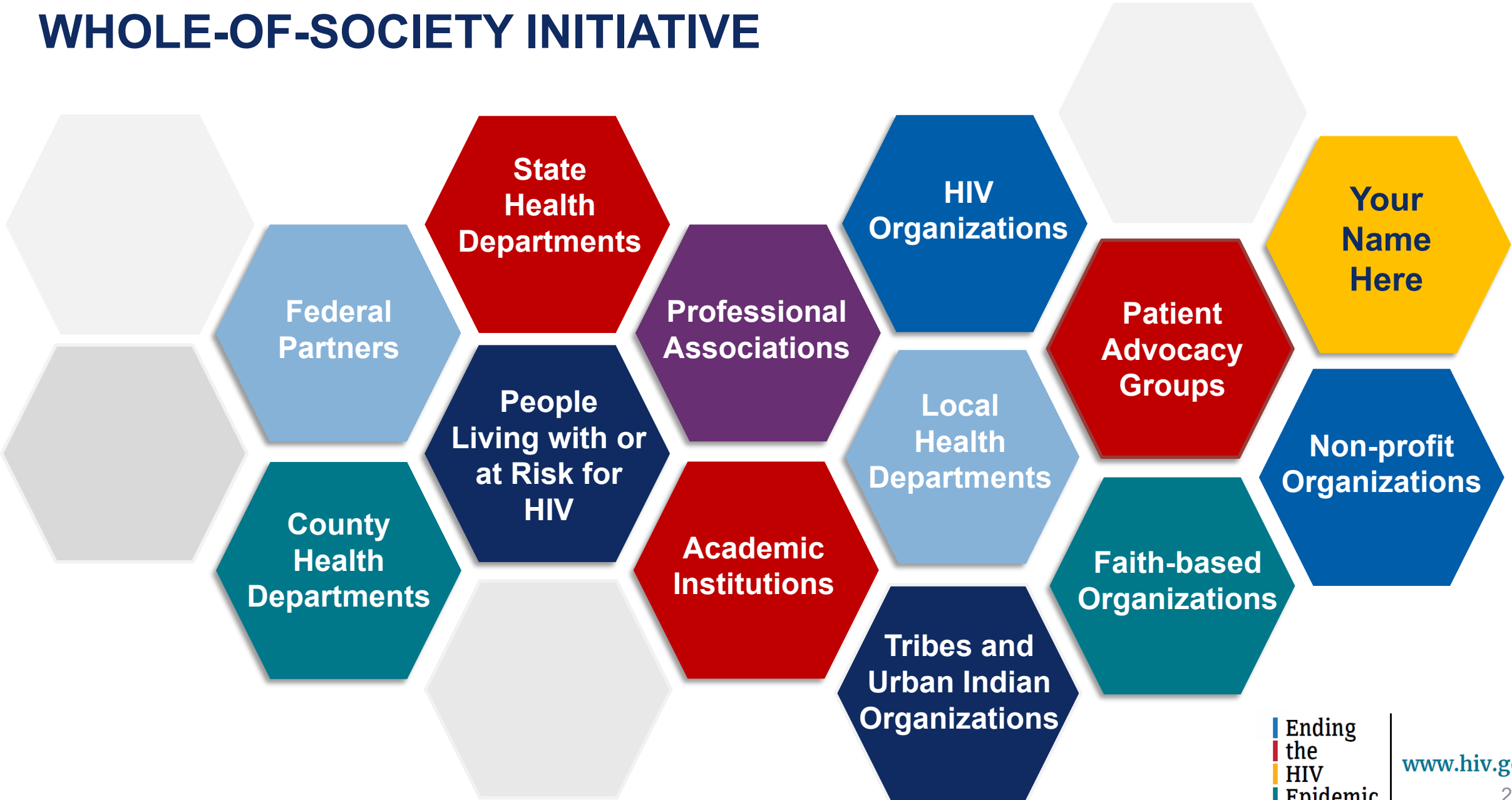
AGENCY	ACTIVITY	NEW \$\$
CDC	<ul style="list-style-type: none"> <li>• Test and link persons to treatment; state and local support; surveillance</li> <li>• Augmentation of public health staff in local jurisdictions</li> </ul>	\$140 M
HRSA	<ul style="list-style-type: none"> <li>• Ryan White care centers for treatment</li> <li>• Community health centers for prevention, emphasizing PrEP</li> </ul>	\$70 M \$50 M
IHS	<ul style="list-style-type: none"> <li>• Enhanced support for prevention, diagnosis, and links to treatment</li> </ul>	\$25 M
NIH-CFARs	<ul style="list-style-type: none"> <li>• Inform HHS and partners on evidence-based practices and effectiveness</li> </ul>	\$6 M
OASH	<ul style="list-style-type: none"> <li>• Project coordination, communication, management, and accountability; Leadership of the Minority AIDS Initiative</li> </ul>	Maintains current \$
SAMHSA	<ul style="list-style-type: none"> <li>• Minority AIDS Program and Substance Abuse Prevention and Treatment Block Grants for HIV/AIDS prevention for those with Substance Abuse or Mental Illness</li> </ul>	Maintains current \$

## FEDERAL INITIATIVE WILL LEVERAGE STATE AND LOCAL EFFORTS STATUS OF JURISDICTIONAL PLANS TO “END THE HIV EPIDEMIC”

January  
2019



# WHOLE-OF-SOCIETY INITIATIVE



# Now is the time.

Our goal is ambitious.  
Our pathway is clear.

[hiv.gov](http://hiv.gov)

Ending  
the  
HIV  
Epidemic



**BRETT P. GIROIR, M.D.**

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Assistant Secretary for Health,  
Senior Advisor for Opioid Policy

[WWW.HHS.GOV/ASH](http://WWW.HHS.GOV/ASH)

[WWW.USPHS.GOV](http://WWW.USPHS.GOV)

[@HHS\\_ASH](https://twitter.com/HHS_ASH)

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# Ending the HIV Epidemic

## A PLAN FOR AMERICA

HHS is proposing a once-in-a-generation opportunity to eliminate new HIV infections in our nation. This initiative will work to accelerate progress and end the HIV epidemic by directing new funds to those communities affected by HIV in a phased approach, starting with the areas with the highest burden. The multi-year program will infuse 48 counties, Washington, D.C., San Juan, Puerto Rico, as well as 7 states that have a substantial rural HIV burden, with the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. Data on the burden of the current epidemic were analyzed to identify the counties with the highest number of new HIV diagnoses, the states with the heaviest rural HIV burden, and the territorial area now hardest hit. These areas accounted for more than 50 percent of new HIV diagnoses in recent years.

### COUNTIES, TERRITORIES, AND STATES

#### COUNTIES

##### Arizona

Maricopa County

##### California

Alameda County  
Los Angeles County  
Orange County  
Riverside County  
Sacramento County  
San Bernardino County  
San Diego County  
San Francisco County

##### Florida

Broward County  
Duval County  
Hillsborough County  
Miami-Dade County  
Orange County  
Palm Beach County  
Pinellas County

##### Georgia

Cobb County  
DeKalb County  
Fulton County  
Gwinnett County

##### Illinois

Cook County

##### Indiana

Marion County

##### Louisiana

East Baton Rouge Parish  
Orleans Parish

##### Maryland

Baltimore City  
Montgomery County  
Prince George's County

##### Massachusetts

Suffolk County

##### Michigan

Wayne County

##### Nevada

Clark County

##### New Jersey

Essex County  
Hudson County

##### New York

Bronx County  
Kings County  
New York County  
Queens County

##### North Carolina

Mecklenburg County

##### Ohio

Cuyahoga County  
Franklin County  
Hamilton County

##### Pennsylvania

Philadelphia County

##### Tennessee

Shelby County

##### Texas

Bexar County  
Dallas County  
Harris County  
Tarrant County  
Travis County

##### Washington

King County

##### Washington, DC

#### TERRITORIES

##### Puerto Rico

San Juan Municipio

#### STATES

##### Alabama

##### Arkansas

##### Kentucky

##### Mississippi

##### Missouri

##### Oklahoma

##### South Carolina