



# LOS ANGELES COUNTY HIV/AIDS STRATEGY

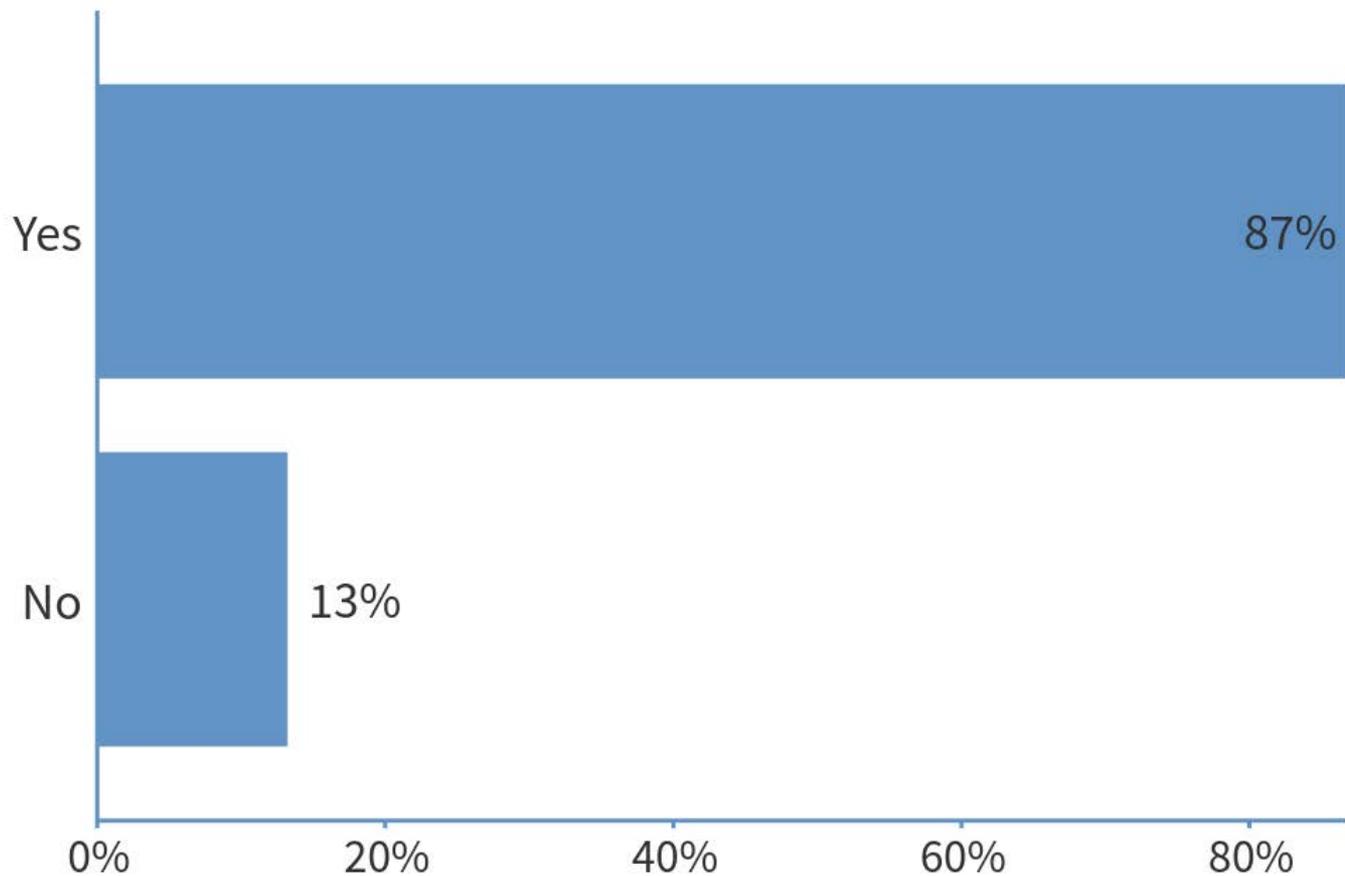
FRAMING THE CHALLENGE,  
SHARING THE VISION,  
COMMITTING TO ACTION

# CHERYL BARRIT

Executive Director, Los Angeles County Commission on HIV

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## Can we end the HIV epidemic in our lifetime?



Total Results: 151

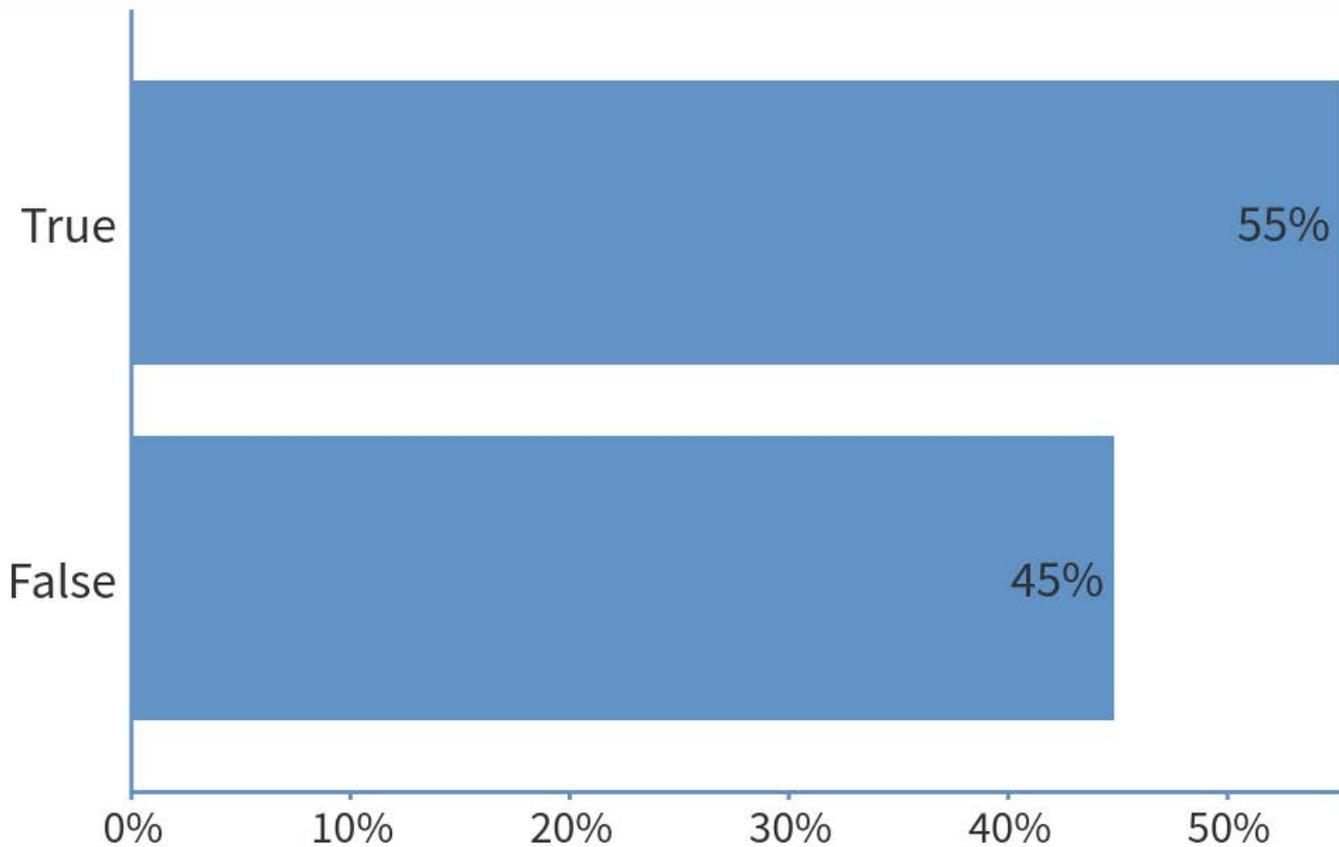
# Is there a need to create a blueprint or strategy to help end the HIV epidemic?

Yes

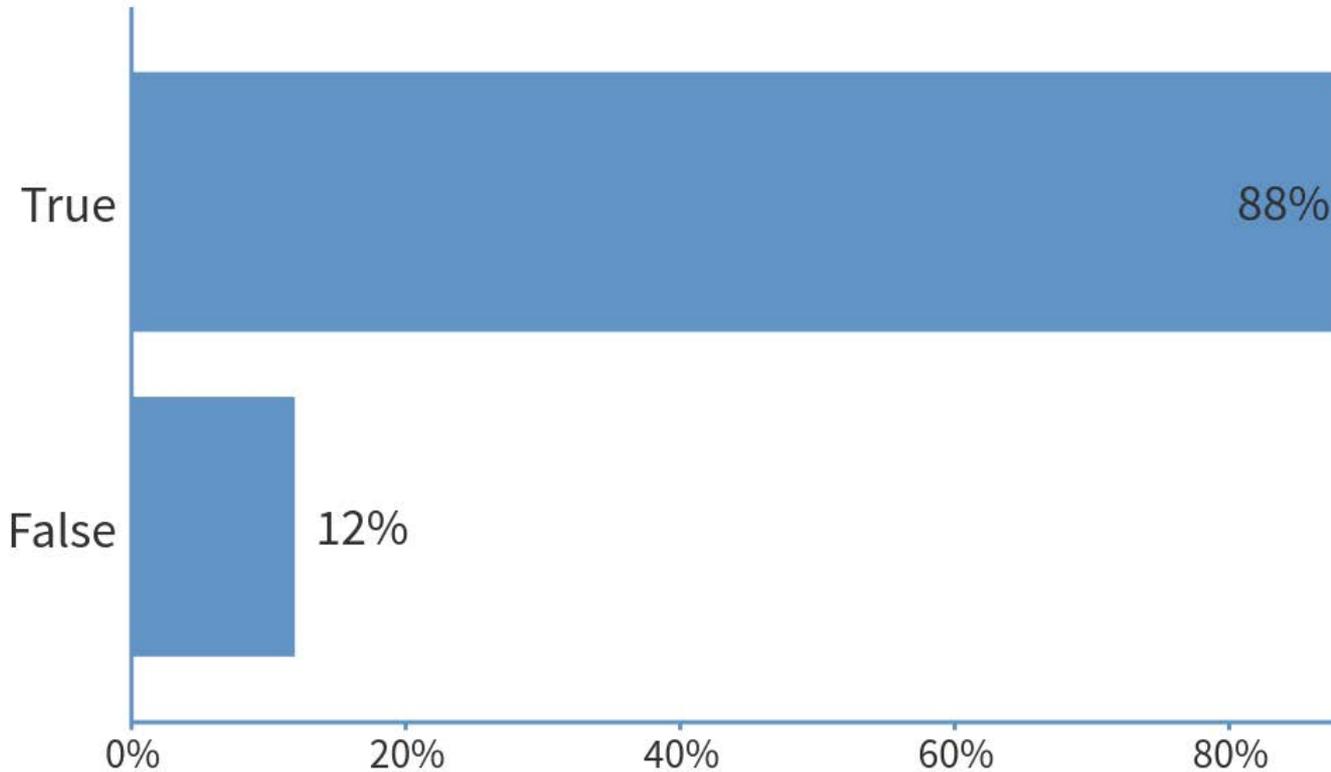
No

Technical Difficulties

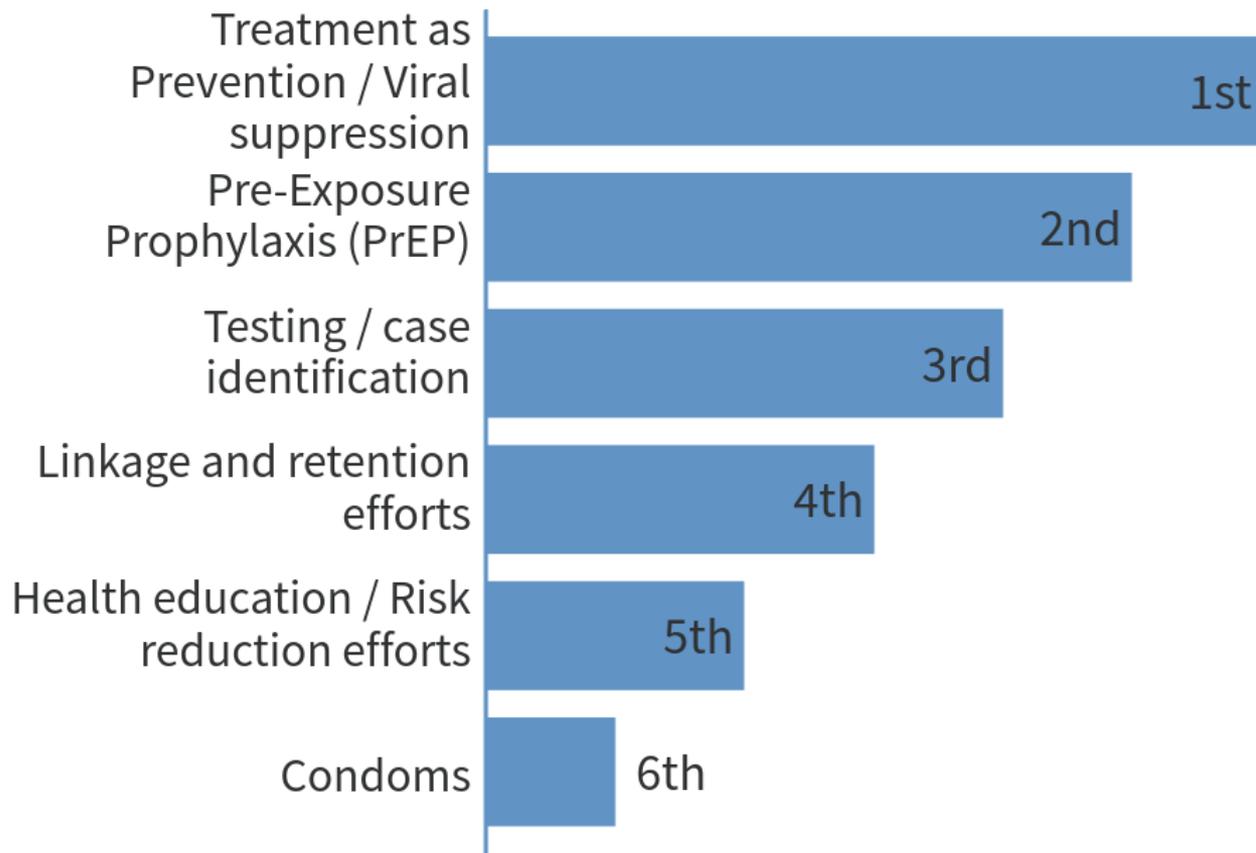
**Annual HIV infections have been reduced by 71% since their peak in the early 1990s.**



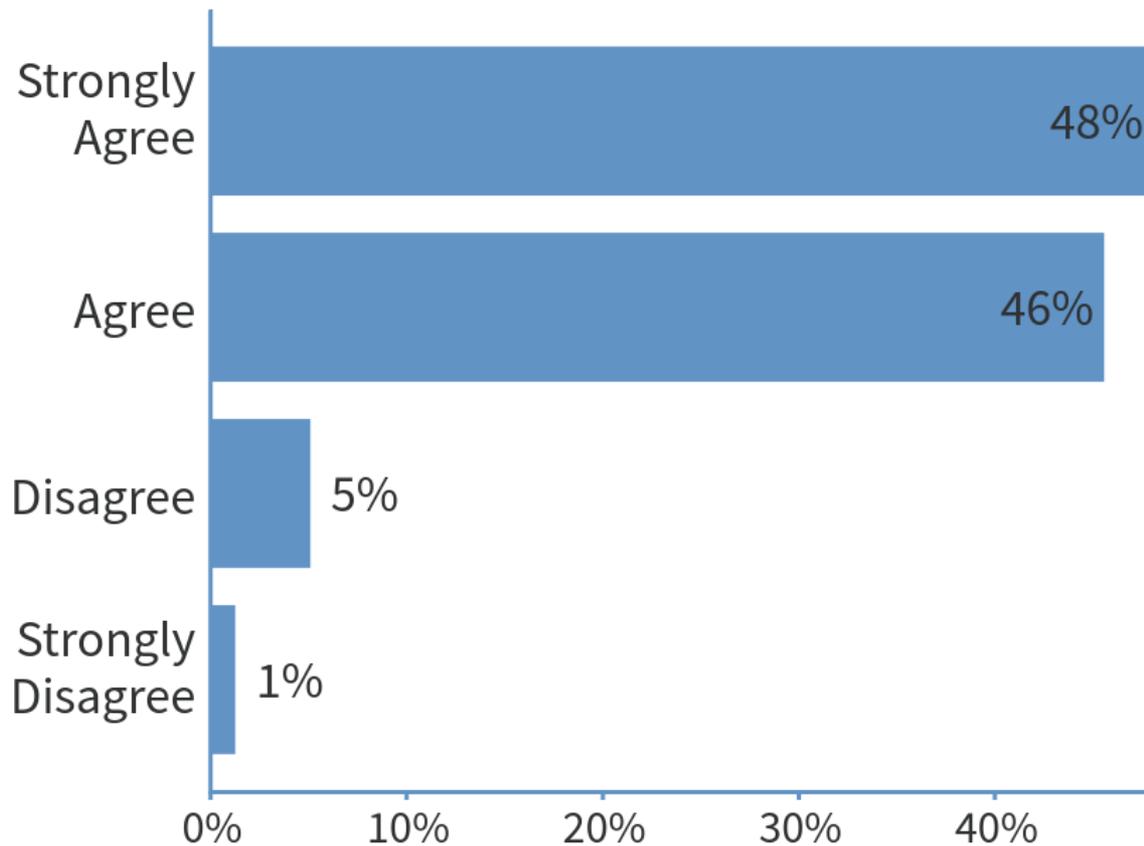
**Compared to other jurisdictions, LA County has a lower HIV infection rate than San Francisco, New York City, Chicago, Houston, and DC.**



## Please rank these HIV prevention tools in order of importance to ending the HIV epidemic:



**A significant re-alignment of HIV resources will allow us to accomplish the main goals of a countywide HIV/AIDS strategy.**



# MARIO J. PÉREZ, MPH

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

A young man with dark hair, wearing a blue t-shirt, is smiling broadly and looking towards the camera. He is positioned on the right side of the frame against a solid blue background. The text 'SETTING THE STAGE FOR A STRATEGY' is overlaid on the left side of the image.

# SETTING THE STAGE FOR A STRATEGY

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# Strategy Development Timeline

- 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.
- July 2016 – “Getting to Zero LB” website launched.
- November 2016 – State Office of AIDS launched "Laying a Foundation for Getting to Zero" campaign.
- 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.

# Strategy Development Timeline

- 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

A blurred high-speed train is moving along a modern subway platform. The platform has a yellow and red checkered tile floor and a blue wall. Several people are waiting on the platform, including a man with a beard standing near a stroller. The ceiling is a complex, patterned structure with recessed lighting. The text "2016 COH ANNUAL PLANNING MEETING RECAP" is overlaid in white, bold, sans-serif font. A horizontal line is positioned below the text.

# 2016 COH ANNUAL PLANNING MEETING RECAP

# 2016 CoH Annual Planning Meeting Recap

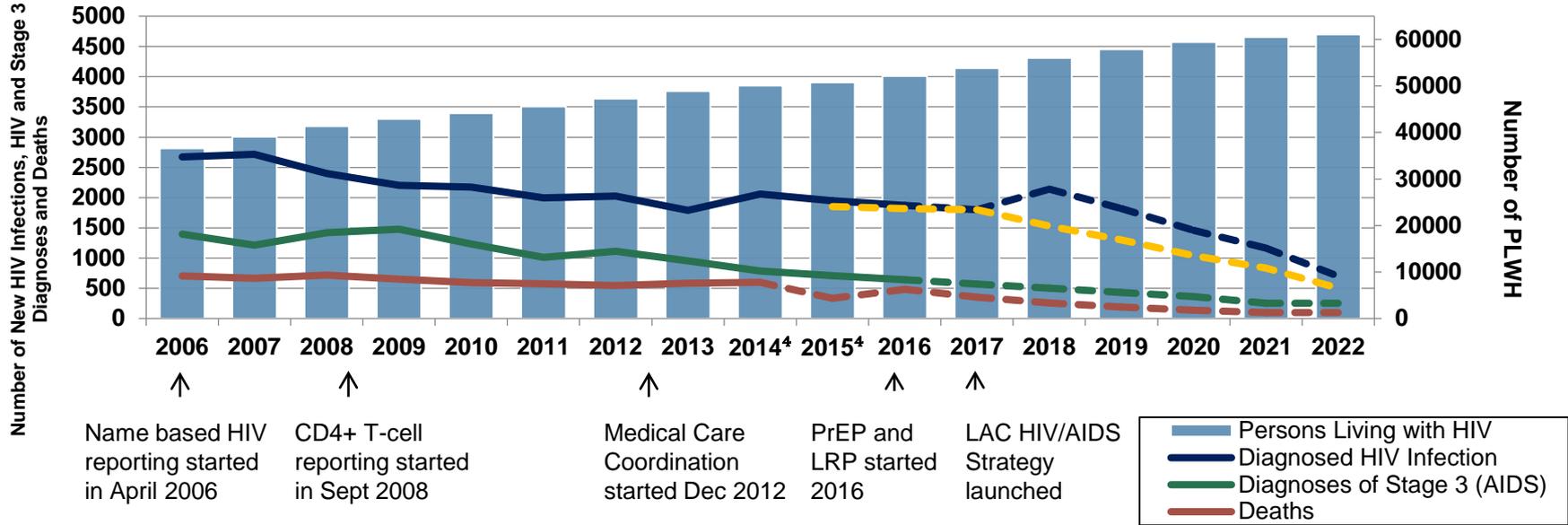
- Key Metrics
- Comprehensive HIV Plan Objectives
- Laying a Foundation for Getting to Zero: California's Integrated Surveillance, Care and Prevention Plan
- LAC HIV/AIDS Strategy Framework
  - New Infections
  - Diagnosis
  - Viral Suppression
  - Deaths

# 2016 CoH Annual Planning Meeting Recap

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)<sup>1</sup>, New Infections, HIV Diagnoses<sup>2</sup>, Stage 3 HIV Infection (AIDS), and Deaths<sup>3</sup>, 2006-2022<sup>4,5</sup>

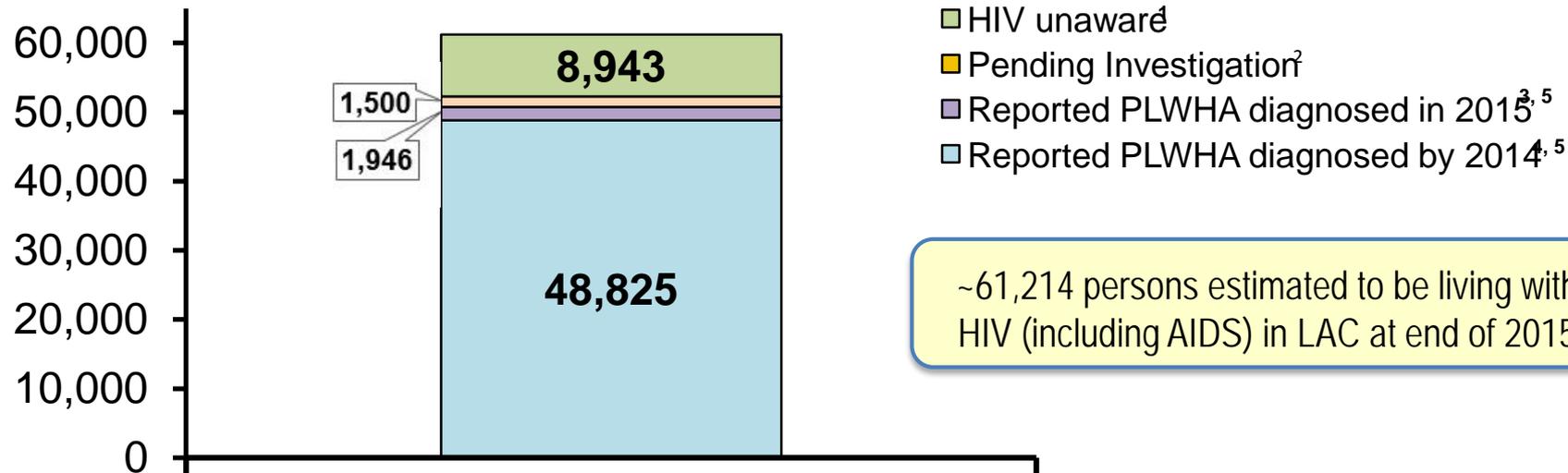


<sup>1</sup> Includes persons whose address at the end of each calendar year was in Los Angeles County.  
<sup>2</sup> Based on named reports for persons with a diagnosis of HIV infection regardless of the disease stage at time of diagnosis.  
<sup>3</sup> Includes persons whose residence at death was in LAC or whose most recent known address before death was in LAC, when residence at death is missing.  
<sup>4</sup> Data for 2014-15 are provisional due to reporting delay.  
<sup>5</sup> Numbers for Persons Living with HIV, Diagnosed HIV Infection and Stage 3, and Deaths 2016-2022 and all new HIV I 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  $\geq 1$  VL test are virally suppressed
- 4,987 HIV-negative persons on PrEP

# Estimated Number of Persons Living with an HIV Infection in LAC at End of 2015



<sup>1</sup> 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)

<sup>2</sup> Total estimated 1,500 lab reports pending investigation likely to result in unduplicated cases.

<sup>3</sup> Includes persons diagnosed with HIV infection in 2015, living as of 12/31/2015, and reported through 12/31/2016.

<sup>4</sup> Includes persons diagnosed with HIV infection by 12/31/2014 and living as of 12/31/2015.

<sup>5</sup> 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

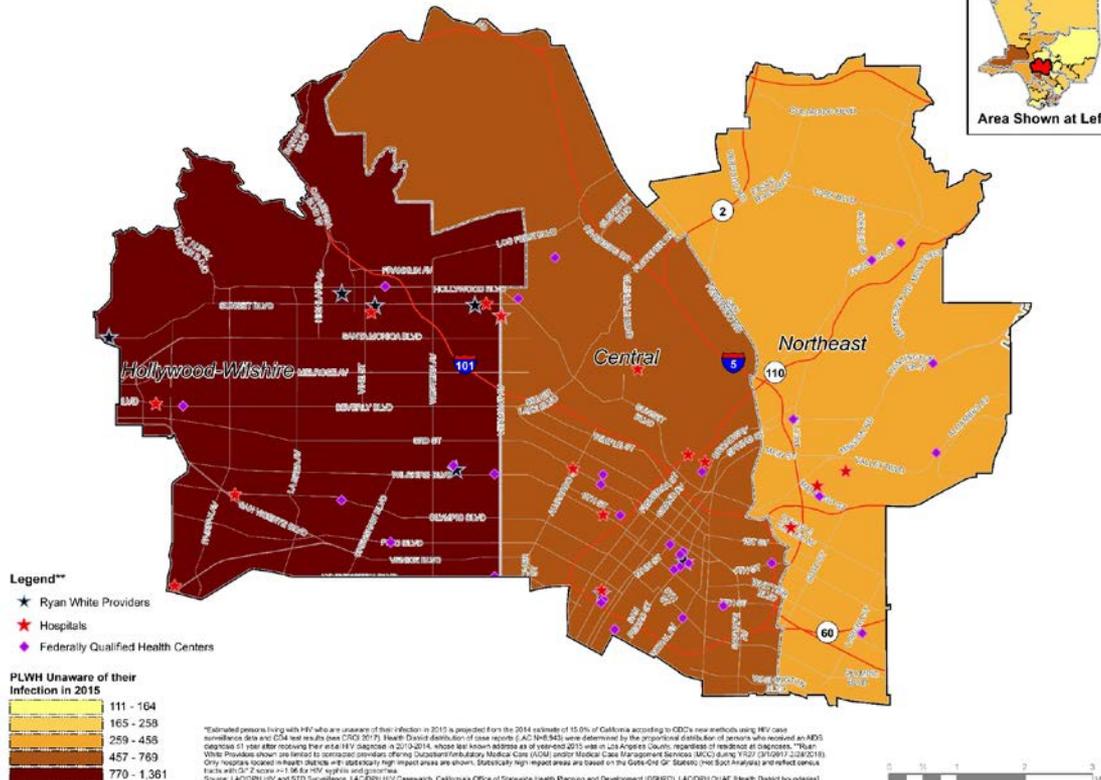
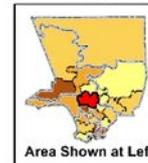
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# Resetting the Planning and Performance Lens

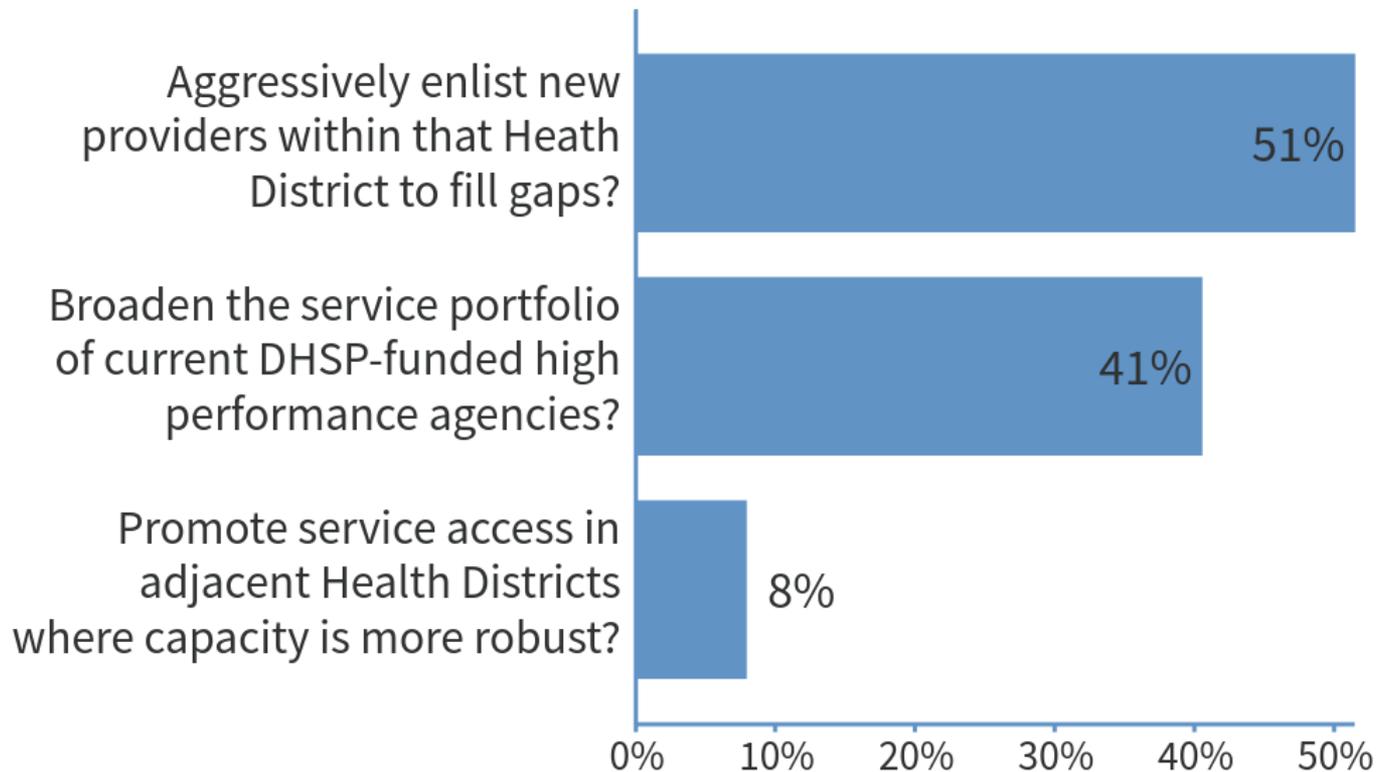
- Geomapping Evolution
  - From 8 Service Planning Areas to 26 Health Districts
  - Combine RWP providers, FQHCs, Hospitals, PrEP COEs, PH STD Clinics with HIV/STD Impact Maps
  - Incorporate Bivariate Maps into Planning Efforts
- Confronting and Addressing Service Capacity Unevenness and Scarcity (Question #1)

# Resetting the Planning and Performance Lens

Estimated Number of Persons Living with HIV (PLWH) and Unaware of their Infection by Health District (HD) of Residence (n=2,416), Service Planning Area (SPA) 4\*



**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:**

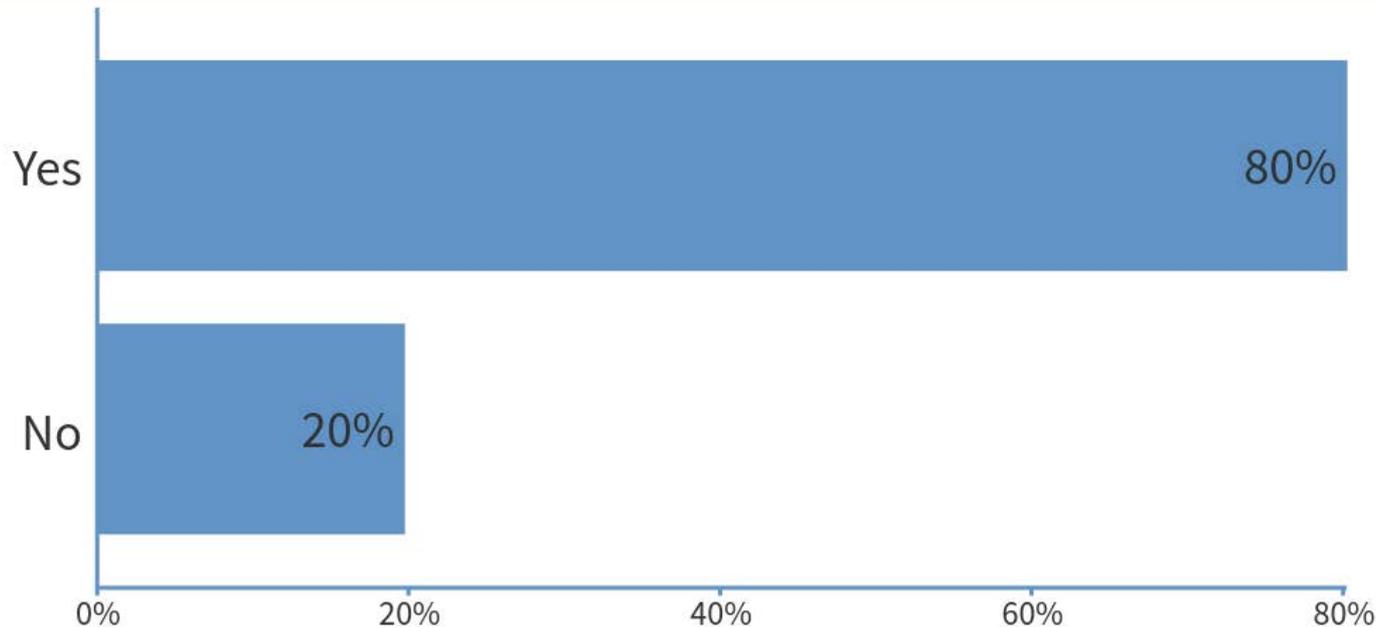


# SETTING CLEAR PERFORMANCE BENCHMARKS

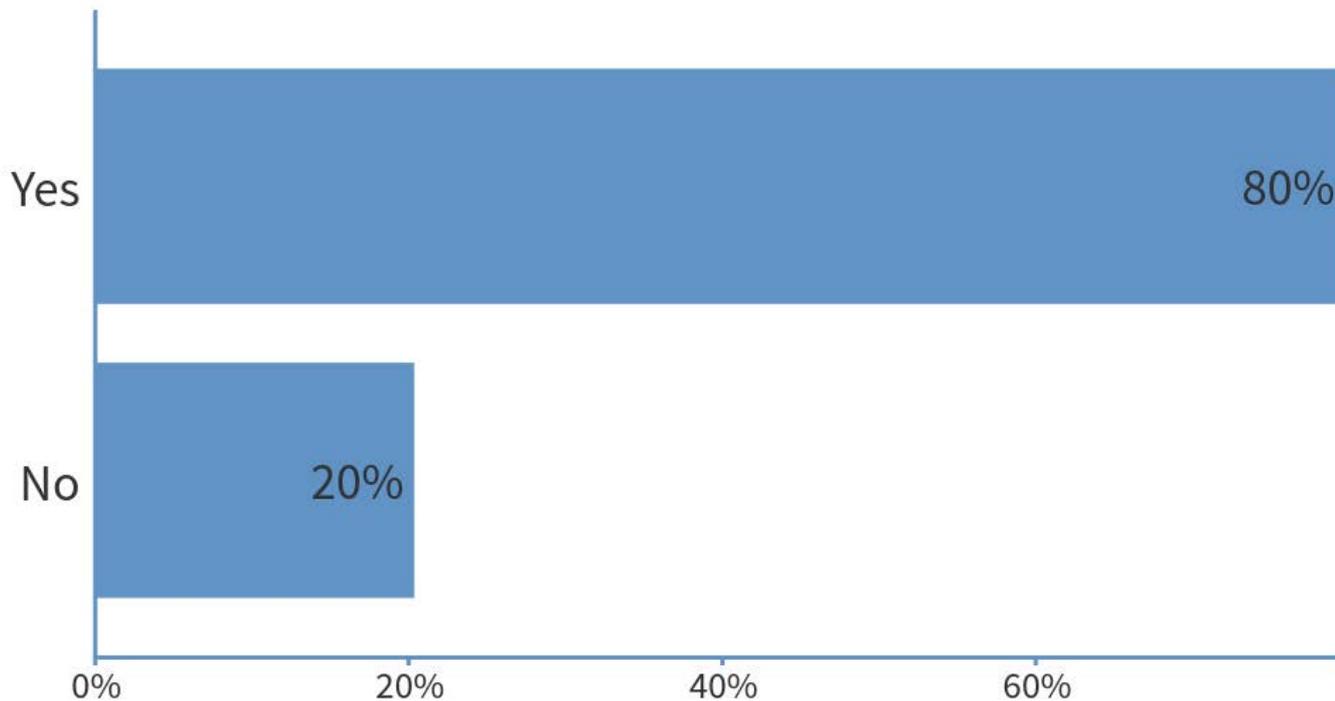
# Setting Clear Performance Benchmarks

- 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 PLWHA 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?**



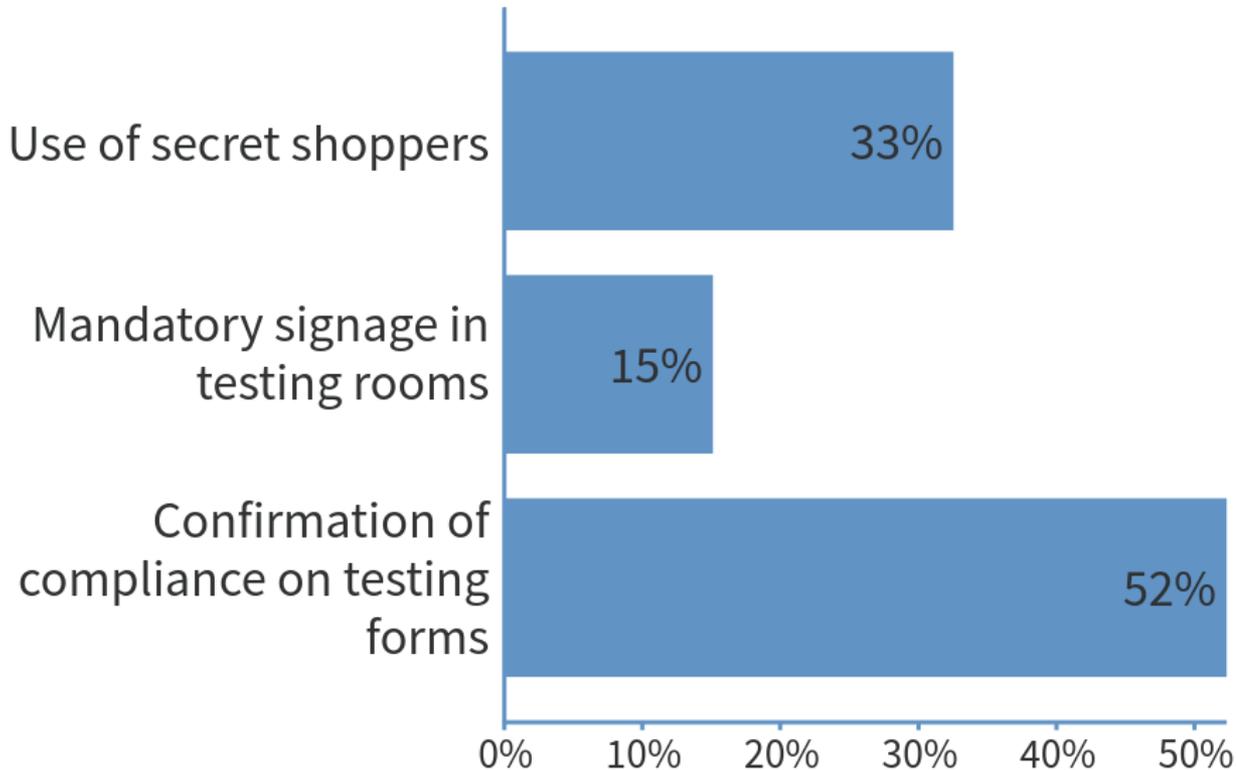
**Medi-Cal plays a critical role in the financing of HIV medical care. Should we pursue a policy intervention requiring Medi-Cal providers to achieve viral load suppression benchmarks in exchange for an incentivized payment structure?**



# 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



# Setting Clear Performance Benchmarks

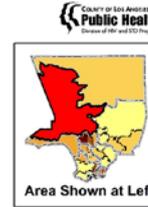
- Each of the 26 Health Districts will have area-specific performance metrics across 5 domains; performance expectations will be tethered to a diverse set of providers in that area.
- Examples of Health District-specific Performance Expectations
  - New Infections (SPA 2, East Valley HD)
  - Syndemic 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

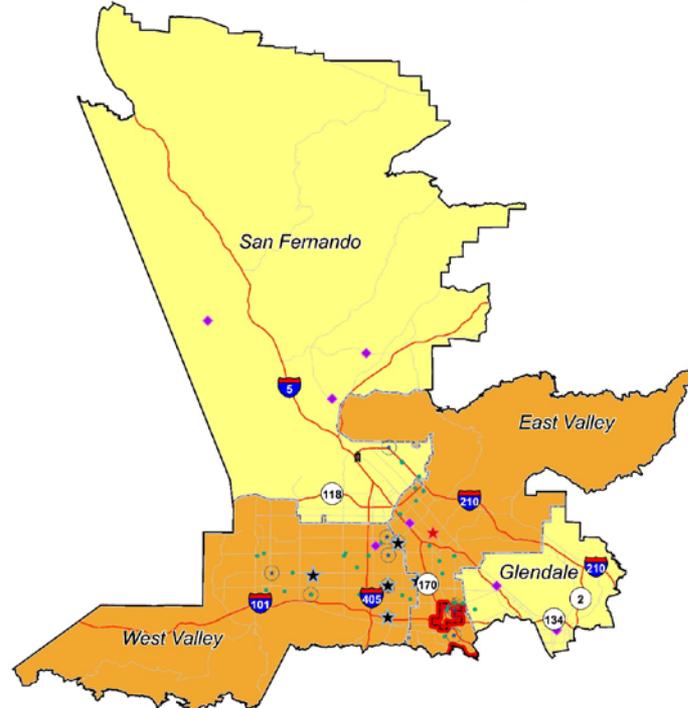
# Setting Clear Performance Benchmarks

Estimated Number of Persons Living with HIV (PLWH) in LAC at End of 2015  
by Health District (HD) of Residence (n=8,799), Service Planning Area (SPA) 2\*



**Legend\*\***

- Statistically High Impact Areas
- ★ Ryan White Providers
- HIV Testing Contracted Providers**
- + Community Clinic
- ▲ Commercial Sex Venue
- + Community STD Clinic
- + Court-ordered
- + Emergency Department
- x Event
- + Jail
- + Juvenile Hall
- + Mobile
- + Other
- + Public Health STD Clinic
- + Social Network
- + Storefront
- + HIV/STD Integrated Screening
- Potential Partners**
- ★ Hospitals
- + Federally Qualified Health Centers



**Estimated Number of PLWH**

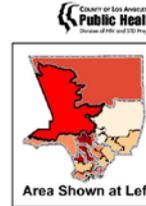
712 - 1,095
1,096 - 1,712
1,713 - 3,798
3,799 - 7,555
7,556 - 11,691

\*Persons Living with HIV as estimated using the following: (1) Persons diagnosed with an HIV infection by 12/31/2014 and living as of 12/31/2015. Based on most recently reported residential address. (2) Persons diagnosed with an HIV infection in 2015 and reported through 12/31/2015. Based on residence at diagnosis. (3) Total estimated 1,000 unreported pending investigation which are likely to result in unreported cases. (4) Estimated persons with an HIV infection who are unaware of their infection in 2015. This was projected from the 2014 estimate of 16.5% of California according to CDC's new methods using HIV case surveillance data and CD4 and RNA test results (CDC 2017). Health District distribution of case reports with residential addresses (LAC 2015), six month pending investigation (LAC 2015), and PLWH unaware of their status (LAC 2015) were determined by the proportional allocation of persons who received an AIDS diagnosis 67 year after receiving their initial HIV diagnosis in 2015/2016, whose sex and known address as of year-end 2015 was in Los Angeles County, regardless of residence at diagnosis. \*\*Ryan White Providers shown are limited to contracted providers offering Outpatient/Inpatient Medical Case (ACB) and/or Medical Case Management Services (MCC) during 1/2017-3/2018. Only hospitals located in health districts with statistically high impact areas are shown. Statistically high impact areas are based on the Geisler OIG SP Statistics Unit Spot Analysis and reflect repeat visits with GP Z score  $\geq 1.95$  for HIV, syphilis and gonorrhea. Source: LACDPH HIV and STD Surveillance, LACDPH HIV CaseWatch, LACDPH HIV Testing Services (2016), California's Office of Statistical Health Planning and Development (2016-19), LACDPH OIAME (with District boundaries).



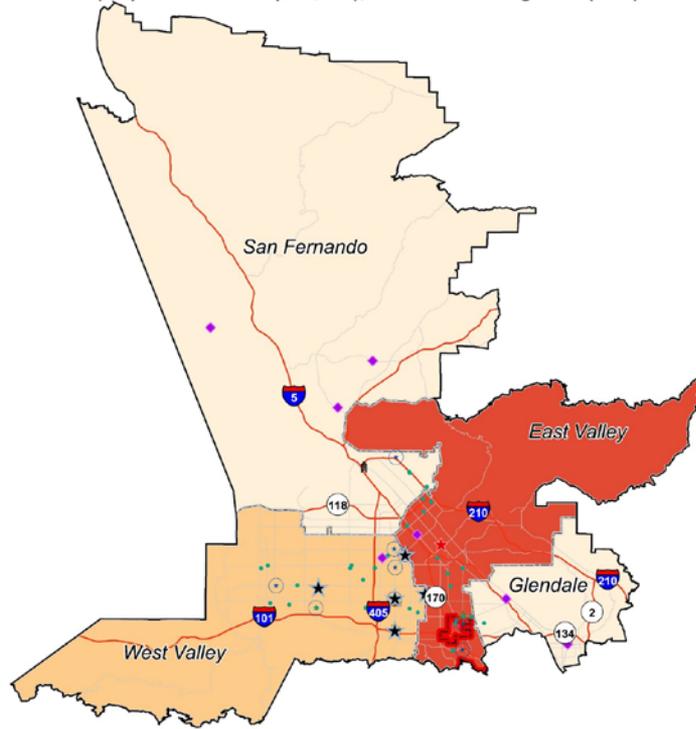
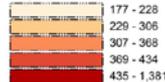
# Setting Clear Performance Benchmarks

Persons with a 2010-2014 Syphilis, Gonorrhea or High Risk Chlamydia Incident by Health District (HD) of Residence (n=6,006), Service Planning Area (SPA) 2\*



- Legend\*\***
- Statistically High Impact Areas
  - Ryan White Providers
  - HIV Testing Contracted Providers**
    - Community Clinic
    - Commercial Sex Venue
    - Community STD Clinic
    - Court-ordered
    - Emergency Department
    - Event
    - Jail
    - Juvenile Hall
    - Mobile
    - Other
    - Public Health STD Clinic
    - Social Network
    - Storefront
    - HIV/STD Integrated Screening
  - Potential Partners**
    - Hospitals
    - Federally Qualified Health Centers

Persons with a 2010-2014 Syphilis, Gonorrhea or High Risk Chlamydia Incident per 100,000 Person-Years\*

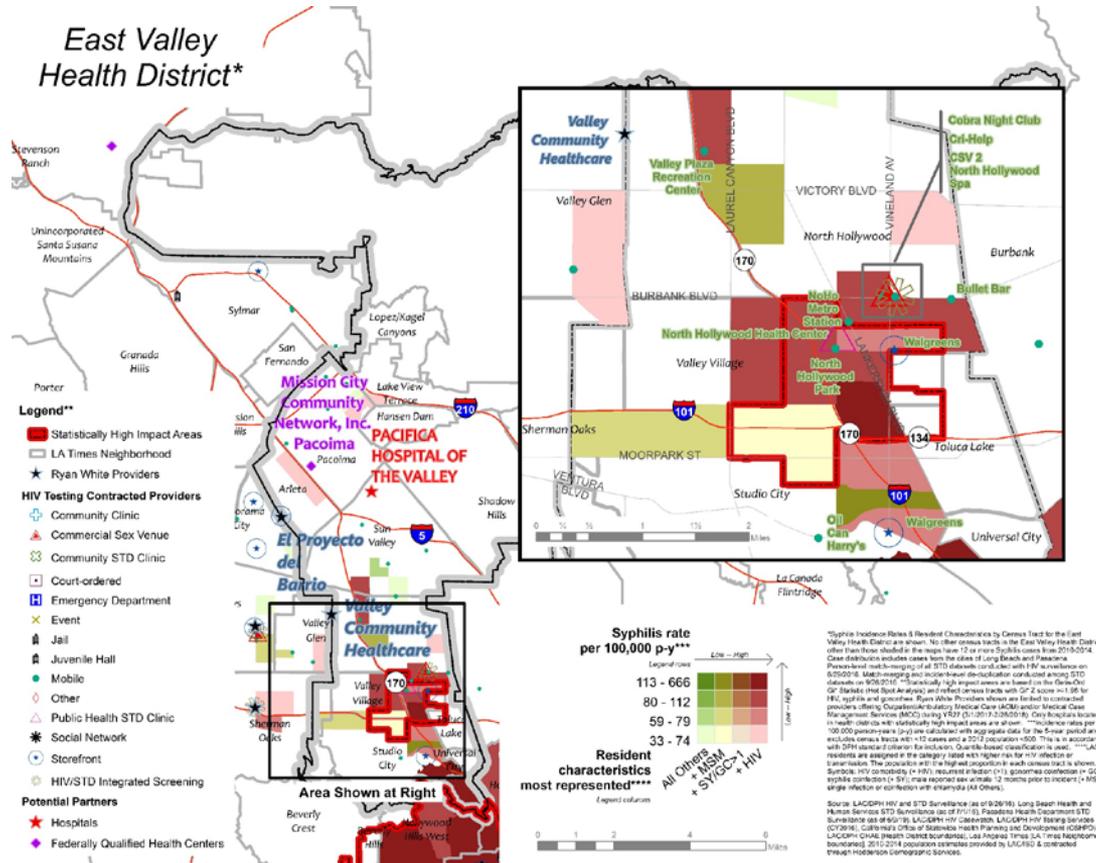


\*Number of persons with a 2010-2014 syphilis, gonorrhea or high risk chlamydia incident was adjusted by population. A high risk chlamydia incident is defined as having a diagnosed HIV infection as of 8/29/2015 or being co-infected with syphilis or gonorrhea. Person-level matching of all STD datasets conducted with HIV surveillance on 8/29/2015. Match-merging and incident-level de-duplication conducted among STD datasets on 8/29/2015. Incident rates per 100,000 person-years (n) are calculated with aggregate data for the 5-year period and includes health districts with <12 cases and a 2012 population <500. This is in accordance with DHHS standard criteria for inclusion. \*\*Ryan White Providers shown are limited to contracted providers offering Outpatient/Ambulatory Medical Care (AMC) and/or Medical Case Management Services (MCC) during 1957-2012 (7/25/2015). Only hospitals located in health districts with statistically high impact areas are shown. Statistically high impact areas are based on the Geis ORF G\* (Syphilis) and CDC (gonorrhea) and reflect census tracts with G\* Z score >=1.96 for HIV, syphilis and gonorrhea. Source: LACDPH HIV and STD Surveillance (as of 8/20/16), Long Beach Health and Human Services STD Surveillance (as of 7/11/15), Pasadena Health Department STD Surveillance (as of 6/8/16), LACDPH HIV CaseWeb, LACDPH HIV Testing Services (CY 2015), California's Office of Statewide Health Planning and Development (OSHPD), LACDPH CHAI (health district boundaries) 2010-2014 population releases provided by LACDPH & collected through Redistricting Geographic Services.





# Setting Clear Performance Benchmarks



# Setting Clear Performance Benchmarks

- 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

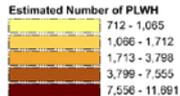
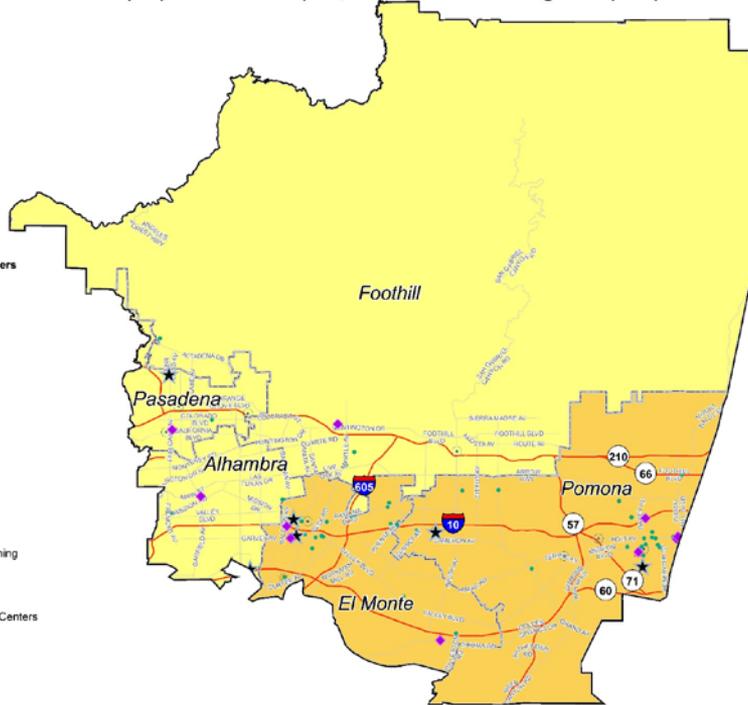
# Setting Clear Performance Benchmarks

Estimated Number of Persons Living with HIV (PLWH) in LAC at End of 2015  
by Health District (HD) of Residence (n=4,814), Service Planning Area (SPA) 3\*



**Legend\*\***

- ★ Ryan White Providers
- HIV Testing Contracted Providers
  - Community Clinic
  - Commercial Sex Venue
  - Community STD Clinic
  - Court-ordered
  - Emergency Department
  - Event
  - Jail
  - Juvenile Hall
  - Mobile
  - Other
  - Public Health STD Clinic
  - Social Network
  - Storefront
  - HIV/STD Integrated Screening
- Potential Partners
  - Hospitals
  - Federally Qualified Health Centers

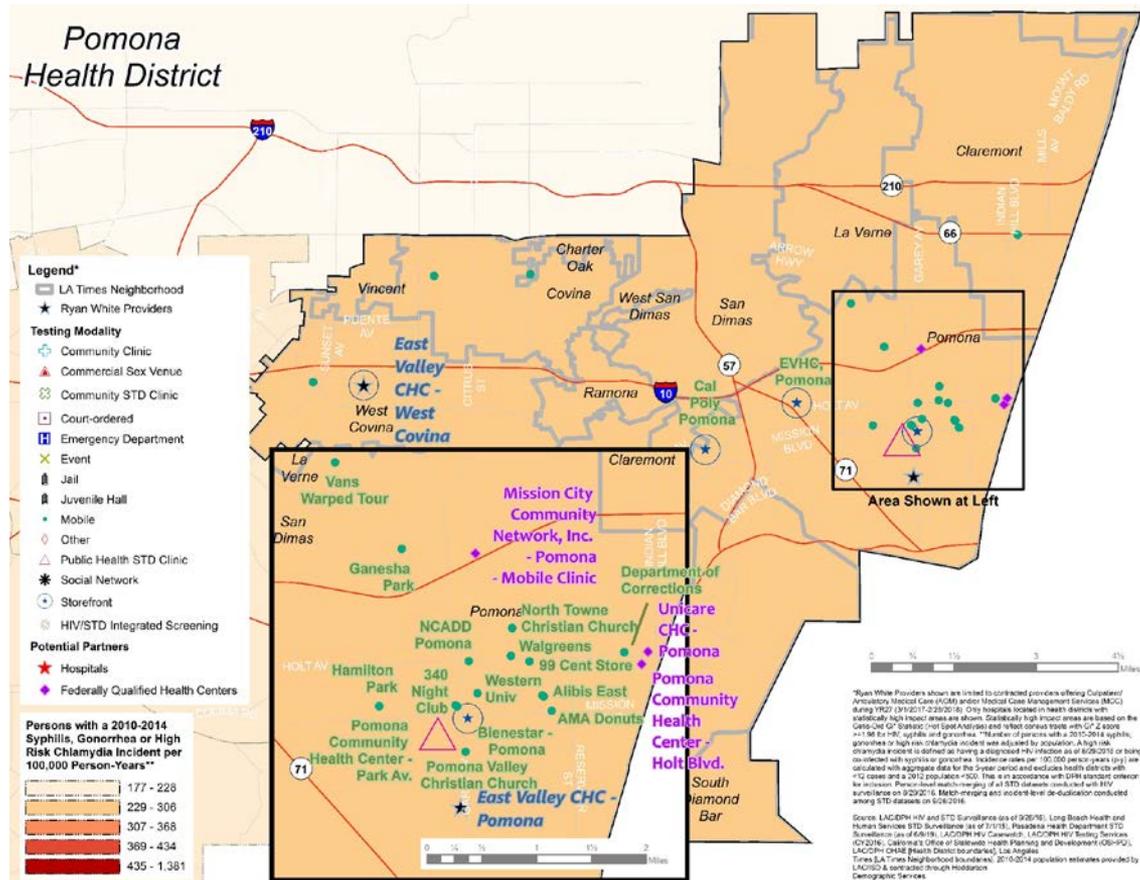


\*Persons living with HIV is estimated using the following: (1) Persons diagnosed with an HIV infection by 12/31/2014 and living as of 12/31/2015, based on most recently reported residential address; (2) Persons diagnosed with an HIV infection in 2015 and reported through 12/31/2016. Based on residence at diagnosis; (3) Total unlinked 1,600 lab reports pending investigations which are likely to result in individualized data; (4) Estimated persons with an HIV infection who are residents of their residence in 2015. This was generated from the 2014 estimate of 13.7% of California according to CDC's new methods using HIV case notification data and CDR test results from CDC's 2012 Health Care Provider or Case Reports with the Report and Date LAC HIV 2011. See specific pending investigation LAC HIV 1,000, and HIV status of their local LAC HIV 1,000 were determined by the proper local distribution of persons are reported on AIDS if diagnosis of case after reporting their local HIV diagnosis in 2014-2016, whose last known address as of year end 2015 area in Los Angeles County, regardless of residence or diagnosis. Ryan White Providers shown as a red star, contracted providers offering Outpatient/Inpatient/Medical Case (ICM) and/or Medical Case Management Services (MCC) during 10/1/2011-12/31/2015. Other residential address in health care with associated high impact areas are shown. Statistics for high impact areas are based on the Geospatial Analysis and Report (GAR) and related data with CR 2 case 11/15 for HIV, which is not performed. Source: LACDPH HIV and STD Surveillance, LACDPH HIV Case Report, LACDPH HIV Testing Sites (2016), California's Office of Statewide Health Planning and Development (OSHPD), LACDPH Geospatial Data Boundaries.





# Setting Clear Performance Benchmarks

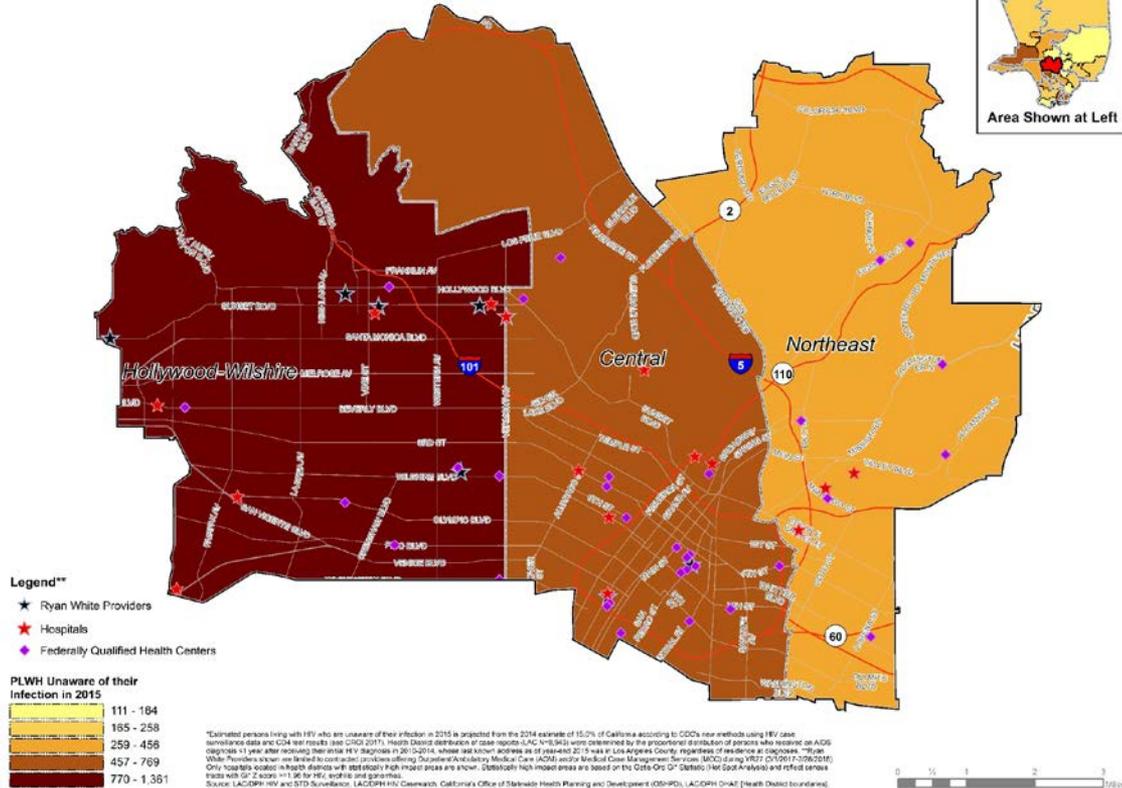
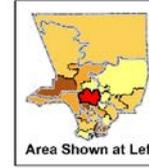


# Setting Clear Performance Benchmarks

- 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

# Setting Clear Performance Benchmarks

Estimated Number of Persons Living with HIV (PLWH) and Unaware of their Infection by Health District (HD) of Residence (n=2,416), Service Planning Area (SPA) 4\*



# Hollywood-Wilshire Health District

Present:  
**2151**  
Undiagnosed  
in 2017

Conduct  
**290,000**  
tests  
between  
2018 and  
2022\*

\*Assuming a  
0.5% Positivity  
Rate

Goal:  
**215**  
Undiagnosed  
in 2022

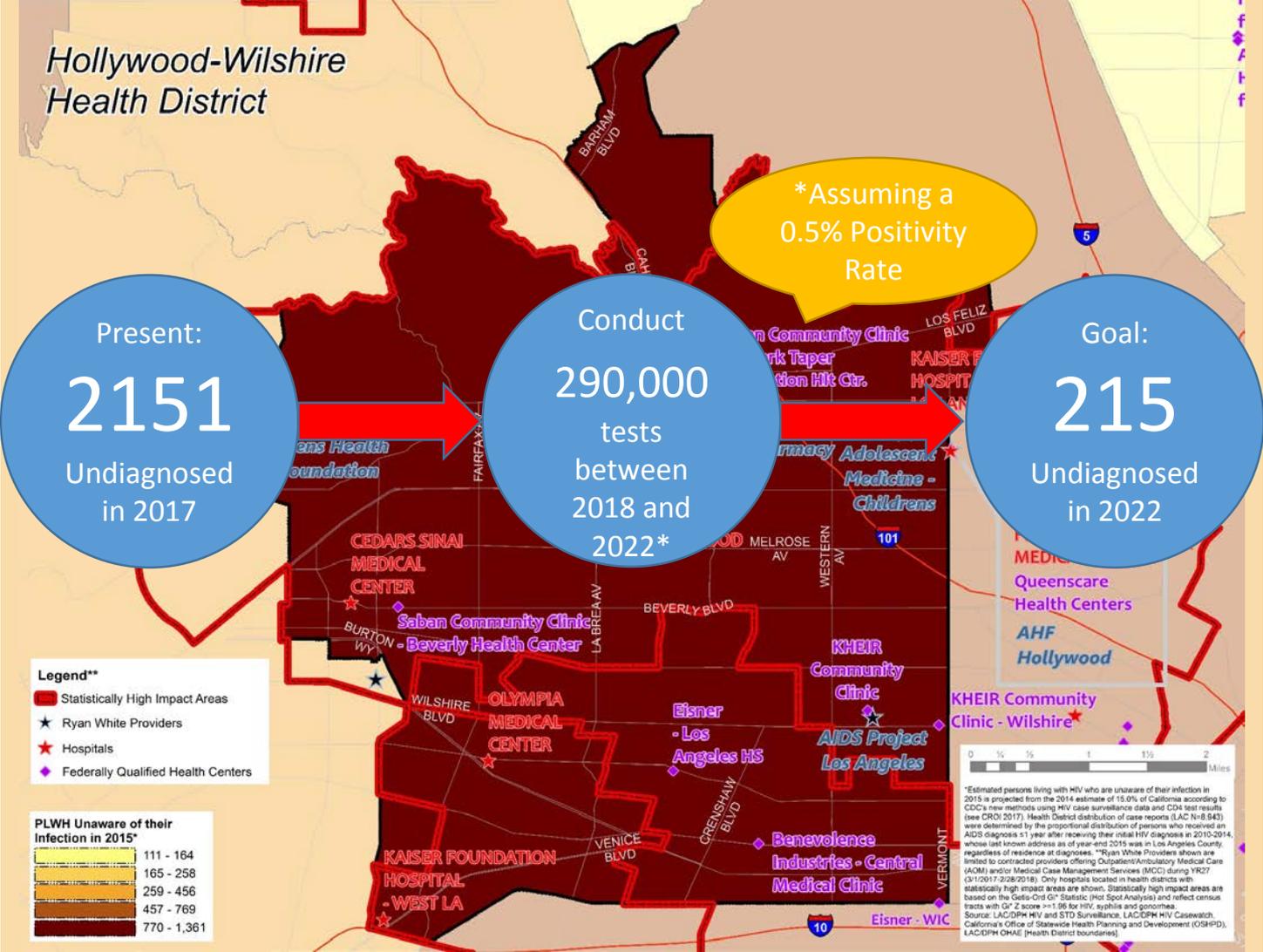
- Legend\*\***
- Statistically High Impact Areas
  - ★ Ryan White Providers
  - ★ Hospitals
  - ◆ Federally Qualified Health Centers

**PLWH Unaware of their Infection in 2015\***

111 - 164
165 - 258
259 - 456
457 - 769
770 - 1,361

0 1/4 1/2 1 1 1/2 2 Miles

\*Estimated persons living with HIV who are unaware of their infection in 2015 is projected from the 2014 estimate of 13,010 of California according to CDC's new metrics using HIV case surveillance data and CD4 test results (see CRQI 2017). Health District distribution of case reports (LAC N-8 B43) were determined by the proportional distribution of persons who received an AIDS diagnosis 5+ years after receiving their initial HIV diagnosis in 2010-2014, whose last known address as of year-end 2015 was in Los Angeles County, regardless of residence at diagnosis. \*\*Ryan White Providers shown are limited to contracted providers offering Outpatient/Ambulatory Medical Care (AOM) and/or Medical Case Management Services (MCC) during YR27 (01/2017-2/28/2018). Only hospitals located in health districts with statistically high impact areas are shown. Statistically high impact areas are based on the Delta-Ord G\* Statistic (Hot Spot Analysis) and reflect census tracts with G\* Z score >= 1.96 for HIV, syphilis and gonorrhea. Source: LACDPH HIV and STD Surveillance, LACDPH HIV Casewatch, California's Office of Statewide Health Planning and Development (OSHPD), LACDPH CHAE (Health District boundaries).



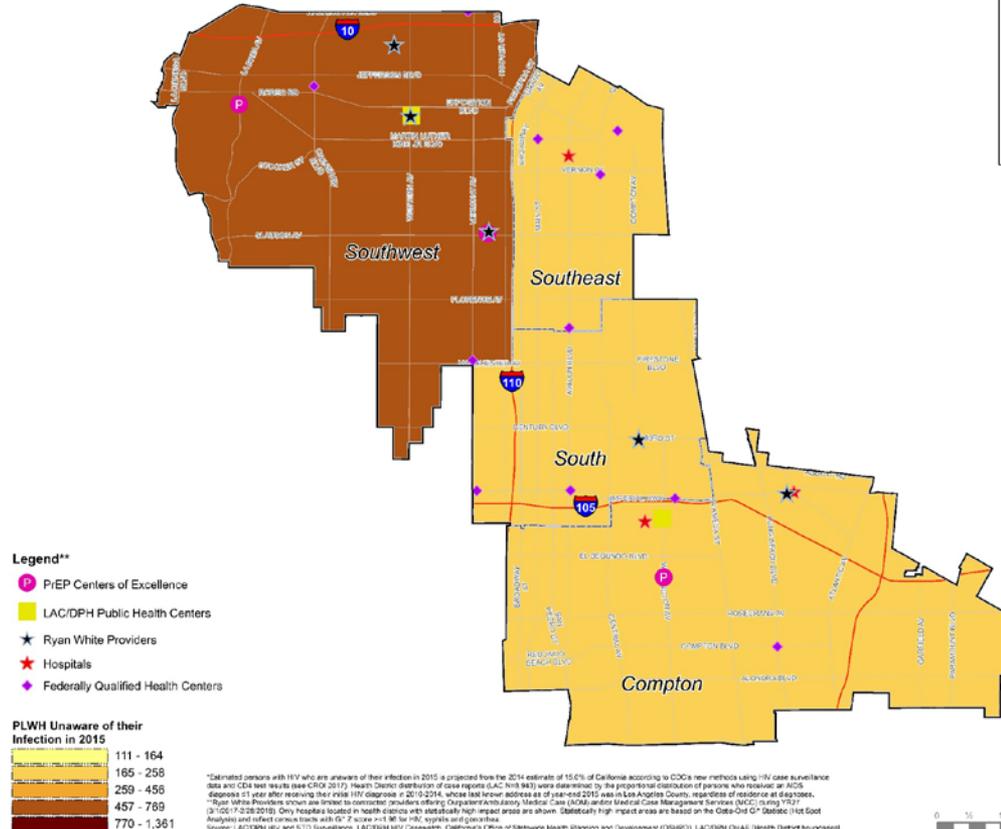
# Setting Clear Performance Benchmarks

- 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



# Setting Clear Performance Benchmarks

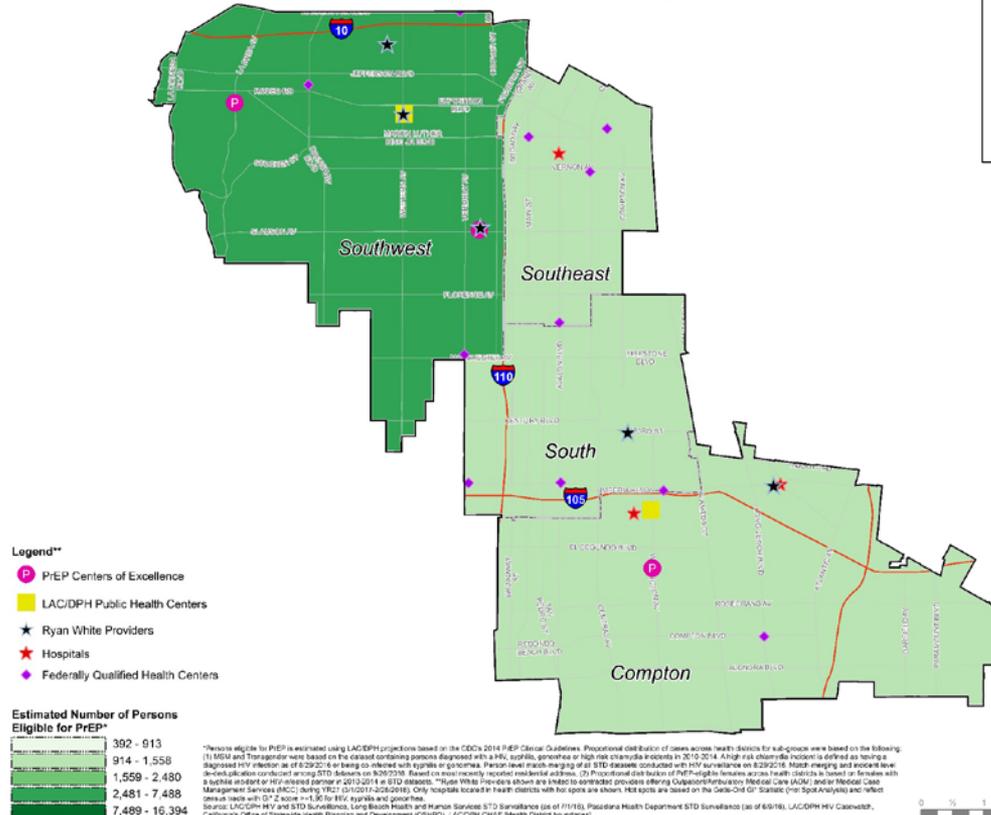
Estimated Number of Persons Living with HIV (PLWH) and Unaware of their Infection by Health District (HD) of Residence (n=1,312), Service Planning Area (SPA) 6\*



\*Estimated persons with HIV who are unaware of their infection in 2015 is projected from the 2014 estimate of 15.6% of California according to CDC's new methods using HIV case surveillance data and CD4 test results (see CROI 2017). Health District distribution of case reports (LAC HIV 84) were determined by the proportional distribution of persons who received an AIDS diagnosis 51 years after receiving their initial HIV diagnosis in 2010-2014, whose last known address as of year-end 2015 was in Los Angeles County, regardless of residence at diagnosis.  
 \*\*Ryan White Providers shown are limited to contracted providers offering Outpatient/Inpatient Primary Medical Care (AMU) and/or Medical Case Management Services (MCC) during FY2017 (3/1/17-2/28/2018). Only hospitals located in health districts with statistically high impact areas are shown. Statistically high impact areas are based on the Gode-Ord-G\* Statistic (Hot Spot Analysis) and reflect census tracts with G\* Z score >= 1.96 for HIV, syphilis and gonorrhea.  
 Source: LAC/DPH HIV and STD Surveillance, LAC/DPH HIV CaseWatch, California's Office of Statewide Health Planning and Development (OSHPD), LAC/DPH OHAH (Health District boundaries).

# Setting Clear Performance Benchmarks

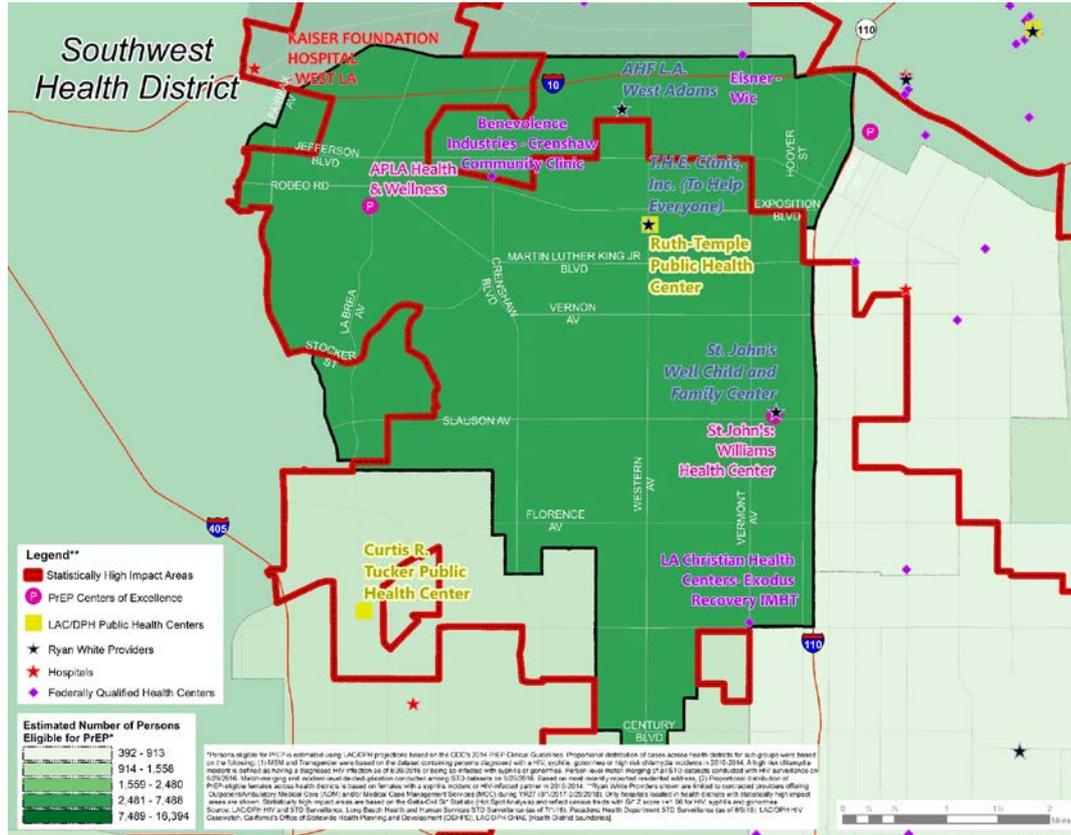
Estimated Number of Persons Eligible for PrEP by Health District (HD) of Residence (n=7,761), Service Planning Area (SPA) 6\*



\*Persons eligible for PrEP is estimated using LAC/DPH projections based on the CDC's 2014 PrEP Clinical Guidelines. Proportional distribution of cases across health districts for sub-groups were based on the following: (1) MSM and Transgender were based on the closest matching persons diagnosed with HIV, syphilis, gonorrhea or Hepatitis C serologic infections in 2013-2014. A transgender person is defined as having a diagnosed HIV infection as of 8/29/2012; or being co-infected with syphilis or gonorrhea. Person level match merging of all STD datasets conducted with HIV surveillance on 8/29/2018. Match merging and incident level serologic data conducted using STD datasets on 8/29/2018. Based on most recently reported residential address. (2) PrEP-eligible distribution of PrEP-eligible females at job health districts is based on females with a notified incident or HIV-affected partner in 2013-2014 in STD datasets. \*\*Ryan White Providers shown are linked to contractor providers offering Outpatient/Inpatient Medical Care (AUM) and/or Medical Case Management Services (MCC) during FY17 (10/1/2017-9/30/2018). Only hospitals located in health districts with hot spots are shown. Hot spots are based on the Getis-Ord  $G_i^*$  Statistic (no Spot Analysis) and reflect census tracts with  $Z_i$  score  $\geq 1.56$  for HIV, syphilis and gonorrhea. Source: LAC/DPH HIV and STD Surveillance, Long Beach Health and Human Services STD Surveillance (as of 7/1/16), Pasadena Health Department STD Surveillance (as of 6/9/16), LAC/DPH HIV Casewatch, California Office of Statewide Health Planning and Development (CSHPD), LAC/DPH CHSE, Health District boundaries.



# Setting Clear Performance Benchmarks

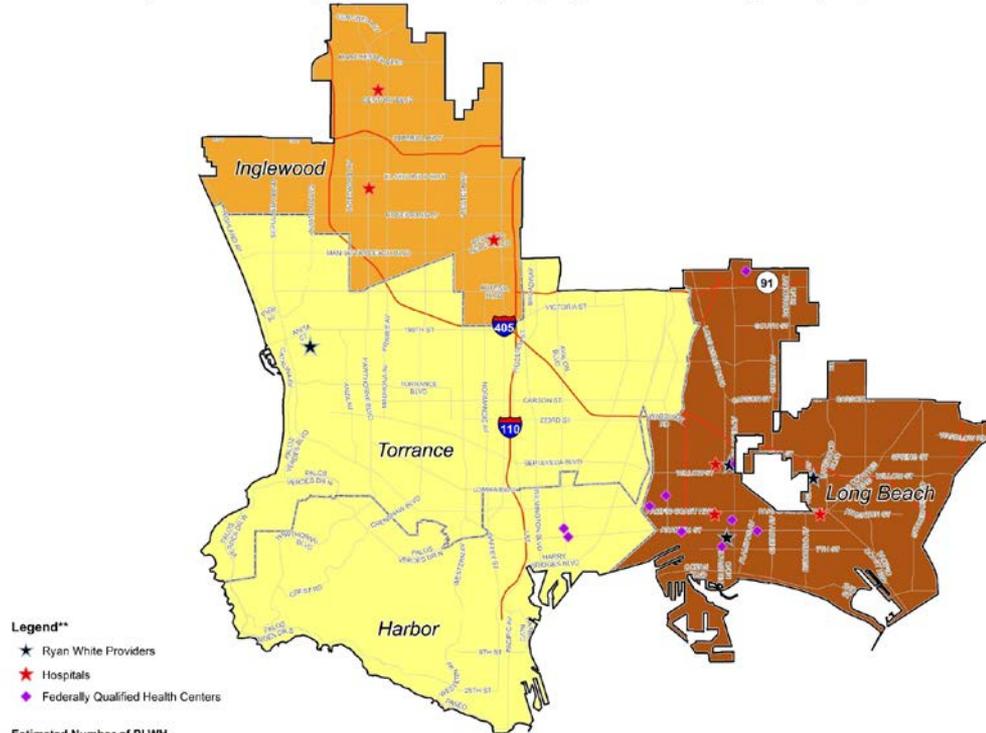
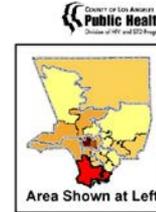


# Setting Clear Performance Benchmarks

- 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

Estimated Number of Persons Living with HIV (PLWH) in LAC at End of 2015 by Health District (HD) of Residence (n=9,811), Service Planning Area (SPA) 8\*



- Legend\*\***
- ★ Ryan White Providers
  - ★ Hospitals
  - ◆ Federally Qualified Health Centers

**Estimated Number of PLWH**

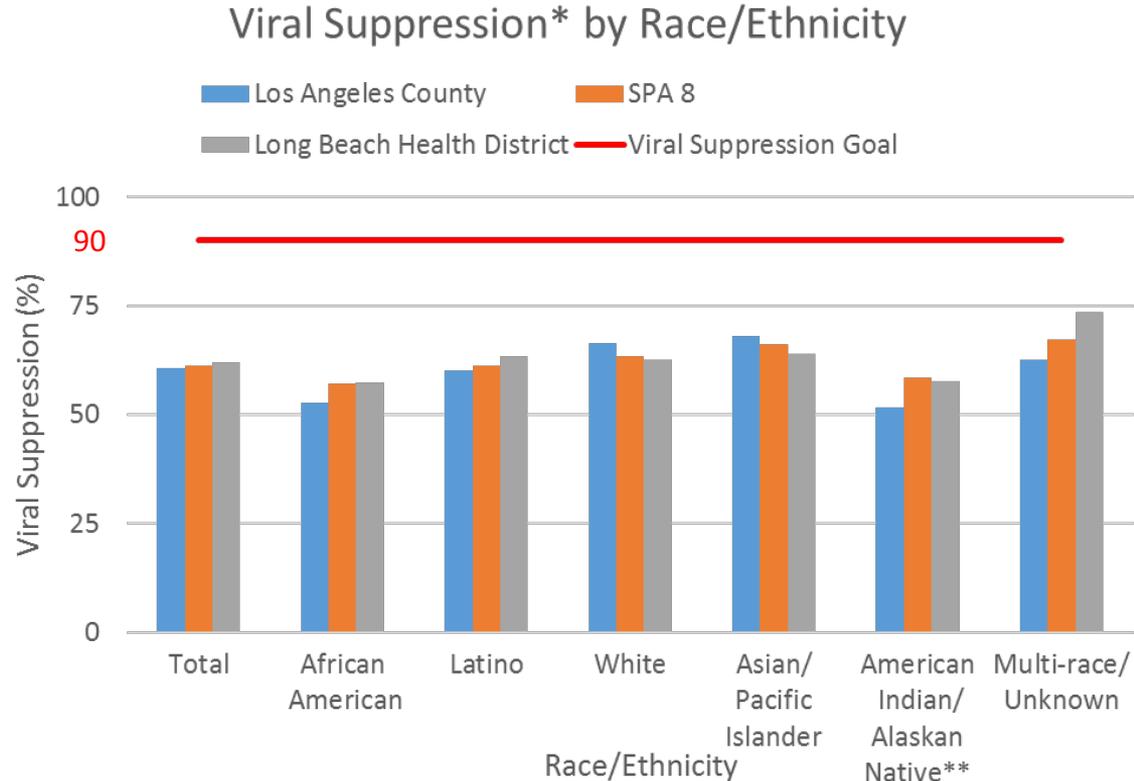
712 - 1,065
1,066 - 1,712
1,713 - 3,798
3,799 - 7,555
7,556 - 11,891

\*Persons Living with HIV is estimated using the following: (1) Persons diagnosed with an HIV infection by 12/31/2014 and living as of 12/31/2015. Based on most recently reported residential address. (2) Persons diagnosed with an HIV infection in 2016 and reported through 12/31/2016. Based on residence at diagnosis. (3) Total estimated 1,862 lab reports pending investigation which are likely to result in unreported cases. (4) Reintegrated persons with an HIV infection who are unaware of their infection in 2015. This was projected from the 2014 estimate of 15.0% of California according to CDC's new methods using HIV case surveillance data and CD4 test results (see CHQI 2017). Health District distribution of case reports with unknown addresses. (LAC Health) Lab reports pending investigation (LAC HIV 2003) and HIV prevalence of their status (LAC Health 2013) were then used for the proportionate distribution of persons who received an AIDS diagnosis 21 year after receiving their initial HIV diagnosis in 2010-2014, whose last known address as of year-end 2015 was in Los Angeles County, regardless of residence at diagnosis. \*\*Ryan White Providers shown are limited to contracted providers offering Outpatient Medication, Medical Case (MC) and/or Medical Case Management Services (MCC) during Y1G (1/1/2017-12/31/2018). Only hospitals located in health districts with statistically high impact areas are shown. Statistically high impact areas are based on the Getis-Ord  $G_i^*$  statistic (not Social Area Index) and reflect service tracks with  $G_i^*$  scores  $\geq 1.95$  for 199, 499, and 609,096. Source: LAC/PH HIV and STD Surveillance, LAC/DPH HIV CaseWatch, California's Office of Statewide Health Planning and Development (OSHPD), LAC/DPH CHAI (Health District boundaries)





# Setting Clear Performance Benchmarks



\*Persons are considered virally suppressed when their last VL test in 2015 was <200 copies/ml.

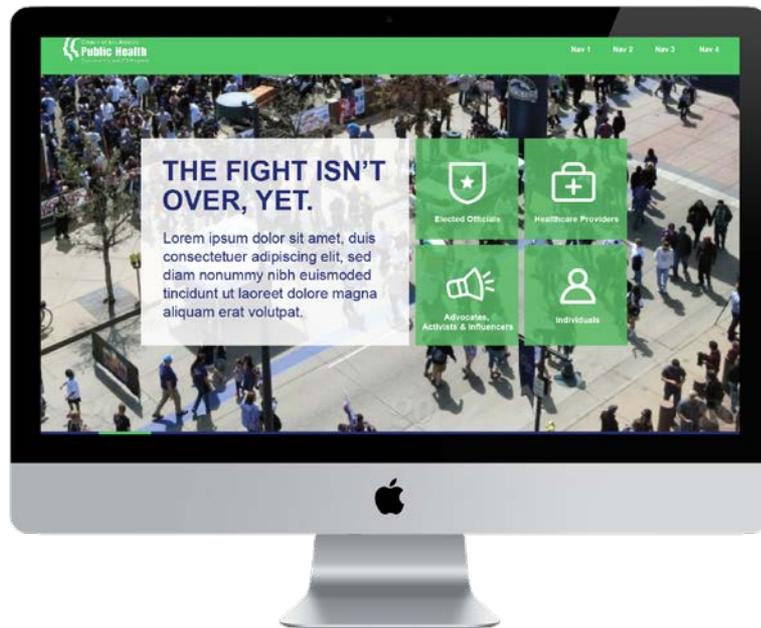
\*\*Includes all non-Latino persons who have been reported with American Indian/Alaskan Native race, regardless of other racial/ethnic information reported.

# TRACKING STRATEGY PROGRESS

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# Tracking Strategy Progress

- Real-time PrEP enrollment data at [getprepla.com](http://getprepla.com)
- LAC HIV/AIDS Strategy Microsite



# Tracking Strategy Progress

## 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

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# 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

# TERRY L. SMITH, MPA

Associate Director, Prevention  
APLA Health & Wellness

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**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

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**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.PollEV.com/LACHIV](http://www.PollEV.com/LACHIV)**

**THANK YOU!**