

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?

- **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

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 the infection rapidly and effectively to achieve 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.



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



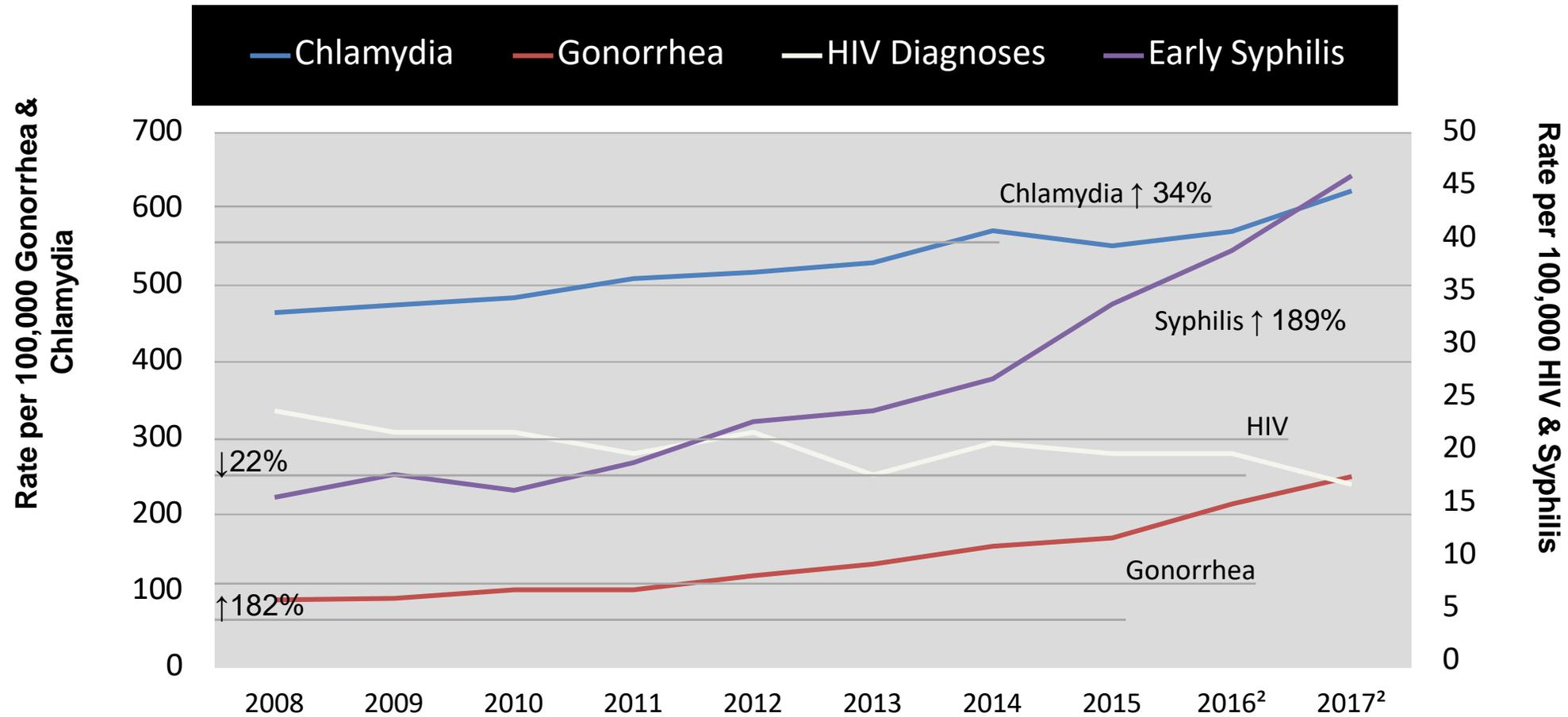
How can we align LACHAS with the EtHE Initiative?

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?

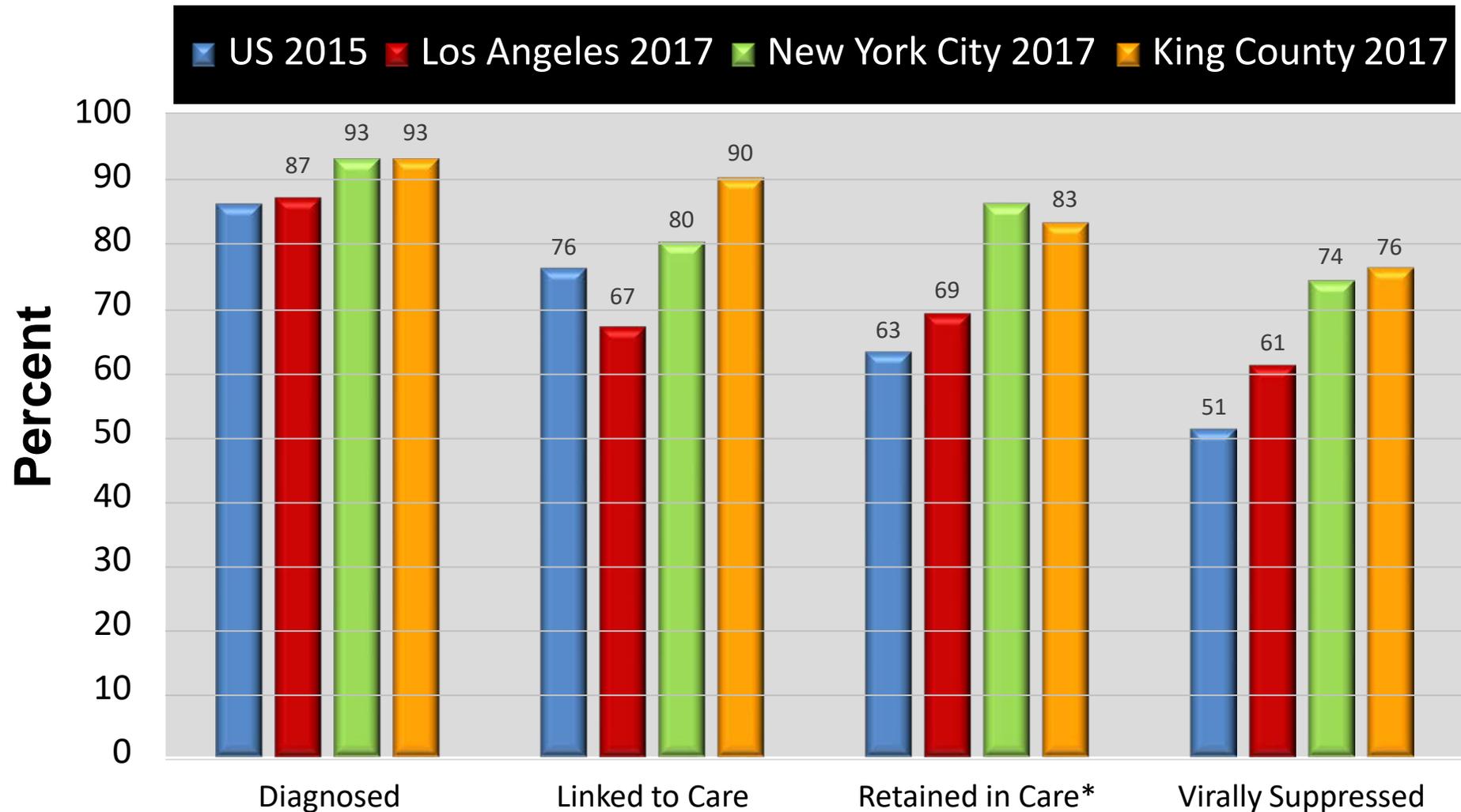
Rates of Chlamydia, Gonorrhea, Early Syphilis & HIV, Los Angeles County, 2008-2017¹



¹ 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.

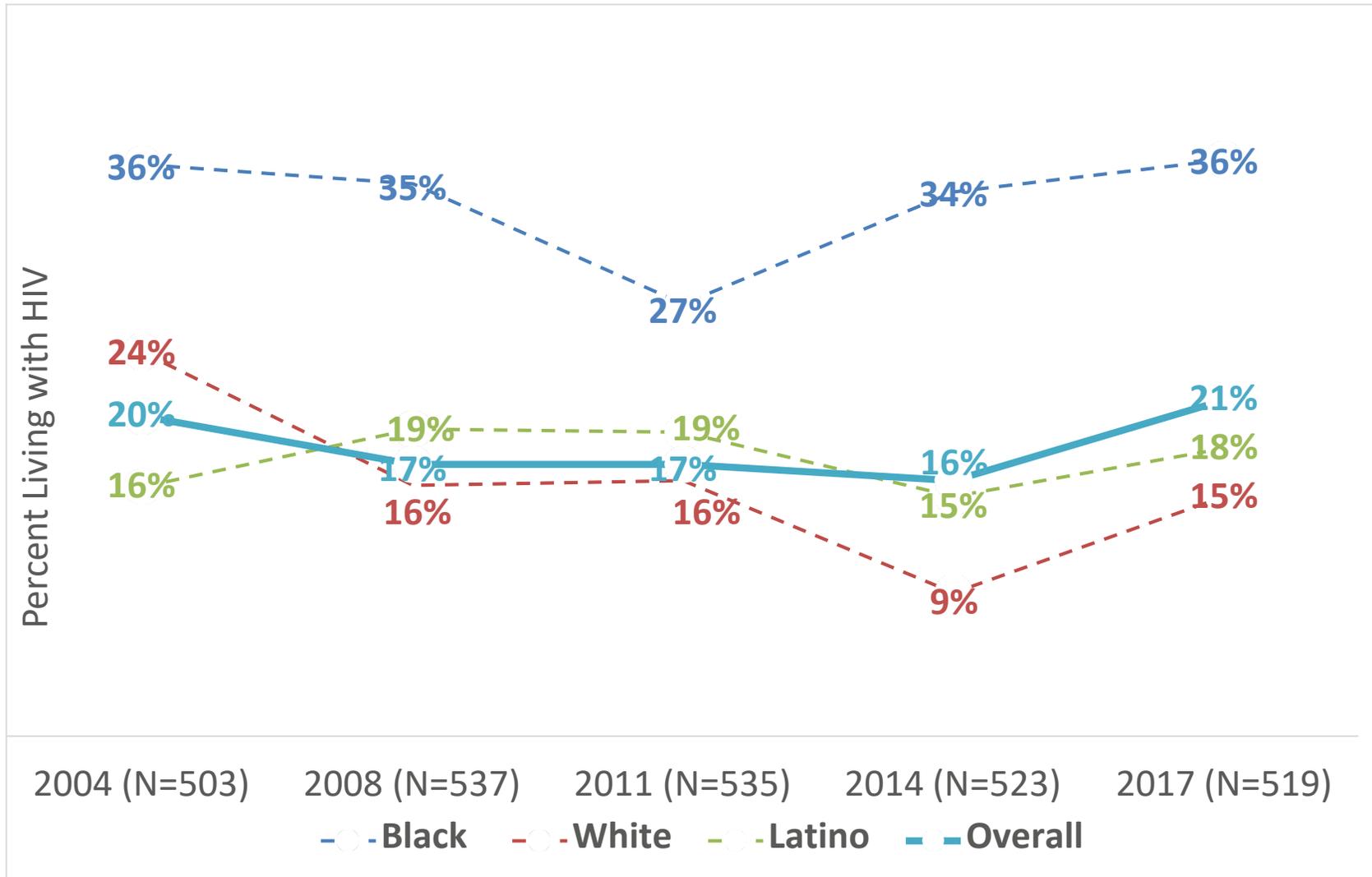
² 2016 and 2017 data are provisional due to reporting delay.

HIV Care Continuums

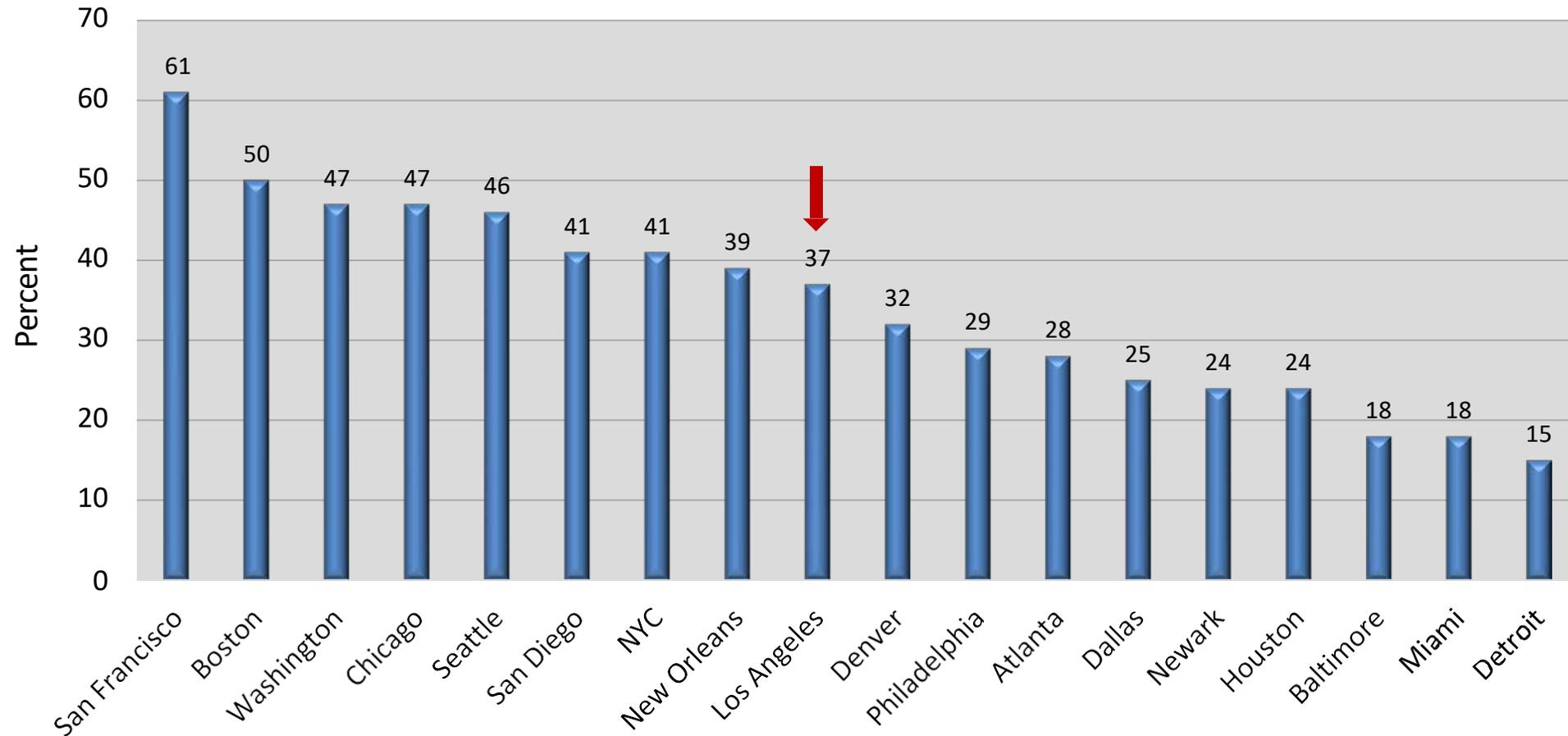


HIV Prevalence among MSM by Race/Ethnicity, LAC-NHBS

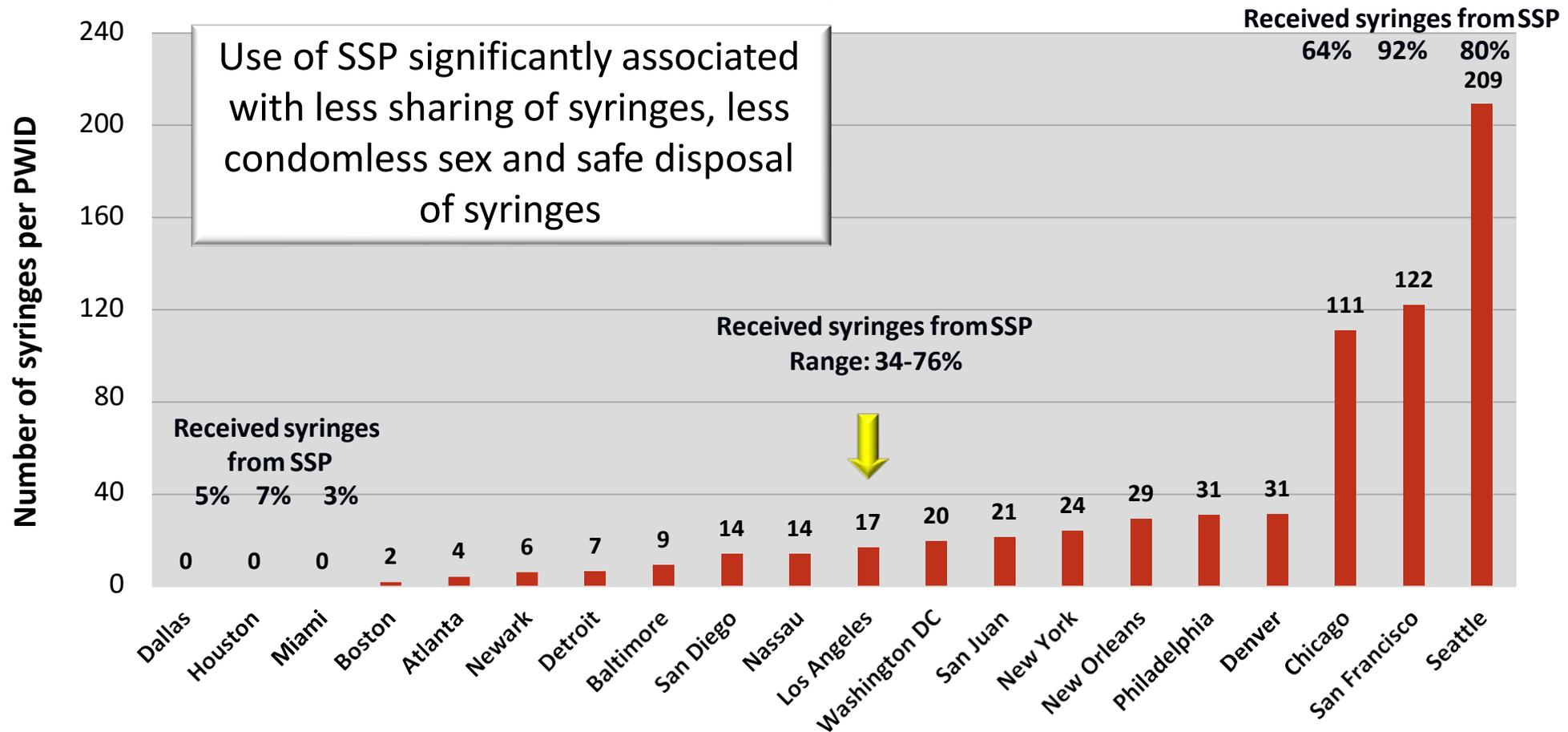
HIV prevalence among Black MSM remains relatively higher compared to Latino and White MSM



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

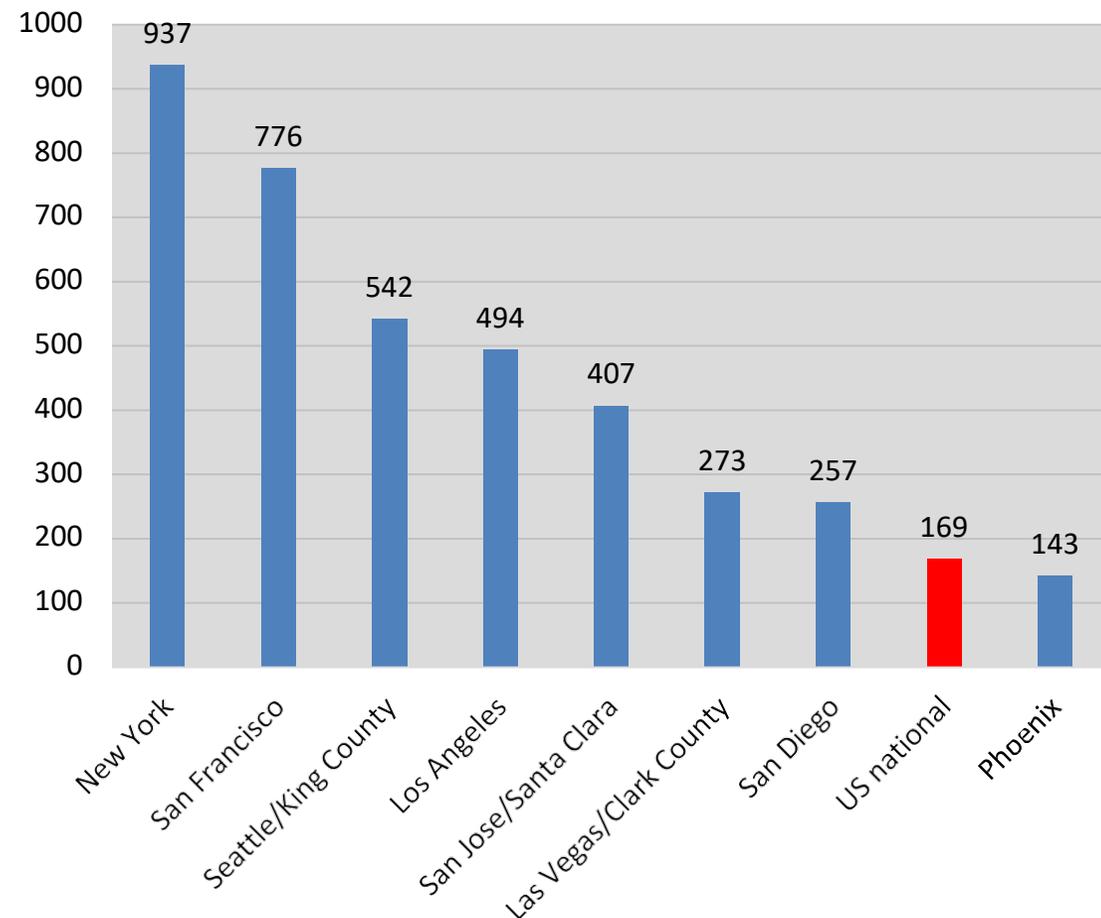
Source: Broz D. APHA 2017

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*



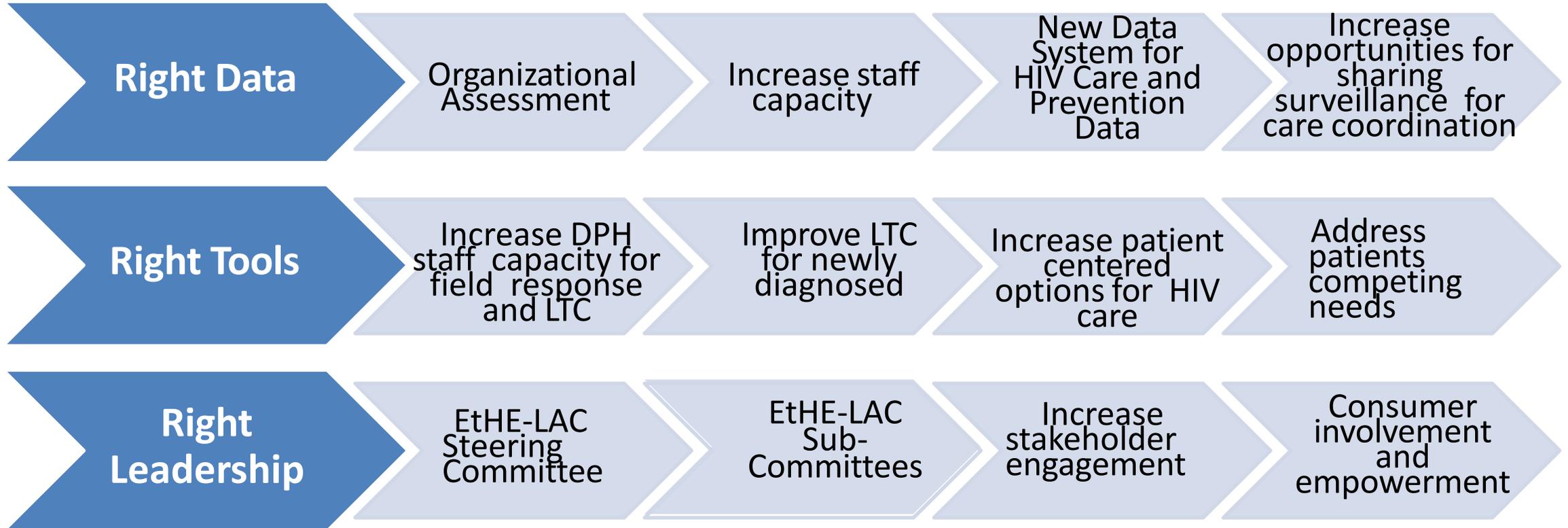
What needs to happen next?

- 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?**



NIH-funded Research as part of Ending the HIV Epidemic: CHIPTS Efforts

Raphael J. Landovitz, MD, MSc
UCLA CHIPTS

2019 Commission on HIV Annual Meeting
November 14, 2019 | St. Annes

End the HIV Epidemic Initiative

GOAL:

75%
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Diagnose all people with HIV as early as possible.

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

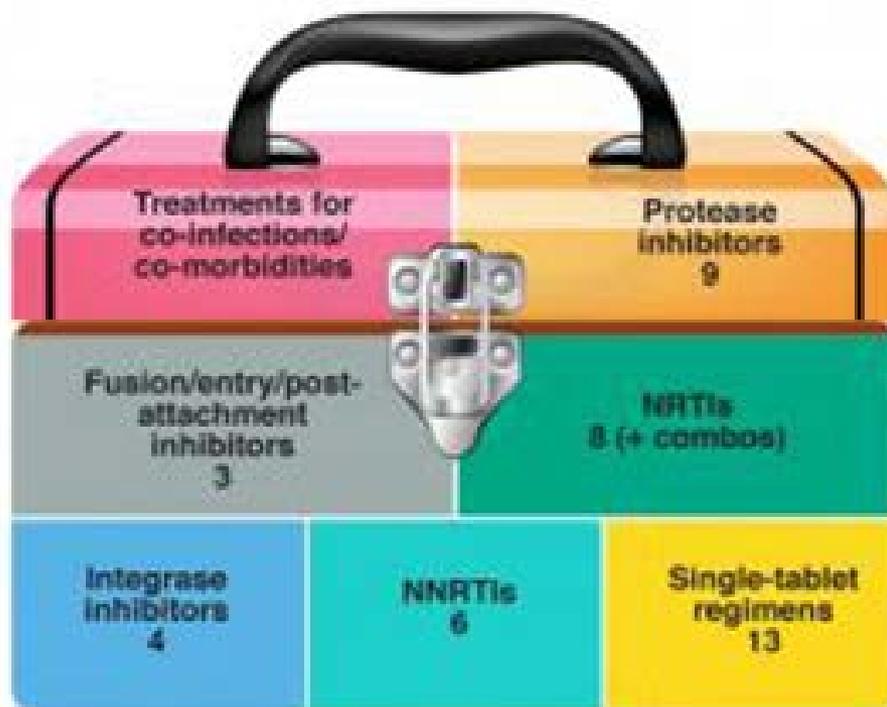


Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

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



Treatment

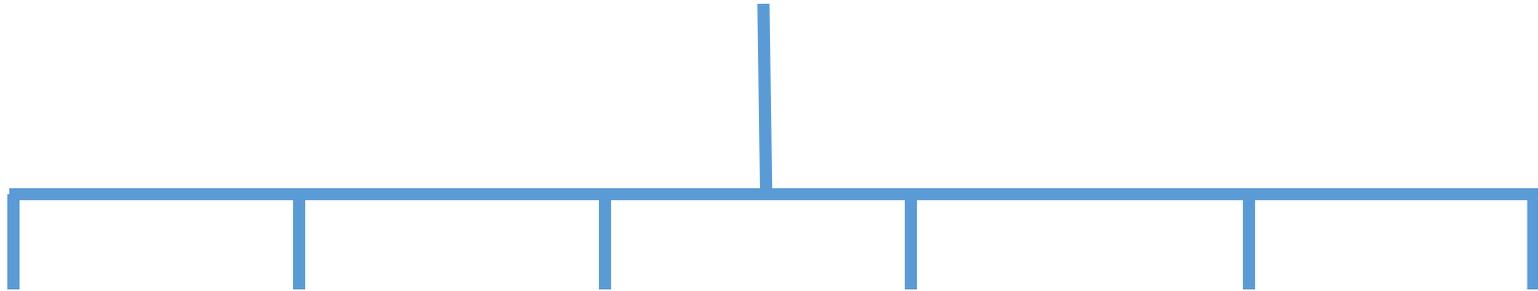


Prevention



Coordination of HHS Agencies

Secretary
of HHS



Assistant
Secretary
for Health

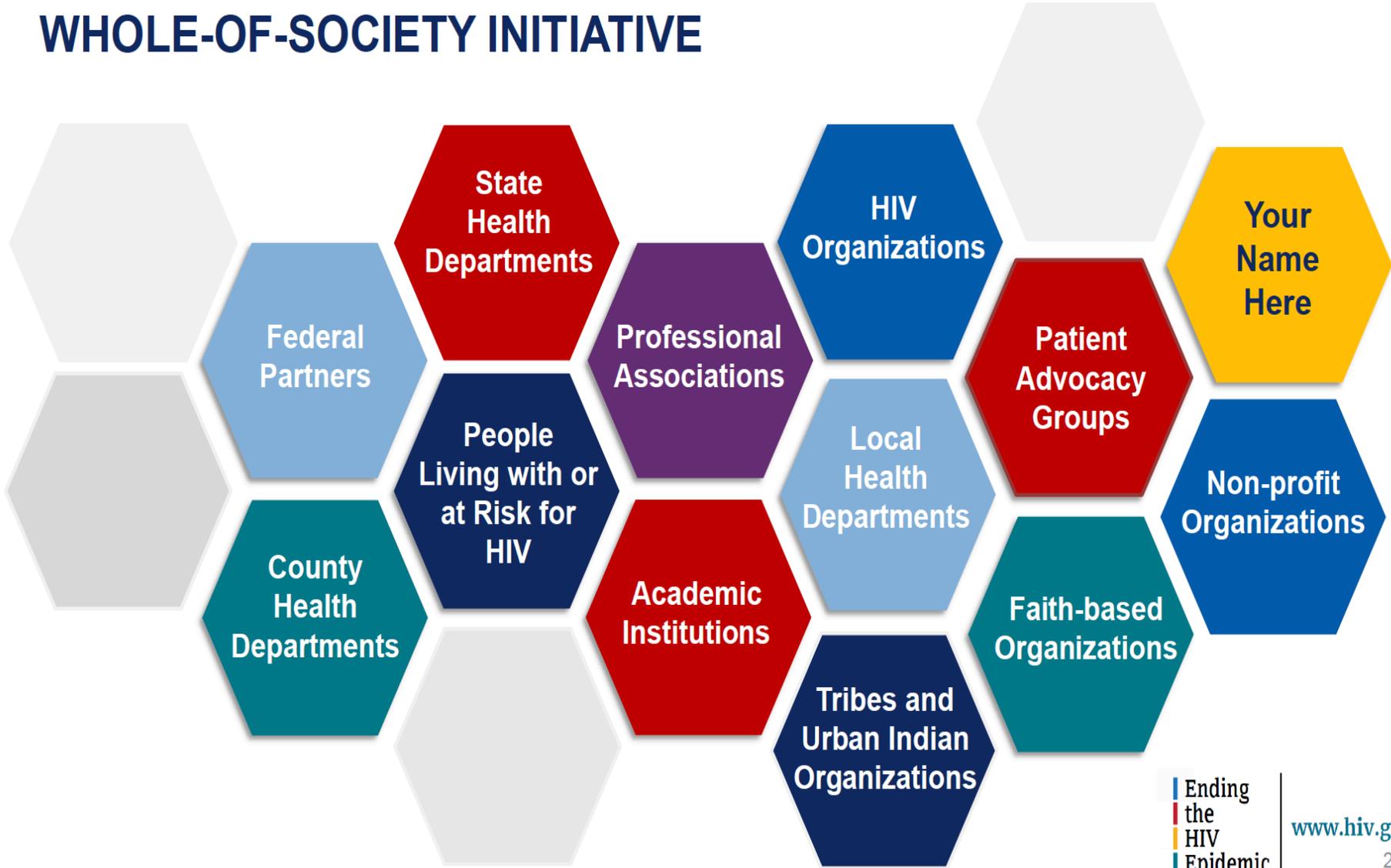


PRESIDENT'S 2020 BUDGET PROPOSAL

DISCRETIONARY INVESTMENTS (+\$291 MILLION)

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

WHOLE-OF-SOCIETY INITIATIVE



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 areas
- **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 RW 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”

The Washington Post

January 10, 2016

Opinions

**No More Excuses.
We Have the Tools to End
the HIV/AIDS Pandemic.**

Anthony S. Fauci

NIH Role in EHE Initiative

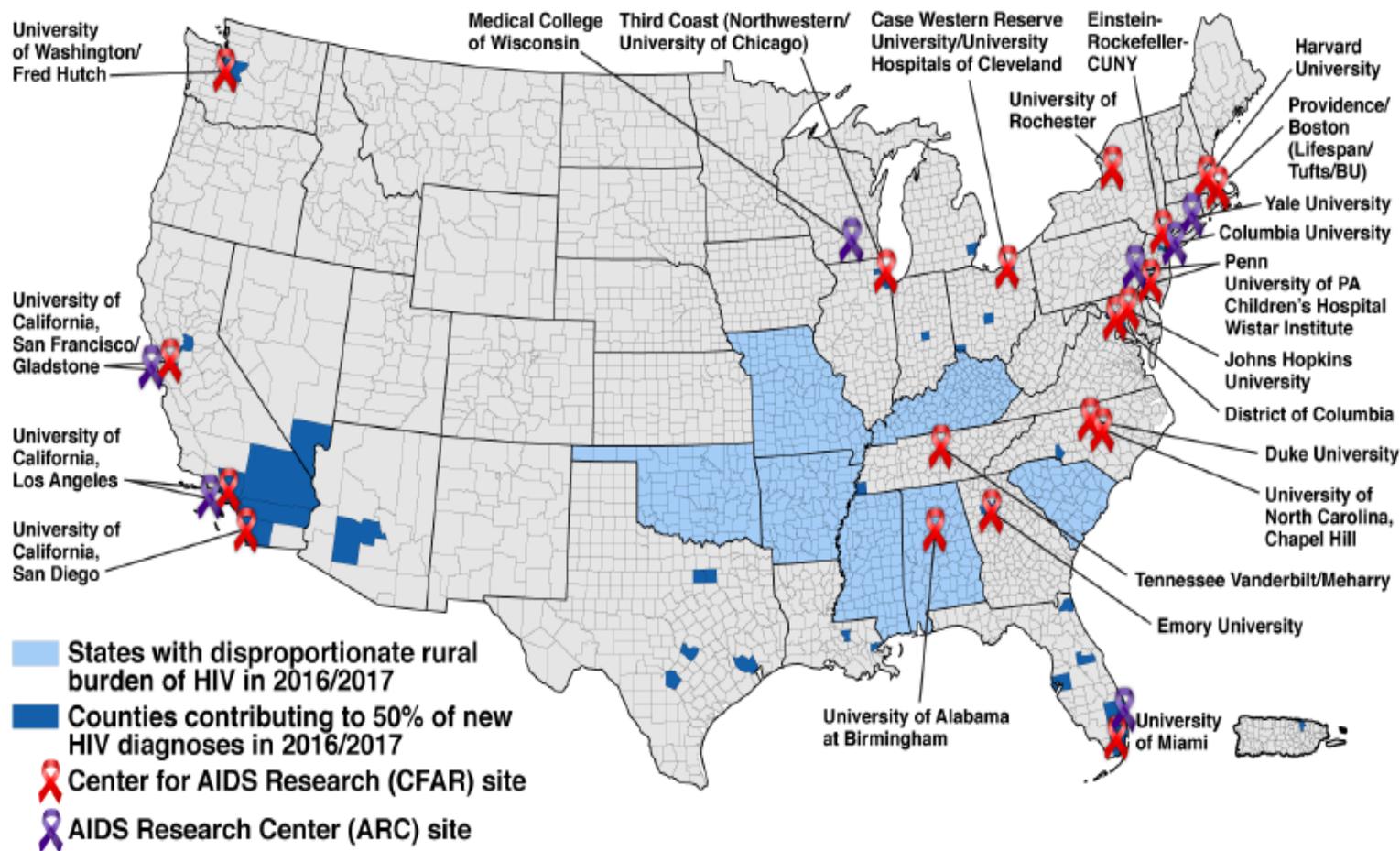
To focus the implementation gap by collecting and disseminating data on the effectiveness of approaches used in the initiative and inform HHS partners on best practices

NIH Bolsters Funding for HIV
Implementation Research in High-
Burden U.S. Areas

Community-Based Research Sets Stage for
Implementation of HHS Initiative

September 5, 2019

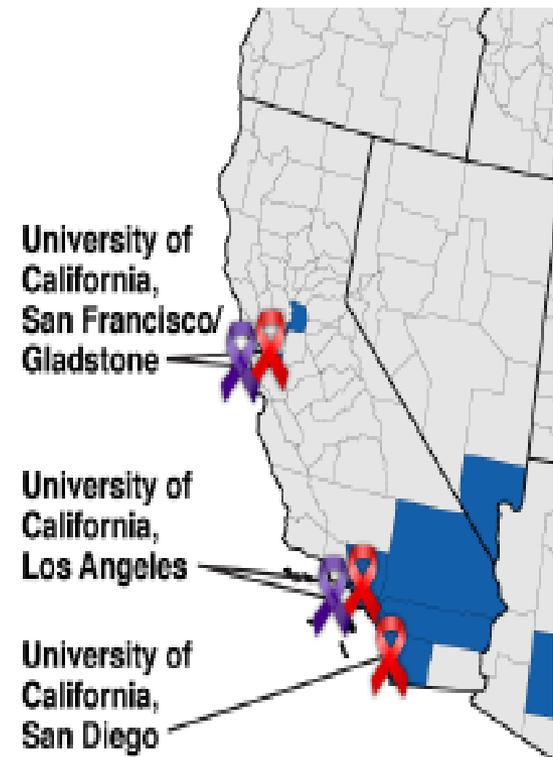
CFAR and ARC Sites and HIV Hotspots in the United States



Source: CDC, June 2018

FY19 CFAR/ARC EHE Projects

- 65 supplement awards to 13 CFARs and 6 ARCs
- 36 of the 48 counties
- 5 of 7 priority states with high rural burden, including DC and Puerto Rico
- 13 awards in California
 - 3 CHIPTS
 - 3 CAPS
 - 3 UCSF CFAR
 - 4 UCSD CFAR



CHIPTS EHE Projects



Regional Response to HIV Eradication Efforts in Southern CA counties *aka Regional Coordination project*



Use of Technology-Based PrEP to Improve Uptake, Adherence, and Persistence *aka Digital PrEP*



Preparing for Long-Acting Injectable Treatment for HIV in LA *aka LAI ART*



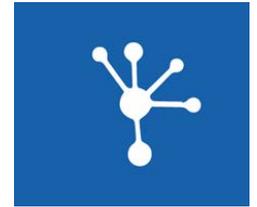
Regional Coordination Project



- Leads: Steven Shoptaw, PhD, & Uyen Kao, MPH
- Pillar: Respond
- Goal: To identify the infrastructure, resources, and capacity building needs to support regional coordination among LAC and other CA counties



Planned Activities



- Solicit community input
- Met with State and 8 CA Counties 10/24/19
- Plan stakeholder engagement and gather stakeholder perspectives
- Host regional planning meeting, 1/24/2020, to outline regional strategy and coordinate next steps
- Work with counties and SOA to identify and allot resources to sustain a regional plan HIV prevention strategy
- Develop report to support and sustain EHE activities



Digital PrEP



- Leads: Ronald A. Brooks, PhD & Dilara Uskup, PhD
- Pillar: Protect
- Goal: To assess the feasibility of using digital technology delivery systems to improve PrEP uptake, adherence and persistence among high-risk key populations for LAC

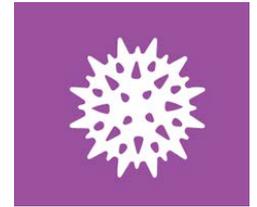


Planned Activities



- Gather community input
- Host a community consultation meeting on 2/10/20 for stakeholders
- Breakout sessions:
 - Black/Latino MSM
 - Black/Latina transwomen
 - Black/Latina cis-women
 - Person who inject drugs
- Generate a compendium of practices that promote deployment of PrEP using technology-based services

Long-Acting Injectable ART



- Leads: Raphael Landovitz, MD, MSc & David Goodman-Meza, MD
- Pillar: Treat
- Goal: To understand the barriers to and facilitators of successful implementation of LAI ART as part of a strategy to optimize viral suppression for LAC

Potential Advantages

May address adherence issues due to
less frequent dosing schedule

May be preferred for patients who wish
to avoid burden or stigma of daily oral
antiretrovirals

Fewer (or different) side effects

Potential to reduce the need for costly
laboratory tests to monitor treatment
efficacy

Lower overall drug dose

High acceptability and patient
satisfaction



Potential Disadvantages



Frequent clinic visits may be resource-intensive and pose barrier to adherence

Oral lead-in periods will require careful management

Potential long-lasting side effects

High dosing volumes may result in painful injection site reactions

Some people may not like injections

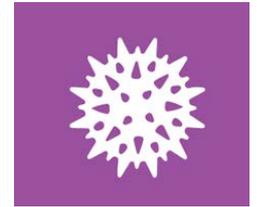
Potential for resistance in non-adherent patients

Potentially very high cost

Lack of safety data in pregnancy



Planned Activities



- Conduct 6 focus groups to be held on 1/8/20, 1/13/20, and 2/3/20.
 - clinical/nonclinical providers
 - policy makers and agency partners
 - consumers
- Develop good practice recommendations for the implementation of LAI ART
- Conduct capacity building to support implementation

Please Join Us!

- Participate and support in the planning of the regional HIV meeting on 1/24/20.
- Participate in the PrEP community consultation meeting on 2/10/20 and or LAI ART focus groups, where appropriate and feasible
- Provide guidance and support to ensure that there is community involvement and input at all stages – from planning, development, refinement, and dissemination of project deliverables
- Support in dissemination or implementation of recommendations that result from the projects

Contact info

Regional HIV Project

Steve Shoptaw, PhD, sshoptaw@mednet.ucla.edu

Uyen Kao, MPH, ukao@mednet.ucla.edu

Digital PrEP

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Dilara Uskup, PhD, duskup@ucla.edu

Long-Acting Injectable ART

Raphael Landovitz, MD, MSc, rlandovitz@mednet.ucla.edu

David Goodman-Meza, MD, DGoodman@mednet.ucla.edu

Responding to HIV molecular transmission clusters comprising transgender women in Los Angeles County

Presented by:

Britt Skaathun, PhD, MPH
University of California, San Diego
bskaathun@ucsd.edu

Pronouns: She/her/hers

Goal: Establish framework and evaluate feasibility of using molecular transmission clusters to seed social network recruitment of persons at risk for HIV infection

Respond pillar of the Ending the HIV Epidemic (EHE) initiative

Investigators

UC San Diego Center for AIDS Research (CFAR)

- PD: Joel O. Wertheim, PhD
- Co-Is:
 - Britt Skaathun, PhD, MPH
 - Susan Little, MD
 - Sheldon Morris, MD
 - Natasha Martin, DPhil
 - Annick Borquez, PhD

Los Angeles County Department of Public Health

- Wendy Garland, MPH
- Virginia Hu, MPH
- Kathleen Poortinga, MPH

Background: High HIV burden among transgender women (TGW)

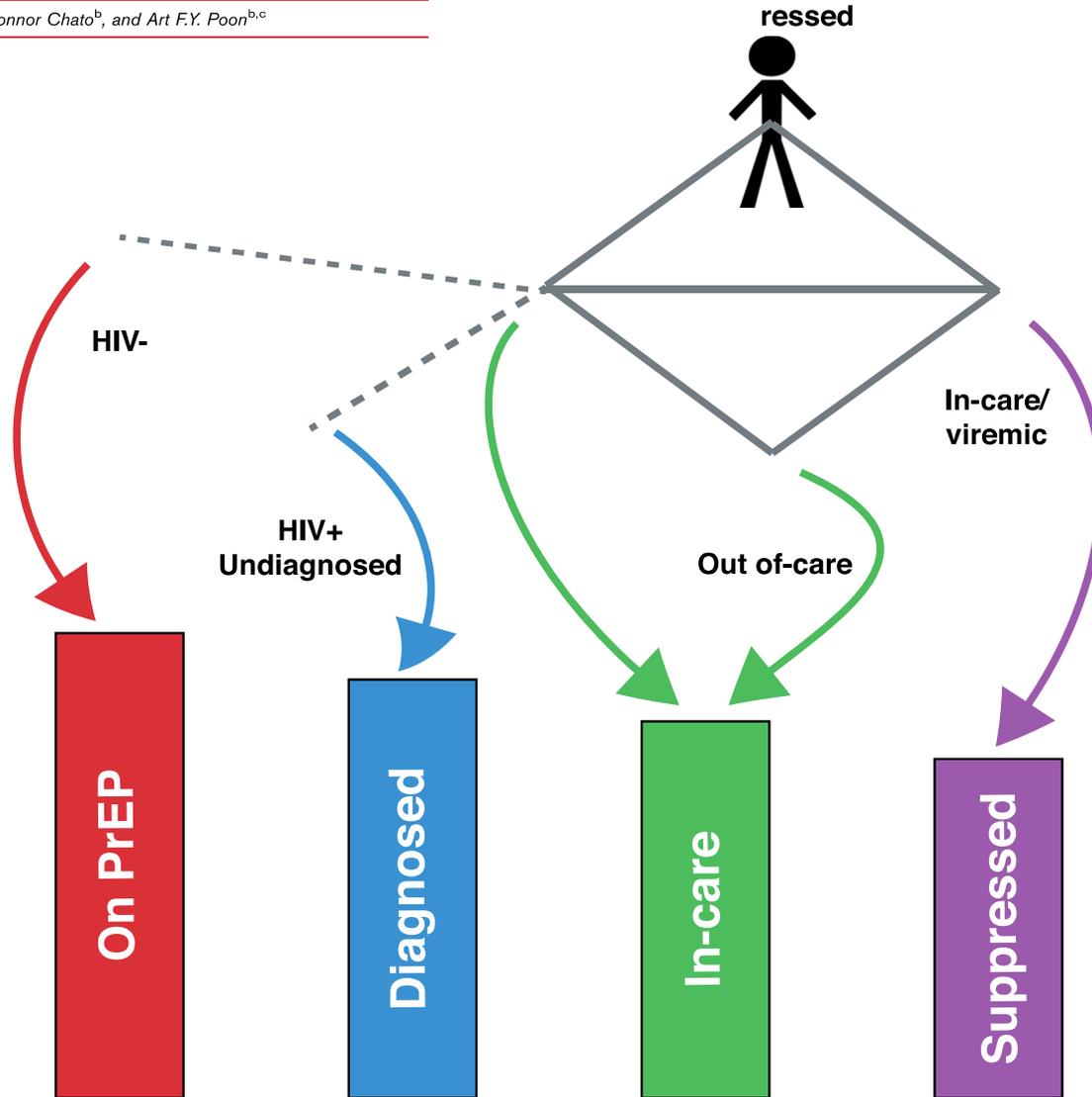
- TGW have the highest percentage of new HIV cases in The U.S.
 - 1.9% of all HIV testing events vs. cis-men (0.9%) and cis-women (0.2%)
- HIV prevalence among TGW in LA County is 16.7%
 - High burden among American Indian/Alaska Native and Black/African American TGW
- In LA County: TGW represent only 0.1% of population, but 1.4% of PLWH
- TGW often have low rates of engagement with public health
 - Prevention services difficult to deliver

Background: HIV public health molecular surveillance

- Since 2006, California has had mandatory name-based reporting of HIV surveillance data
- LAC is federally funded by the CDC to collect HIV surveillance data:
 - Demographic
 - Transmission risk
 - Geographic
 - Laboratory data
 - Viral genotype
- LAC DPH performs monthly analysis of the viral genetic transmission network via Secure HIV-TRACE (developed by Joel Wertheim)

Comparative analysis of HIV sequences in real time for public health

Joel O. Wertheim^a, Connor Chato^b, and Art F.Y. Poon^{b,c}



Clusters comprising transgender women

- TGW cluster assortatively in the transmission network
- TGW are more likely than expected to be linked to non-MSM cis-gender men
- Cis-gender cases clustered with one TGW were 9-times more likely to be clustered with a second TGW
- **Therefore, the genetic network is a route to finding additional HIV-infected and at-risk TGW**

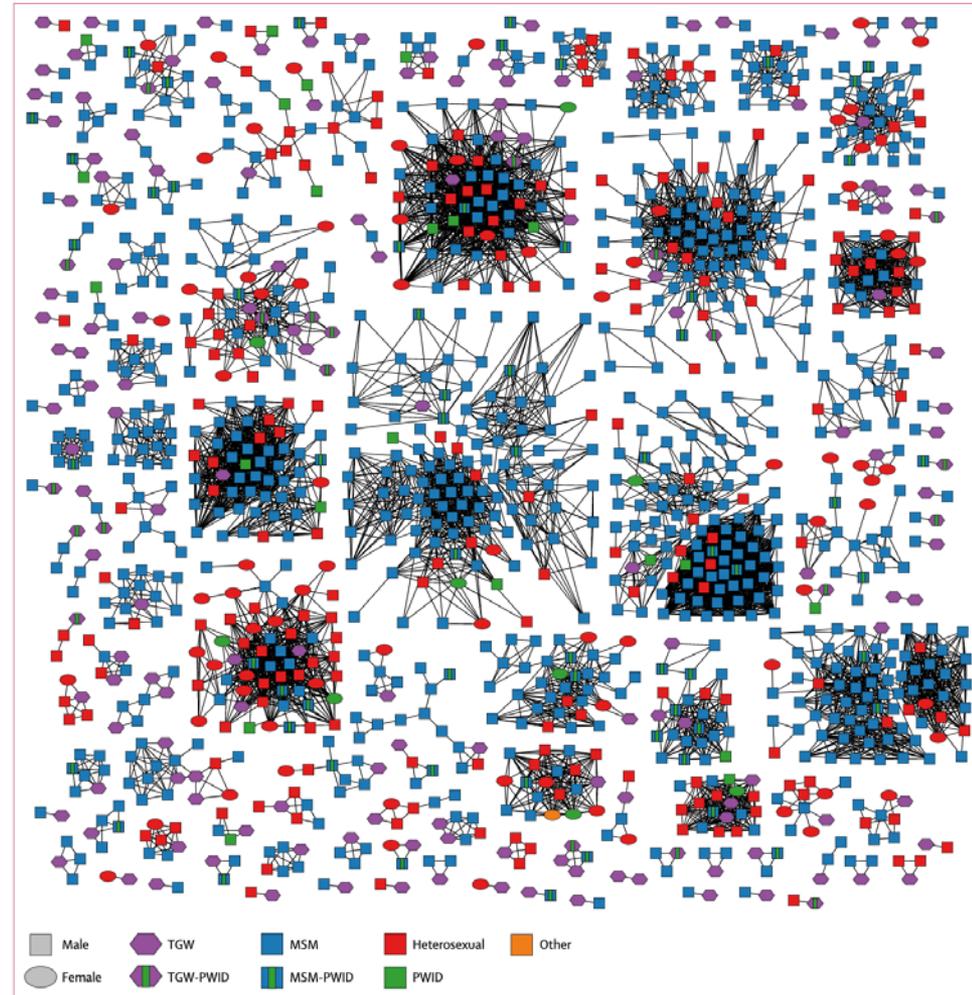


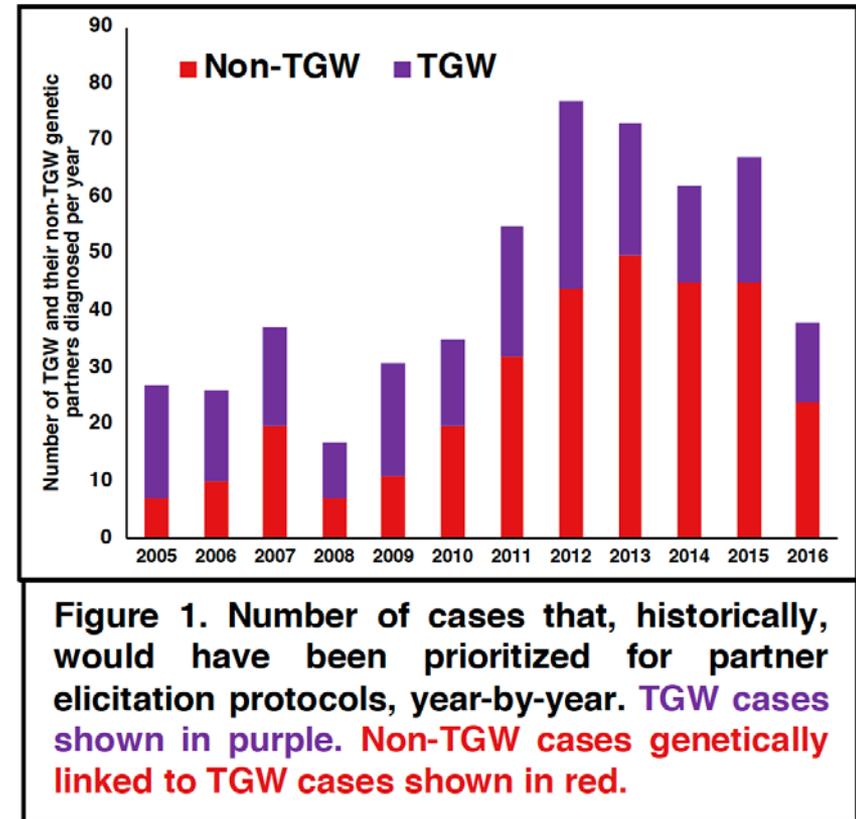
Figure 1: Molecular transmission clusters in Los Angeles County with at least one transgender woman

Background: Molecular transmission network analyses

TGW in LAC transmission network

2011 through 2015:

- Mean of 23 TGW were diagnosed/year
- Mean of 36 cisgender genetic partners of TGW
- These 59 individuals will be the “seeds” for social network recruitment strategy protocol



Method: Social Network Recruitment

Traditional HIV prevention partner elicitation services focus on sexual and injection drug-using partners (<12 months)

- Low yield (average index case naming 0.5 partners, only half are HIV-positive)

Social Network strategies much more successful at eliciting names and recruiting contacts.

Survey, Testing, and PrEP in partnership with local clinics

We expect to find TGW who are HIV-infected but unaware of their status (DIAGNOSE), out-of-care (TREAT), and uninfected by at-risk of HIV infection (PREVENT).

Method: Epidemic Modeling

- Used to predict impact of interventions
- Can also assess the most cost-effective strategy

We propose to:

- Provide population level estimates of impact of network directed partner services on HIV incidence
- Assess what type and targeting of interventions required to achieve EHE goals:
 - 90% reduction in HIV incidence by 2030.

EXPECTED OUTCOMES

Establish social network recruitment protocol for newly diagnosed TGW and their genetically linked cisgender partners

- (i) Engage in monthly planning meetings via webinar
 - UC San Diego investigators and LAC DPH officials
- (ii) Meet with LAC DPH officials, the LAC Commission on HIV (COH), and the Transgender Caucus (TC) to refine approach
- (iii) Establish protocols for conducting social network recruitment using seeds from HIV molecular transmission network and meetings with LAC DPH, COH, and TC
- (iv) Identify data sources for the future modeling phase of the project.

NEXT STEPS: Implementation

- Implementation study to reduce burden of incident HIV among TGW
- Proof of concept- can be applied to other sub-populations that suffer disparate HIV burden
- Develop flexible epidemic modeling framework to assess optimal way to reduce HIV incidence by 90% in LAC and other settings

Resources available for LA County

- Partnership with LAC DPH, COH/TC, PrEP Centers of Excellence*

Acknowledgements

Mario J. Pérez, MPH
Director, Division of HIV and STD Programs
Los Angeles County, Department of Public Health

Cheryl A. Barrit, MPIA
Executive Director
Commission on HIV



UC San Diego
SCHOOL OF MEDICINE

CDC 19-1906: Accelerating State and Local HIV Planning to End the HIV Epidemic

The California Consortium:
Alameda, Orange, Riverside, Sacramento, San
Bernardino, San Diego
In Partnership with:
Los Angeles and San Francisco

Marisa Ramos, PhD
Office of AIDS Interim Chief

November 14, 2019

Ending the HIV Epidemic

- Newest Federal Response
- Two phases over 10 years
 - Phase I are for the 50 counties and 7 states with the most HIV burden in the US(>50% of the entire population of those diagnosed and living with HIV); 2019 – 2023; GOAL: Reduce new infections by 75%
 - Phase II, nation-wide efforts; 2024 – 2029; GOAL: Reduce new infections by 90%
- Funding in multiple federal agencies: HRSA HAB, HRSA Health Centers Program, CDC, Indian Health Board, NIH
 - Each funding source has its own process to request funds



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

LHJ HIV, STD, AND SYRINGE SERVICES FUNDING STREAMS



**Ending
the
HIV
Epidemic**

A PLAN FOR AMERICA

California

County	People with Diagnosed HIV (diagnosed prevalence) 2016	Annual HIV Diagnoses 2017
Alameda County	5,713	206
Los Angeles County	48,220	1,527
Orange County	6,587	304
Riverside County	7,517	278
Sacramento County	4,112	133
San Bernardino County	3,880	210
San Diego County	12,660	404
San Francisco County	12,508	246

CDPH, Office of AIDS Tasks

California Consortium

- The state:
 - is the entity required to apply for the CDC Funds,
 - coordinate the development of Getting to Zero plans in the six Phase I counties, and
 - submit the required deliverables
 - Will be the entity to submit the proposal for implementation funds (years 2 – 5)

Ending the Epidemics Plan

- Addressing the Syndemic of HIV, STDs, and Hepatitis C
- Coordinate community input from throughout the state
- Ensure the plan is in harmony with other plans, funding and responses for Getting to Zero

COLLABORATION AND REGIONAL APPROACH

- Los Angeles and San Francisco are receiving funding for CDC PS19-1906 directly
- Agreement to collaborate through the planning process
- Appreciation of needing regional approaches necessary due to increased use of services in multiple counties
- Community engagement activities is an opportunity to gain input on prevention and care services
- As possible, working with other agencies and departments responding to PLWH and those at risk, will improve holistic approach to individuals and Getting to Zero

How You Can Help

- Follow the progress of the County's development of the Getting to Zero plan and be prepared to provide consensus for the final product.
- Seek input from community members: you are the link between community and county
- Offer advice and ideas for the State's Ending the Epidemics Plan
 - ETE@cdph.ca.gov



Marisa.Ramos@cdph.ca.gov

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH



Ending the HIV Epidemic: Prevention Through Active Community Engagement

***Los Angeles County Commission on HIV Annual Meeting
November 14, 2019***

CDR Michelle Sandoval-Rosario, DrPH, MPH – Director
LCDR Jose Ortiz, MPH – Deputy Director

Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services



Objectives

- Background
- OASH Initiatives
 - PACE Teams
 - Goals/Objectives
- Coordination with federal/state and local entities

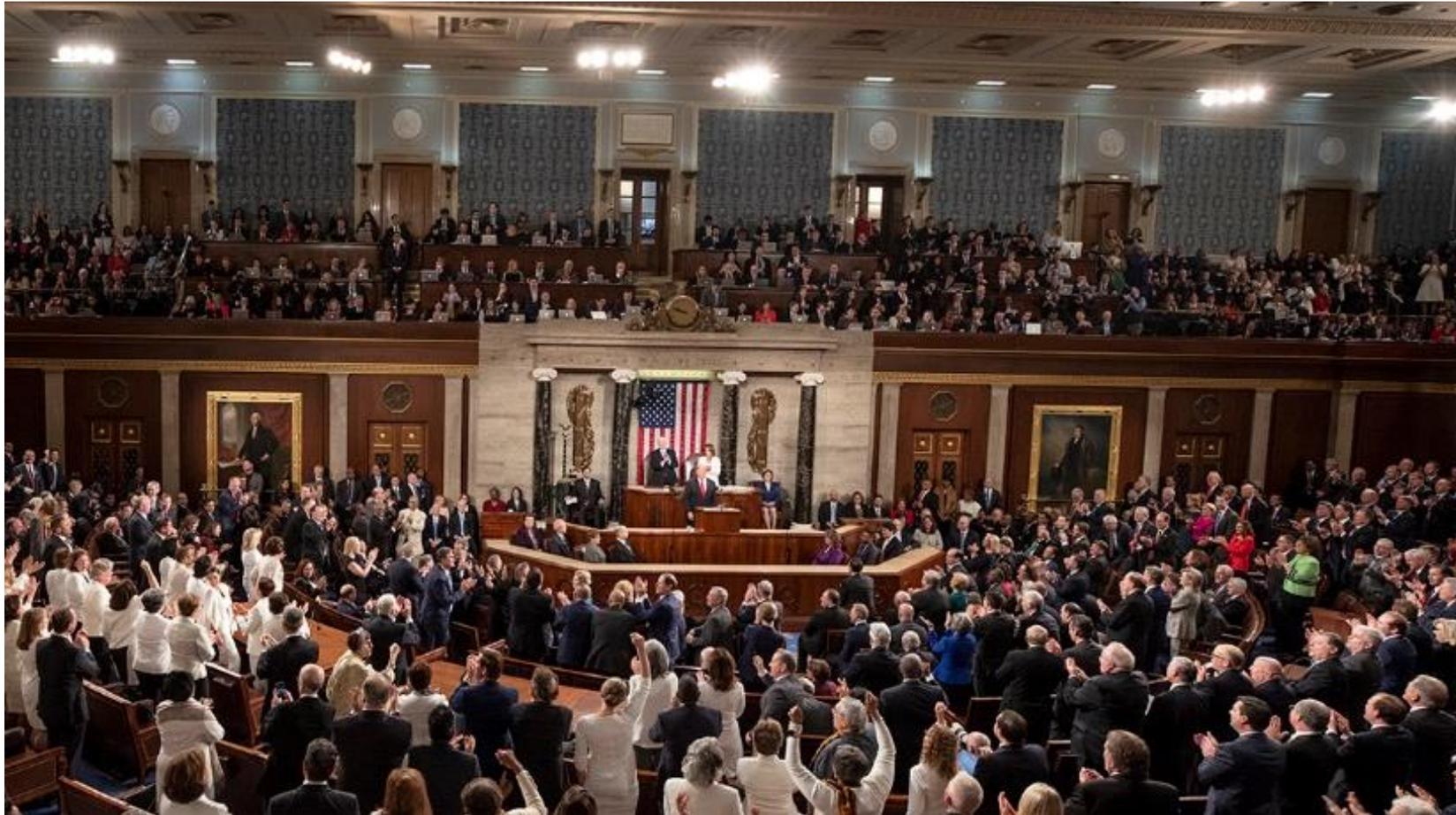


PRESIDENT TRUMP

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.



OFFICE OF THE
ASSISTANT SECRETARY FOR HEALTH

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

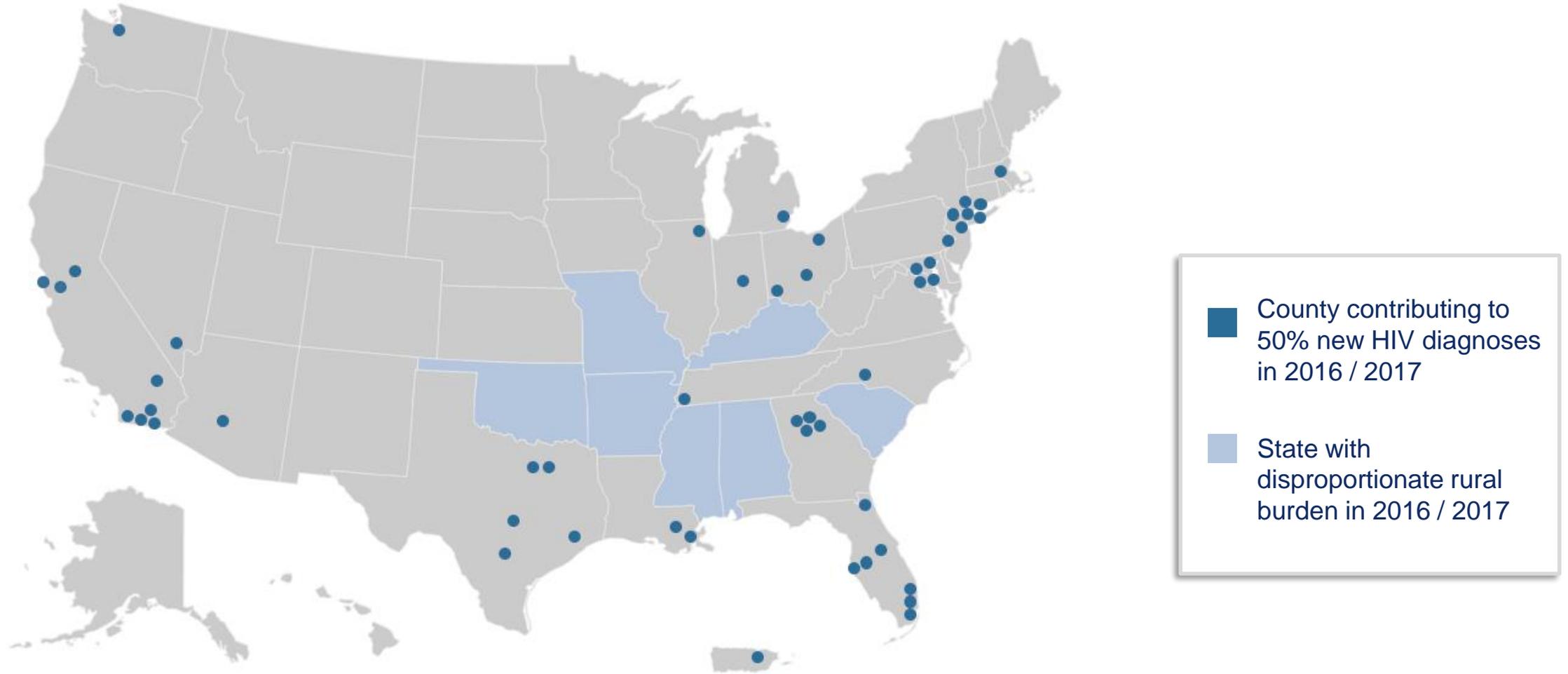
Rapidly and effectively to clusters and outbreaks of new HIV infections

HIV WORKFORCE

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



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



OASH INITIATIVES



OFFICE OF THE
ASSISTANT SECRETARY FOR HEALTH

Regional Prevention through Active Community Engagement

- PACE Program Regional Leads
 - Region 4 (Atlanta, GA)
 - ✓ CDR Adeoye “John” Oguntomilade
 - ✓ LT Neelam Gazarian
 - Region 6 (Dallas, Texas)
 - ✓ CDR Luz Rivera
 - ✓ LCDR Rodrigo Chavez
 - Region 9 (Los Angeles, CA)
 - ✓ CDR Michelle Sandoval-Rosario
 - ✓ LCDR Jose Ortiz



GOALS FOR PACE Program

- Develop, implement, and evaluate public health interventions through community partnerships and engagement to reduce new HIV infections in disproportionately impacted communities (Regions 4, 6, and 9) by 75% by 2025 and 90% by 2030.
- Collaborate and support partners to decrease HIV morbidity in the 48 counties
- Increase early access to, and retention in, HIV care in regions
- Achieve viral suppression for all residents diagnosed with HIV to improve health outcomes and slow transmission of disease.



Region 9 PACE Team

California

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

Arizona

- Maricopa County

Nevada

- Clark County



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





Thank you!
Questions/Comments?

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Los Angeles County Department of Public Health Support for Ending the HIV Epidemic

Barbara Ferrer, PhD, MPH, MEd

Director

Los Angeles County Department of Public Health

Jeffrey D. Gunzenhauser, MD, MPH

Chief Medical Officer and Director, Disease Control Bureau

Los Angeles County Department of Public Health



**Los Angeles County Department of Public Health
commits its support and will provide leadership in the
County's efforts to End the HIV Epidemic**

Vision for Ending the HIV Epidemic



**Importance of addressing the needs of
marginalized communities**



**Maintain high priority support for
End-the-HIV-Epidemic activities.**





Synergizing Our Response

Align EtHE-related activities with County priorities

Leverage opportunities within the Department, with other County departments, and across communities

Achieve EtHE goals through a Collective Impact approach

Close coordination with community partners to engage at-risk populations, particularly to provide testing and linkage to/maintenance in care

Remain informed and support Commission on HIV activities that target the End the Epidemic

Strong engagement with the healthcare system

LA County Alliance for Health Integration (AHI)

Purpose

To improve the health and well-being of LA County residents by aligning and efficiently implementing Board-approved prevention, treatment, and healing initiatives that require the collaborative contributions of the three health departments in a manner that supports our workforce, builds partnerships, promotes health equity, and respects each department's unique charge and scope.

Proposed Governance

- Shared governance (consensus decision-making) among the three department directors
- Department directors annually rotate an AHI lead facilitator role
- AHI staff led by a Chief Operations Officer (COO)
- AHI supported by shared financing of activities among the three departments

Proposed Priorities & Objectives

1. Integration and Development of Prevention, Treatment, and Healing Services
2. Reduction of Health Inequities
3. Improvement of Organizational Effectiveness

LA's Community Clinics & Health Centers

64 Organizations • 350+ Sites • 1.7 million patients



LA's Community Clinics & Health Centers

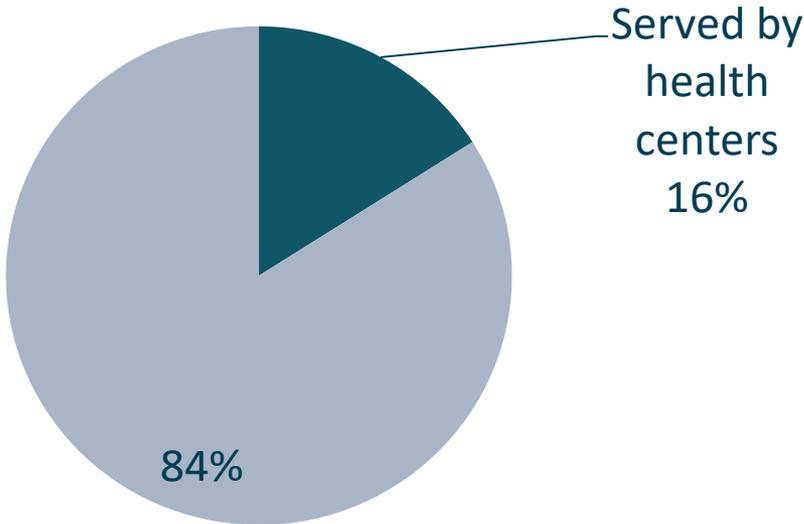
64 Organizations • 350+ Sites • 1.7 million patients

Priorities: 2020

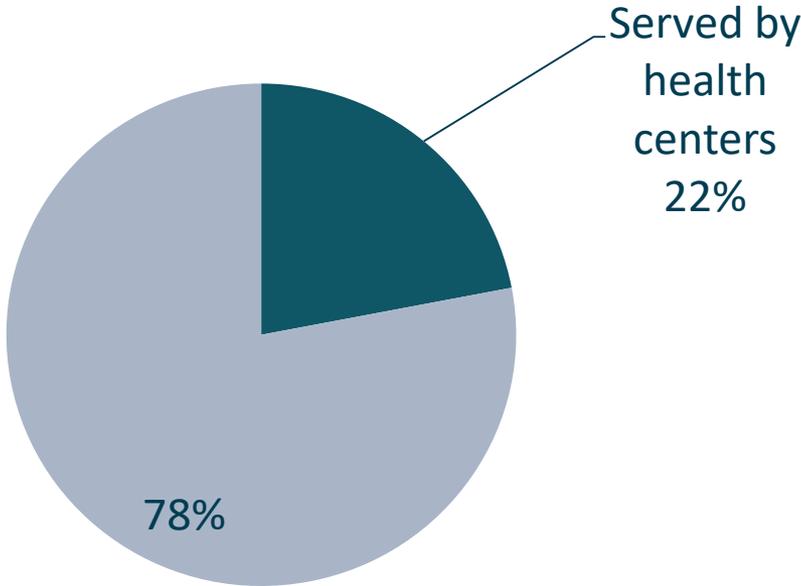
- **Integration:** Health Centers must continue to be at the forefront of reform efforts, and are in a unique position to serve as the health home and care **integrator** for patients to ensure **quality care** and **outcomes**.
- **Innovation:** Health Centers must continue to focus on improving and advancing **patient experience** and engagement, **financial stability**, **data quality** and utilization, **workforce**, leadership and board development, and **operational practices**.
- **Value:** Health Centers are operating in a new and more competitive marketplace. They will need to demonstrate their competitive edge or return on investment to potential **workers**, **patients** and **partners**.

Health Center Involvement in Ending the Epidemic

People with a known HIV diagnosis



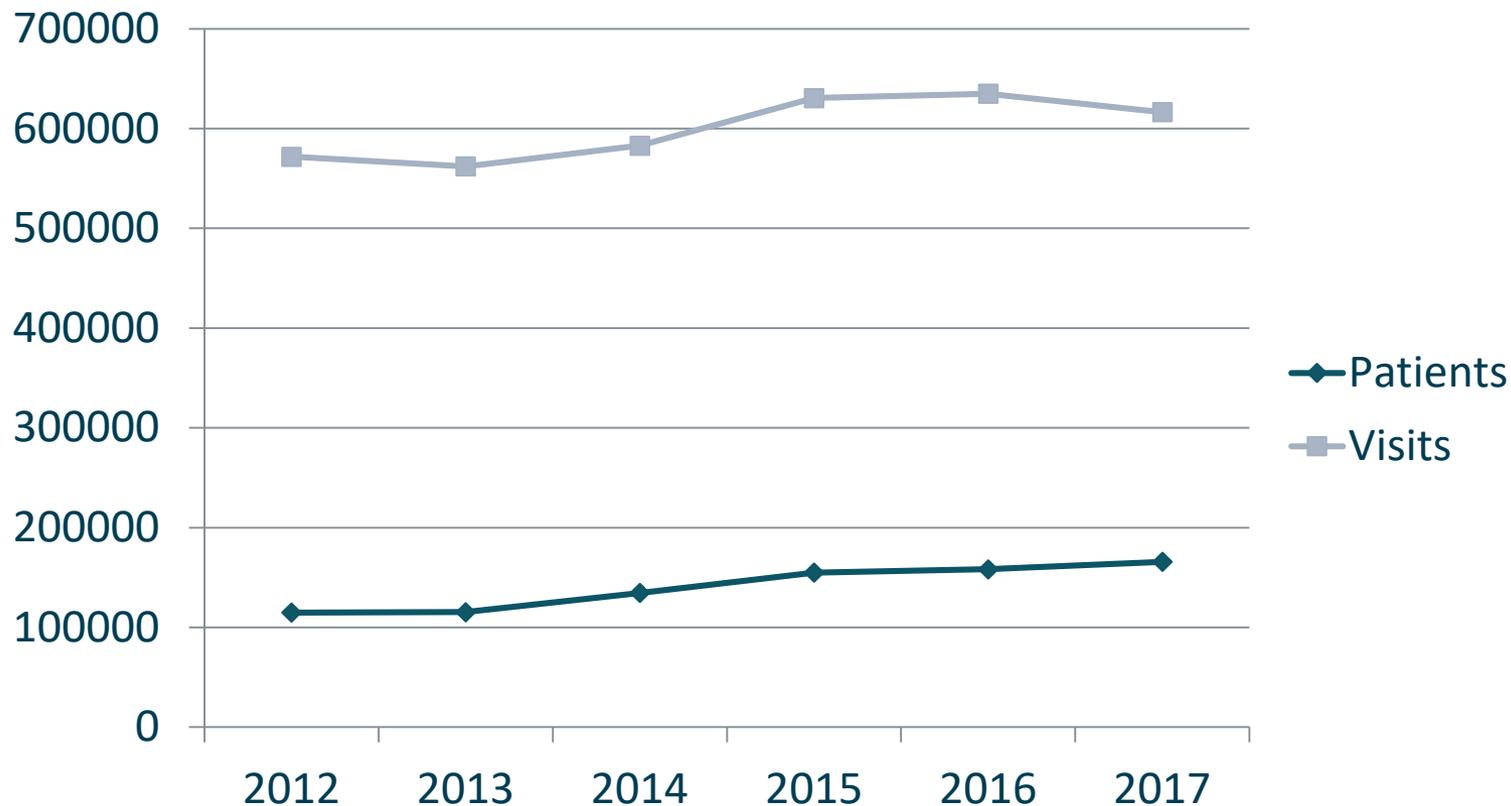
People with diagnosis who received HIV medical care



HIV.gov. (2018). George Washington University analysis of 2015 UDS data.
Data does not include community clinics.

Health Center Involvement in Ending the Epidemic

Health Center HIV Patients & Visits

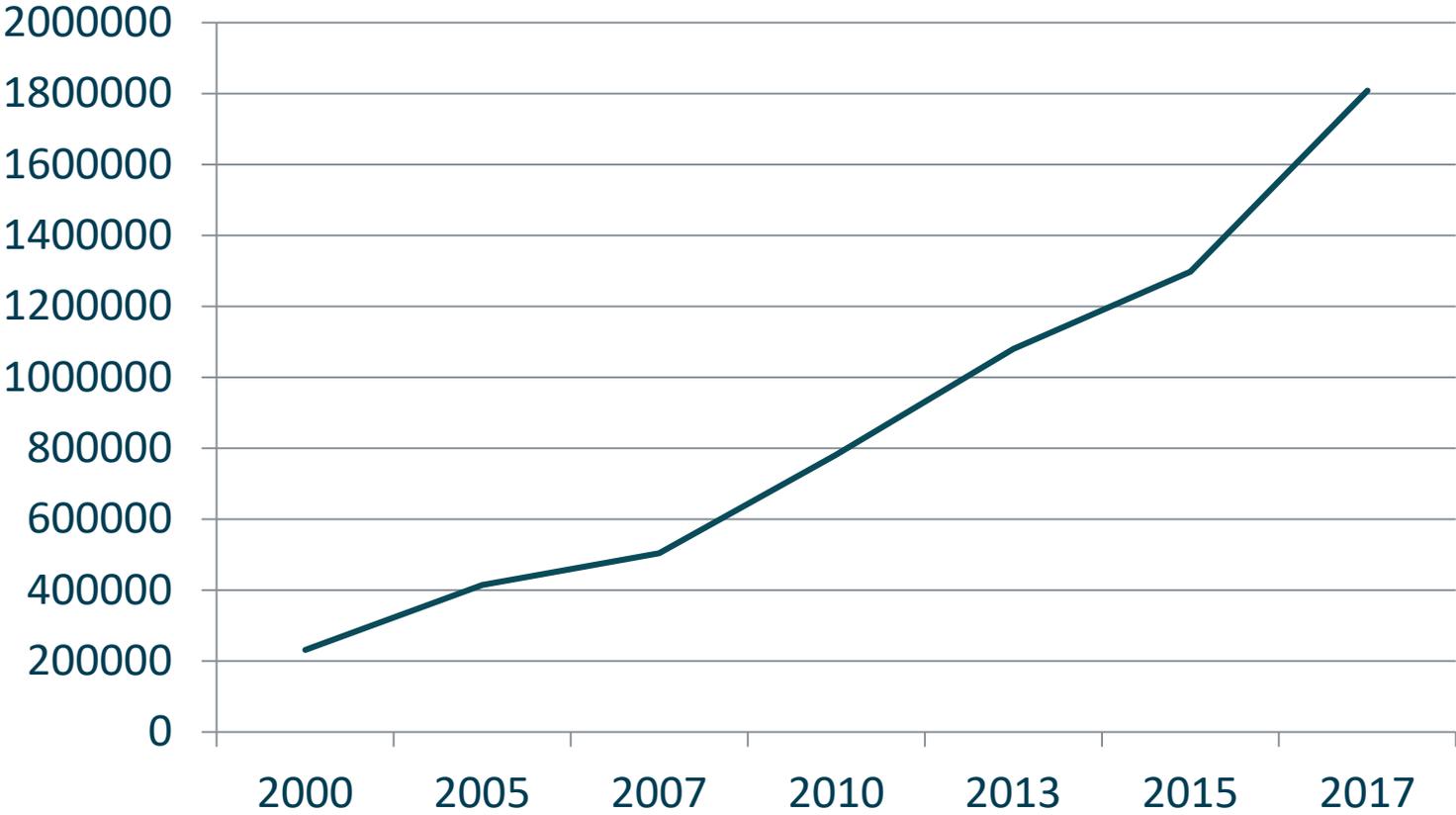


8% increase in visits
44% increase in patients

2012-2017 Uniform Data System (UDS) National Reports,
Health Resources and Services Administration.
Data does not include community clinics.

Health Center Involvement in Ending the Epidemic

Health Center HIV Testing



682% increase in patients receiving HIV tests

2000-2017 Uniform Data System (UDS) National Reports, Health Resources and Services Administration. Data does not include community clinics.

Health Center Involvement in Ending the Epidemic

Ending the HIV Epidemic Primary Care HIV Prevention Funding

2-year program starting April 1, 2020

- **Purpose:** expand HIV prevention services that decrease the risk of HIV transmission, focusing on supporting access to and use of PrEP.
- **Eligibility:** based on site location, and either existing Ryan White HIV/AIDS Program funding or proximity to a RWHAP-funded organization.
14 eligible organizations in Los Angeles.
- **Grant objectives:**
 - **Outreach:** Engage new and existing patients in HIV prevention services, identifying those at risk for HIV using validated screening tools.
 - **HIV Testing:** Increase the number of new and existing patients tested for HIV.
 - **PrEP Prescriptions:** For persons who test negative, provide HIV prevention education, and prescribe and support the use of clinically indicated PrEP.
 - **Linkage to Treatment:** For persons who test positive, link them to HIV treatment.

Clinic Involvement in Ending the Epidemic

Ryan White

- 14 organizations in Parts A, B, and/or C
 - 74% of Part A providers (14)
 - 75% of Part C providers (12)
 - 7% of Part D providers (1)

PReP Centers of Excellence

- 7 organizations
- 70% of LA County Centers of Excellence

Clinic Involvement in Ending the Epidemic

Making an Impact

- Develop true partnerships
- Invest in multisector partnerships
- Leverage clinic ability to follow patients
- Focus on specific patient population/geography
- Address current gaps in care (e.g., PReP for women)
- Truly integrate PReP into practice (reexamine current practice)
- Share lessons and best practices

LA's Community Clinics & Health Centers

