LOS ANGELES COUNTY
HIV/AIDS STRATEGY
FRAMING THE CHALLENGE,
SHARING THE VISION,
COMMITTING TO ACTION
CHERYL BARRIT
Executive Director, Los Angeles County Commission on HIV
Can we end the HIV epidemic in our lifetime?

- Yes: 87%
- No: 13%

Total Results: 151
Annual HIV infections have been reduced by 71% since their peak in the early 1990s.
Compared to other jurisdictions, LA County has a lower HIV infection rate than San Francisco, New York City, Chicago, Houston, and DC.
Please rank these HIV prevention tools in order of importance to ending the HIV epidemic:

1st: Treatment as Prevention / Viral suppression
2nd: Pre-Exposure Prophylaxis (PrEP)
3rd: Testing / case identification
4th: Linkage and retention efforts
5th: Health education / Risk reduction efforts
6th: Condoms
A significant re-alignment of HIV resources will allow us to accomplish the main goals of a countywide HIV/AIDS strategy.

- Strongly Agree: 48%
- Agree: 46%
- Disagree: 5%
- Strongly Disagree: 1%
MARIO J. PÉREZ, MPH
Director, Los Angeles County Department of Public Health
Division of HIV and STD Programs
SETTING THE STAGE FOR A STRATEGY
• 2015 – DHSP staff met with local stakeholders on need to develop a “Plan to End AIDS” in LA County.

• January 2015 – City of West Hollywood announced campaign to reduce HIV transmission rate in West Hollywood to zero by summer 2017.

• June 2015 – LA County Board of Supervisors (BOS), spearheaded by Supervisor Kuehl, passed motion that directed the Department of Public Health to develop and implement a robust, comprehensive program to deliver Pre-Exposure Prophylaxis (PrEP) in order to dramatically reduce the number of HIV infections.

• January and February 2016 – DHSP dedicated human resources in its Executive Office to coordinate LA County strategy development and conducted nationwide inventory of other jurisdictions’ plans/strategies.
Strategy Development Timeline

• February 2016 – DHSP announced to Commission on HIV (COH) that DHSP supported a countywide strategy and that DHSP would take a leadership role as requested by stakeholders.

• March 2016 – Assemblyman Mike A. Gipson conducted “Ending AIDS in California” hearing.

• March 2016 – DHSP met with local stakeholders as part of ongoing input process.

• April 2016 – DHSP held all-day Senior Management Team retreat to plan for an LA County strategy.

• May 2016 – State Office of AIDS held “Getting to Zero” meeting in coordination with the CoH.
Strategy Development Timeline

- June 2016 – DHSP and CoH staff jointly reviewed Comprehensive HIV Plan objectives.


- November 2016 – DHSP presented four core objectives for LA County strategy at the CoH Annual Planning Meeting.

- December 2016 – City of Los Angeles held Plan to End AIDS/Getting to Zero meeting.
February 2017 – DHSP contracted with Hershey Cause to provide consulting services: strategizing, messaging, and eliciting feedback for LA County strategy efforts.

February 2017 -- City of West Hollywood released its “HIV Zero Strategic Plan.”

March 2017 – Hershey Cause conducted anonymous key informant and partner interviews.

April 2017 – BOS, spearheaded by Supervisors Solis and Ridley-Thomas, passed motion directing DPH to report back on County's efforts in “preventing and reducing rates of HIV among the most impacted groups in Los Angeles County.”

July 2017 – “Planning for the Los Angeles County HIV/AIDS Strategy for 2020 and Beyond”
Setting the Stage for a Strategy

- 2016 CoH Annual Planning Meeting Recap
- Resetting the Planning and Performance Lens
- Setting Clear Performance Benchmarks
- Tracking Strategy Progress
- Anticipating and Responding to External Forces
2016 COH ANNUAL PLANNING MEETING RÉCAP
2016 CoH Annual Planning Meeting Recap

• Key Metrics
• Comprehensive HIV Plan Objectives
• Laying a Foundation for Getting to Zero: California’s Integrated Surveillance, Care and Prevention Plan
• LAC HIV/AIDS Strategy Framework
  • New Infections
  • Diagnosis
  • Viral Suppression
  • Deaths
Any LAC HIV/AIDS Strategy must:

- Factor in unprecedented accountability and transparency
- Realign resources
- Invest new resources
- Enlist champions
- Measure and address stigma
- Confront racism, shame, homophobia, transphobia, service capacity, limited age- and gender-appropriate programming, disclosure and sexual health norms
- Factor in cycles of poverty, homelessness, regressive correctional policies, and a threatening political environment
Current and Projected Annual HIV/AIDS Landscape in Los Angeles County: Persons Living with HIV (PLWH), New Infections, HIV Diagnoses, Stage 3 HIV Infection (AIDS), and Deaths, 2006-2022

- Includes persons whose address at the end of each calendar year was in Los Angeles County.
- Based on named reports for persons with a diagnosis of HIV infection regardless of the disease stage at time of diagnosis.
- Includes persons whose residence at death was in LAC or whose most recent known address before death was in LAC, when residence at death is missing.
- Data for 2014-15 are provisional due to reporting delay.
- Numbers for Persons Living with HIV, Diagnosed HIV Infection and Stage 3, and Deaths 2016-2022 and all new HIV Infections are projected estimates based on DHSP HIV/AIDS Strategy activities.
Key Metrics Updated Since Nov 2016

- 61,214 PLWHA
- 48,825 Diagnosed PWLHA through 2014
- 1,946 Diagnosed PWLHA in 2014
- 8,943 Undiagnosed PLWHA in 2014
- 1,850 Estimated New HIV Infections in 2015
- 557 Deaths Among PLWHA in 2015
- 61% of all Persons with HIV are virally suppressed
- 87% of all Persons with ≥1 VL test are virally suppressed
- 4,987 HIV-negative persons on PrEP
It was estimated that 14.6% of PLWH were unaware of their infection in 2015. This was projected from 2014 estimate of 15.0% for California according to CDC's new methods using HIV case surveillance data and CD4 test results (see CROI Abstract #899: Johnson, AS; Song, R; Hall, HI. State-Level Estimates of HIV Incidence, Prevalence, and Undiagnosed Infections. Conference on Retroviruses and Opportunistic Infections (CROI); 2017 Feb 13-16; Seattle, WA).

Total estimated 1,500 lab reports pending investigation likely to result in unduplicated cases.

Includes persons diagnosed with HIV infection in 2015, living as of 12/31/2015, and reported through 12/31/2016.

Includes persons diagnosed with HIV infection by 12/31/2014 and living as of 12/31/2015.

Data are based on most recent known address at the end of 2015 in Los Angeles County.

Source: HIV Surveillance data as of December 2016
RESETTING THE PLANNING AND PERFORMANCE LENS
Resetting the Planning and Performance Lens

• Geomapping Evolution
  • From 8 Service Planning Areas to 26 Health Districts
  • Combine RWP providers, FQHCs, Hospitals, PrEP COEs, PH STD Clinics with HIV/STD Impact Maps
  • Incorporate Bivariate Maps into Planning Efforts
  • Confronting and Addressing Service Capacity Unevenness and Scarcity (Question #1)
Resetting the Planning and Performance Lens
For the Health Districts in LAC that do not have a level of service capacity commensurate with more aggressive HIV/AIDS performance goals, should we:

- Aggressively enlist new providers within that Health District to fill gaps? (51%)
- Broaden the service portfolio of current DHSP-funded high performance agencies? (41%)
- Promote service access in adjacent Health Districts where capacity is more robust? (8%)
SETTING CLEAR PERFORMANCE BENCHMARKS
Setting Clear Performance Benchmarks

- Role of Public and Private Sector Providers and Health Plans
  - Public and Private Hospitals
  - RWP-funded providers and non-RWP providers
  - Medi-Cal System
    - Fee-for-Service and Managed Care
  - FQHCs and CHCs
  - L.A. Care, Kaiser, Health Net, MyHealth L.A.
- Role of Elected and Non-Elected Policy Makers (Questions #2 and #3)
Given the goal to ensure that 90% of all PLWHAs in LAC are diagnosed by the end of 2022 (more than 9,000 people and 1,800,000 testing episodes), should we pursue an epi-driven, time-limited, mandatory routine opt-out testing program for California?

- Yes: 80%
- No: 20%
Medi-Cal plays a critical role in the financing of HIV medical care. Should we pursue a policy intervention requiring Medi-Cal providers to achieve viral load suppression benchmarks in exchange for an incentivized payment structure?

- Yes: 80%
- No: 20%
Setting Clear Performance Benchmarks

- Role of Funders and Health System Planners
  - Government Funders
    - Importance of resource re-alignment
    - Importance of investment levels matching performance expectations
    - Importance of CMS, HRSA and CDC-funded programs aligning with local planning and performance expectations
  - Foundations

- Role of Consumers
  - Service menu checklist
How should we enforce compliance with AB2640, the new California law requiring all high-risk HIV-negative testers receive information related to PrEP?

- Use of secret shoppers: 33%
- Mandatory signage in testing rooms: 15%
- Confirmation of compliance on testing forms: 52%
Each of the 26 Health Districts will have area-specific performance metrics across 5 domains; performance expectations will be tethered to a diverse set of providers in that area.

Examples of Health District-specific Performance Expectations
- New Infections (SPA 2, East Valley HD)
- Syndemic Planning/Programming (SPA 3, Pomona HD)
- Casefinding/Diagnosis (SPA 4, Hollywood-Wilshire HD)
- PrEP Enrollment (SPA 6, Southwest HD)
- Viral Suppression (SPA 8, Long Beach HD)
Setting Clear Performance Benchmarks

• Health District-specific Performance Expectations
  • New Infections (SPA 2, East Valley Health District) Reduced from 89 in 2017 to 25 in 2022

• Strategies
  • Improved viral suppression
  • Improved HIV diagnosis
  • Increased PrEP enrollment
  • Enhanced use of syndemic mapping
  • Enhanced use of social network analysis and intervention
Setting Clear Performance Benchmarks
Setting Clear Performance Benchmarks
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- Health District-specific Performance Expectations
  - Syndemic Planning/Programming (SPA 3, Pomona Health District)

- Strategies
  - Enhanced use of syndemic mapping
  - Enhanced syphilis and GC extra-genital screening, treatment and PrEP enrollment
Setting Clear Performance Benchmarks
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- Health District-specific Performance Expectations
  - Casefinding/Diagnoses (SPA 4, Hwd-Wilshire Health District): 1,451 persons from 2018 to 2022
  - Deliver 290,000 testing episodes (0.5% positivity rate) between

- Strategies
  - Provide 174,000 targeted testing events
  - Provide 116,000 routine testing events
Present: 2151 Undiagnosed in 2017

Conduct 290,000 tests between 2018 and 2022*

Goal: 215 Undiagnosed in 2022

*Assuming a 0.5% Positivity Rate
Setting Clear Performance Benchmarks

- Health District-specific Performance Expectations
  - PrEP Enrollment (SPA 6, Southwest Health District) to be increased from 499 in 2017 to 3,775 in 2022

- Strategies
  - Mandatory referral to PrEP Navigators for high-risk clients
  - Significantly increase PrEP enrollment via COEs, PH STD Clinics, Kaiser Cadillac, FQHCs
    - Direct to consumer marketing
    - Biomedical HIV Prevention Provider Detailing -- Round 2
  - Improved Compliance with AB2640
  - Improved PrEP Access in Correctional Settings
  - Enhanced Use of Sexual Network Analysis Tools
PrEP and Condoms
Maximum protection against HIV and STDs

PrEP y Condomes
Máxima protección contra el VIH y ETS
Setting Clear Performance Benchmarks
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Setting Clear Performance Benchmarks

- Health District-specific Performance Expectations
  - Viral Suppression (SPA 8, Long Beach Health District) increased from 62% to 90% by 2022

- Strategies
  - Optimize treatment for 383 people diagnosed, linked to care, but not virally suppressed
  - Maximize reach of Medical Care Coordination teams
  - In partnership with COH, develop payment enhancement system for providers who achieve performance goal among sub-groups who continue to experience lowest VS rates, such as African-Americans, American Indians/Alaskan Natives, transgender women, young Latino MSM
  - Adopt immediate linkage and treatment best practices
Setting Clear Performance Benchmarks
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Setting Clear Performance Benchmarks

Viral Suppression* by Race/Ethnicity

*Persons are considered virally suppressed when their last VL test in 2015 was <200 copies/ml.
**Includes all non-Latino persons who have been reported with American Indian/Alaskan Native race, regardless of other racial/ethnic information reported.
Tracking Strategy Progress

• Real-time PrEP enrollment data at getprepla.com
• LAC HIV/AIDS Strategy Microsite
Future Timeline:

- July – September 2017 – Survey/public comment process
- September 2017 – Final phase of community input period
- December 2017 – Strategy launch
- July 2018 – Strategy progress report
- July 2019 – Progress report and Strategy refinement
- July 2020, 2021 – Progress reports
- December 2022 – Public review of Strategy successes and challenges
ANTICIPATING & RESPONDING TO EXTERNAL FORCES
Anticipating and Responding to External Forces

- Changes to Obamacare
- HRSA Funding (RWP and FQHCs)
- CDC Funding
- Limited Re-alignment of Funds
- Limited Capacity
- Poorer Health Care Access Patterns in Current Federal Environment
- Limited Political Will
The Vision: Optimizing current and evolving care and prevention tools to dramatically reduce HIV/AIDS impact in all communities
“Without a Vision, the People Perish”

Proverbs 29:18
Have a vision that is so BIG, So Exhilarating that it Excites you and Scares you at the Same time.
“And I've looked over, and I've seen the promised land. I may not get there with you, but I want you to know tonight that we as a people will get to the promised land.”

Martin Luther King Jr., Speech in Memphis, April 3, 1968, the day before King was assassinated
GRISSEL GRANADOS
HIV Prevention Manager,
Children's Hospital Los Angeles

The Action: Harmonizing service delivery, political will, and social justice into a re-invigorated HIV/AIDS response
We Want Your Feedback

Your ideas and insights are vital to success. Please take our brief survey at:

www.PollIEV.com/LACHIV

THANK YOU!