

ADAP

AIDS Drug Assistance Program

Annual Report: State Fiscal Year 2020–2021

California Department of Public Health
Center for Infectious Diseases
Office of AIDS



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ADAP Overview

ADAP Program History and Updates

The California Department of Public Health, Office of AIDS, ADAP was established in 1987 to help ensure that uninsured and under-insured people living with HIV/AIDS have access to life-saving medications. ADAP receives federal funds from the U.S. Health Resources and Services Administration through grants provided by Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Due to the implementation of the Patient Protection and Affordable Care Act in 2010, many ADAP clients were able to enroll in Medi-Cal or obtain health insurance coverage through Covered California. Beginning January 1, 2014, Medi-Cal was expanded to include eligible individuals with annual household incomes up to 138% of the federal poverty level. Additionally, Covered California, the state of California's health insurance marketplace, held its first open enrollment from October 1, 2013, through April 2014, which allowed individuals and small businesses to purchase health insurance at federally subsidized rates.

In March 2017, ADAP separated pharmacy and insurance benefits management functions, and transitioned to using the ADAP Enrollment System (AES), which has been used ever since to manage client eligibility and enrollment. Since then, the AES has evolved to meet the needs of ADAP advisors and Enrollment workers. The

system has been enhanced over the years and the AES has the functionalities including secure messaging, auto-notifications, secondary review, and ADAP Enrollment Worker and Advisor User management.

During this reporting period, 31,844 clients were served, and 231 medications were available through ADAP, including 45 antiretroviral medications to treat HIV and 8 medications to treat Hepatitis C. There were approximately 5,800 pharmacies statewide where clients could access these medications.

ADAP Eligibility Criteria

To be eligible for ADAP in California state FY 2020–21 (July 1, 2020 – June 30, 2021) a client must have met the following requirements:

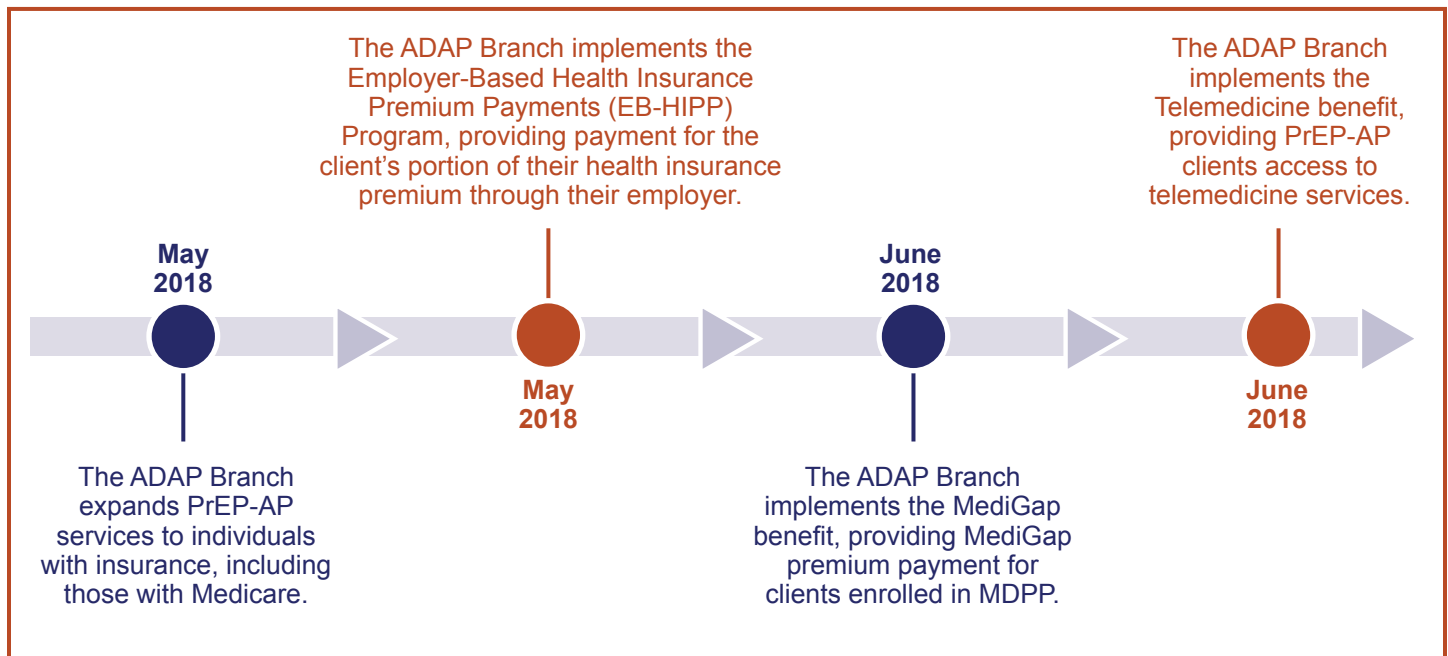
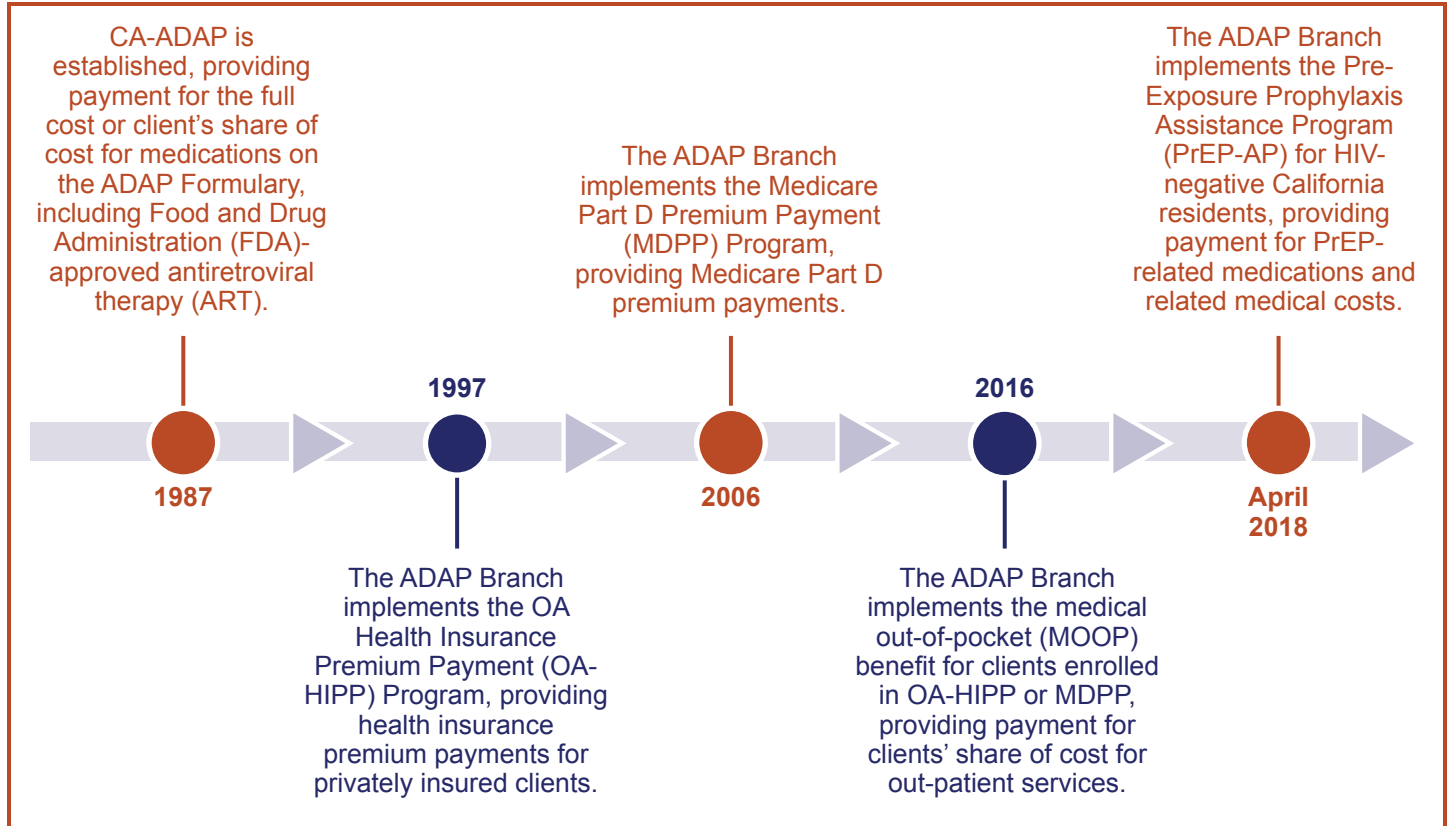
- Was a resident of California.
- Had a positive HIV/AIDS diagnosis.
- Was at least 18 years old.
- Had an annual Modified Adjusted Gross Income (MAGI) that did not exceed 500% Federal Poverty Level based on household size and income.
- Was not fully covered by Medi-Cal or any other third-party payers.

ADAP Program Types and Benefits

Programs	Benefits			
	Medication	Premium Assistance	Medical Out-of-Pocket Costs (MOOPs)	Spousal/Dependent
AIDS Drug Assistance Program (ADAP)				
Medication Only	✓			
Office of AIDS Health Insurance Premium Payments (OA-HIPP)	✓	✓	✓	✓
Employer-Based Health Insurance Premium Payments (EB-HIPP)	✓	✓	✓	✓
Medicare Part D Premium Payments (MDPP)	✓	✓	✓	
Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)				
PrEP-AP	✓		✓	

Note: ADAP clients may co-enroll in HIPP programs if eligible and applicable. If not, clients are considered “Medication only” clients. Assistance with Medigap premiums is only available to ADAP clients concurrently enrolled in MDPP.

ADAP Programs & Benefits Timeline



ADAP Program Types

The ADAP Branch administers three primary program types: 1) ADAP medication assistance only, 2) ADAP medication assistance with health insurance premium assistance, and 3) pre-exposure prophylaxis assistance program (PrEP-AP) for HIV-negative persons. Each program has distinct eligibility criteria.

ADAP Medication Assistance Program

This program provides eligible California residents with FDA-approved medications used in the treatment of HIV/AIDS and HIV/AIDS-related opportunistic infections.

All covered medications are listed on the [ADAP Drug Formulary](https://www.cdph.ca/Programs/CID/DCDC/Pages/ADAP/DrugFormulary.aspx), which can be accessed at: [cdph.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary_Alpha.pdf](https://www.cdph.ca/Programs/CID/DCDC/Pages/ADAP/DrugFormulary.aspx).

Health Insurance Premium Payment (HIPP) Programs

Clients enrolled in ADAP with medication assistance may co-enroll in the following programs depending on the client's eligibility and needs:

(a) Office of AIDS Health Insurance Premium Payment Program (OA-HIPP)

OA-HIPP pays for health insurance premiums for eligible California residents co-enrolled in ADAP. OA-HIPP provides assistance with medical and dental insurance premiums and can also provide assistance with premiums for vision insurance, when combined with a dental and/or medical premium. Combined premiums include the cost for medical, dental, and vision-combination insurance plans. OA-HIPP also pays for out-patient medical out-of-pocket costs that count

towards the medical insurance plan's annual out-of-pocket maximum. Premium payments are sent directly to the health plan or COBRA administrator on a monthly basis. The OA-HIPP premium maximum during this report period was \$1,938 per month.

For [more information about OA-HIPP](https://www.cdph.ca/Programs/CID/DOA/Pages/OA_adap_hipp.aspx), please visit: [www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_hipp.aspx](https://www.cdph.ca/Programs/CID/DOA/Pages/OA_adap_hipp.aspx).

(b) Medicare Part D Premium Payment Program (MDPP)

MDPP is a subsidy program that pays Medicare Part D and Medigap insurance premiums for eligible California residents co-enrolled in the ADAP and a Medicare Part D prescription drug plan. Medigap (also known as Medicare Supplemental Health Insurance Policies) is a benefit of MDPP and provides supplemental coverage that cover health care costs such as co-payments, co-insurance, and deductibles that Medicare Parts A and/or B do not cover. Clients may only receive assistance with Medigap premiums if they also have their Medicare Part D premium paid by MDPP. MDPP also pays for outpatient medical out-of-pocket costs that count towards the medical insurance plan's annual out-of-pocket maximum. Premium payments are sent directly to the health plan on a monthly basis. The MDPP and Medigap combined premium maximum for individuals during this report period was \$1,938 per month.

(c) Employer Based Health Insurance Premium Payment Program (EB-HIPP)

EB-HIPP is a subsidy program that provides premium assistance for an ADAP client's

portion of their employer-based insurance premiums for eligible California residents co-enrolled in the ADAP. EB-HIPP pays the client's portion of their monthly medical and dental premiums, and can also provide assistance with vision premiums, when combined with a dental and/or medical premium for eligible clients. EB-HIPP also pays for out-patient medical out-of-pocket costs that count towards the medical insurance plan's annual out-of-pocket maximum. In order to be eligible for this type of insurance assistance, clients must be employed by an employer that offers comprehensive health care coverage. The client's portion of the insurance premium payments are sent directly to the employer on a monthly basis. The EB-HIPP premium maximum for individuals during this report period was \$1,938 per month.

For [more information about EB-HIPP](http://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_EB-HIPP_Assistance.aspx), please visit: www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_EB-HIPP_Assistance.aspx.

Pre-Exposure Prophylaxis Assistance Program (PrEP- AP)

PrEP-AP is designed for adults residing in California who are HIV-negative and is available to both insured and uninsured clients. PrEP-AP provides assistance with PrEP-related

medical costs, and medication on the PrEP-AP Drug Formulary for the prevention of HIV and treatment of sexually transmitted infections (STIs). Clients enrolled in PrEP-AP must currently enroll in a Patient Assistance Program (i.e., Gilead, ViiV Connect or ReadySetPrEP) that matches their insurance coverage status. PrEP-AP provides wraparound benefits, covering costs not covered by other payers. Clients with private insurance are eligible for PrEP medication co-payment assistance through pharmaceutical assistance programs. After a maximum yearly assistance threshold has been met, PrEP-AP will cover any remaining PrEP medication co-payments for the remainder of the calendar year. Clients without insurance are eligible to receive Truvada® (emtricitabine/tenofovir disoproxil fumarate), Descovy® (emtricitabine/tenofovir alafenamide), or Apretude® (cabotegravir extended-release injectable suspension) free of charge from the various patient assistance programs.

PrEP-AP provides assistance with PrEP-related medical costs, including: 1) new/established patient office visits for PrEP clinical assessments, 2) HIV testing, 3) STI testing, 4) pregnancy testing, 5) renal function testing, and 6) Hepatitis A, B, and C screenings.

For [more information about PrEP- AP](http://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_enroll_prepAP.aspx), please visit: www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_enroll_prepAP.aspx.

ADAP Benefit Types

Each ADAP program type provides a set of benefits for eligible clients. Benefits vary by program, and not all clients may be eligible for all benefits.

Medication

ADAP helps ensure that people living with HIV and AIDS in California who are uninsured or under-insured have access to medication covered on the ADAP Drug Formulary. If clients do not have insurance, ADAP pays for the full cost of the medication. If clients have health insurance, ADAP pays any applicable medication co-payments. For clients who are HIV negative, PrEP-AP subsidizes the cost of medications on the PrEP-AP Drug Formulary.

Premium Assistance

ADAP helps ensure that people living with HIV and AIDS in California can access health insurance by subsidizing health insurance premiums. For OA-HIPP and MDPP, ADAP pays the total cost of the client's health insurance premium (up to the maximum premium payment amount of \$1,938 per month). For EB-HIPP, ADAP pays the client's portion of their employer-

based health insurance plan, up to the current maximum premium payment amount of \$1,938 per month.

Medical Out-of-Pocket Costs (MOOPs)

For clients enrolled in OA-HIPP, MDPP, and EB-HIPP, ADAP will pay outpatient medical out-of-pocket costs that count towards the client's health insurance policy's annual out of pocket maximum. For HIV-negative clients, the PrEP-AP will pay for PrEP-related medical costs as defined by the Centers for Disease Control and Prevention.

Spousal/Dependent

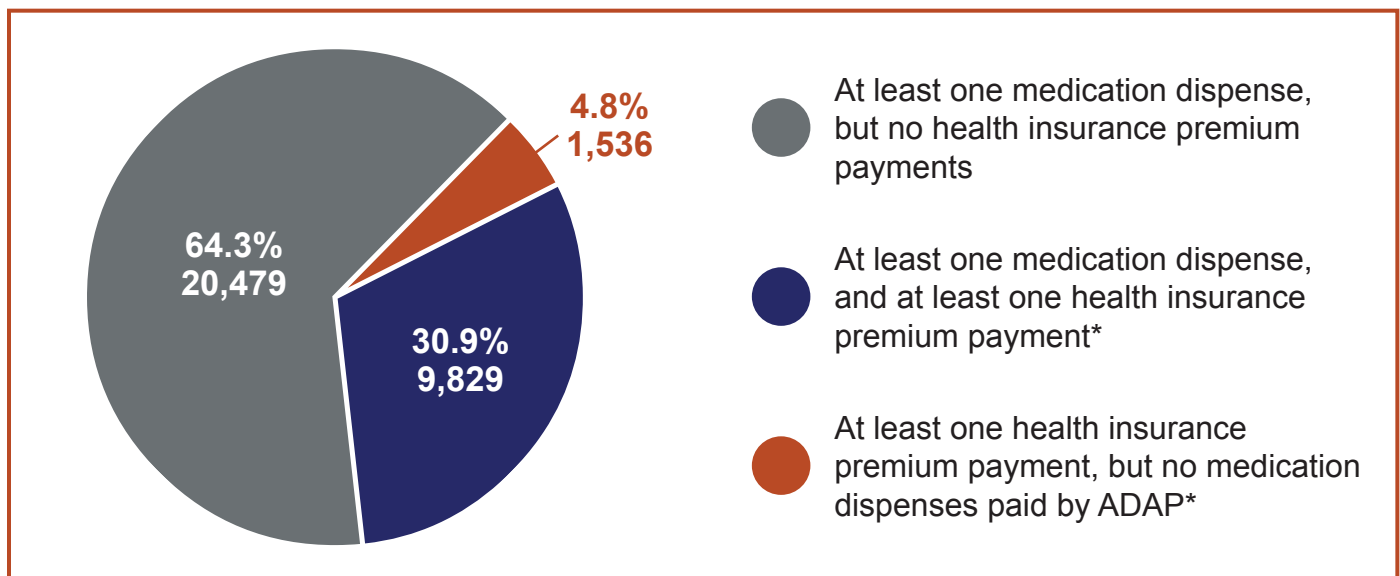
The Spousal/Dependent benefit covers spouses and dependents (including domestic partners and children) who are enrolled in ADAP and covered under a shared family health plan of an active ADAP/OA-HIPP client. This benefit covers outpatient expenses that count towards the insurance plan's out-of-pocket maximum (not including medications not covered by ADAP) and copayment, coinsurance, and deductibles for medical care as part of the OA-HIPP plan benefits.

Tables and Figures

Table 1. California ADAP Clients Served by Benefit Type, FY 2020–2021

Type of ADAP Benefits Received During FY 2020–2021	Number of Clients	Percent of Total
At least one medication dispense, but no health insurance premium payments	20,479	64.3%
At least one medication dispense, and at least one health insurance premium payment*	9,829	30.9%
At least one health insurance premium payment, but no medication dispenses paid by ADAP*	1,536	4.8%
TOTAL	31,844	100.0%

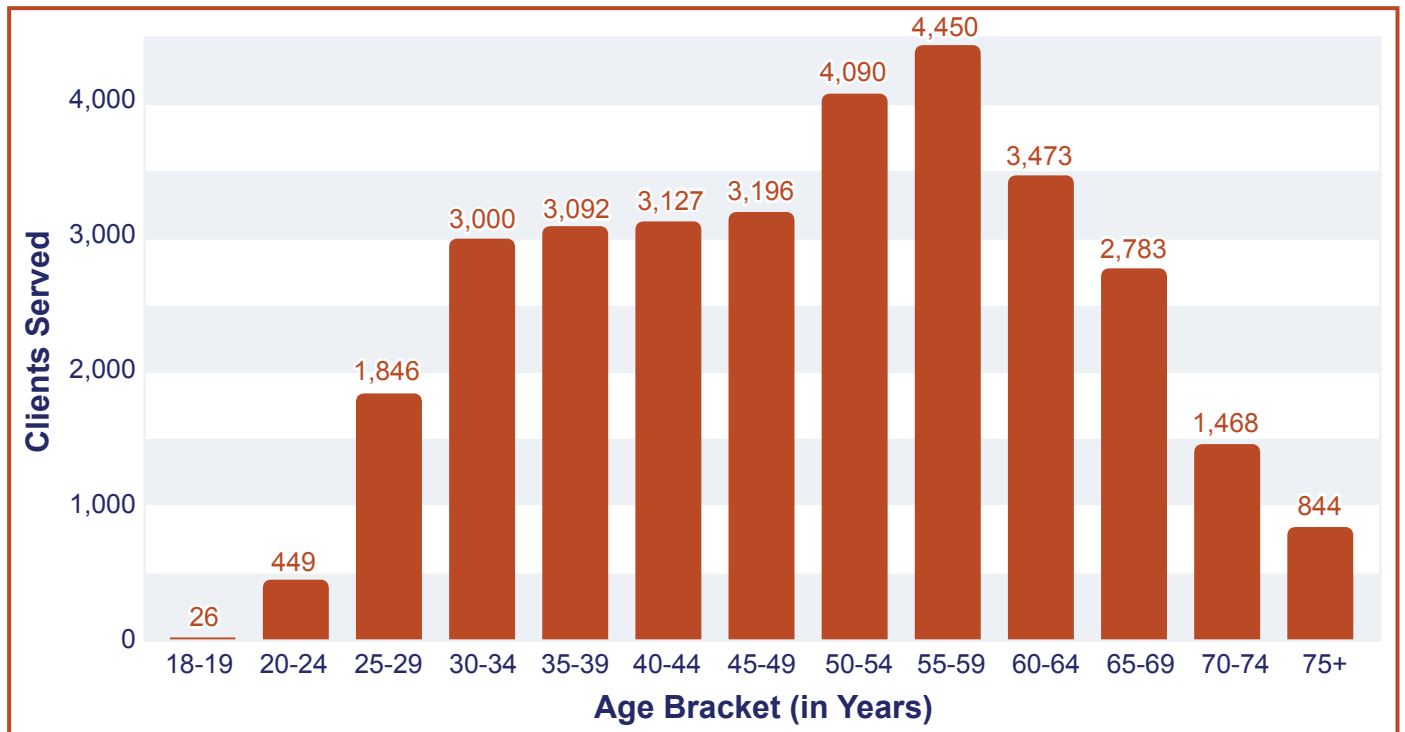
Figure 1. California ADAP Clients Served by Benefit Type, FY 2020–2021



***Note on the Table and Figure Above:** Totals reflect clients served in the Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), the Employer-Based Health Insurance Premium Payments Program (EB-HIPP), or the Medicare Part D Premium Payment Program (MDPP). **Source:** ADAP Enrollment System, December 24, 2024.

Table 2. California ADAP Clients Served by Age Group, FY 2020–2021

Age Bracket (in Years)	Number of Clients	Percent of Total
18–19	26	0.1%
20–24	449	1.4%
25–29	1,846	5.8%
30–34	3,000	9.4%
35–39	3,092	9.7%
40–44	3,127	9.8%
45–49	3,196	10.0%
50–54	4,090	12.8%
55–59	4,450	14.0%
60–64	3,473	10.9%
65–69	2,783	8.7%
70–74	1,468	4.6%
75+	844	2.7%
TOTAL	31,844	100.0%

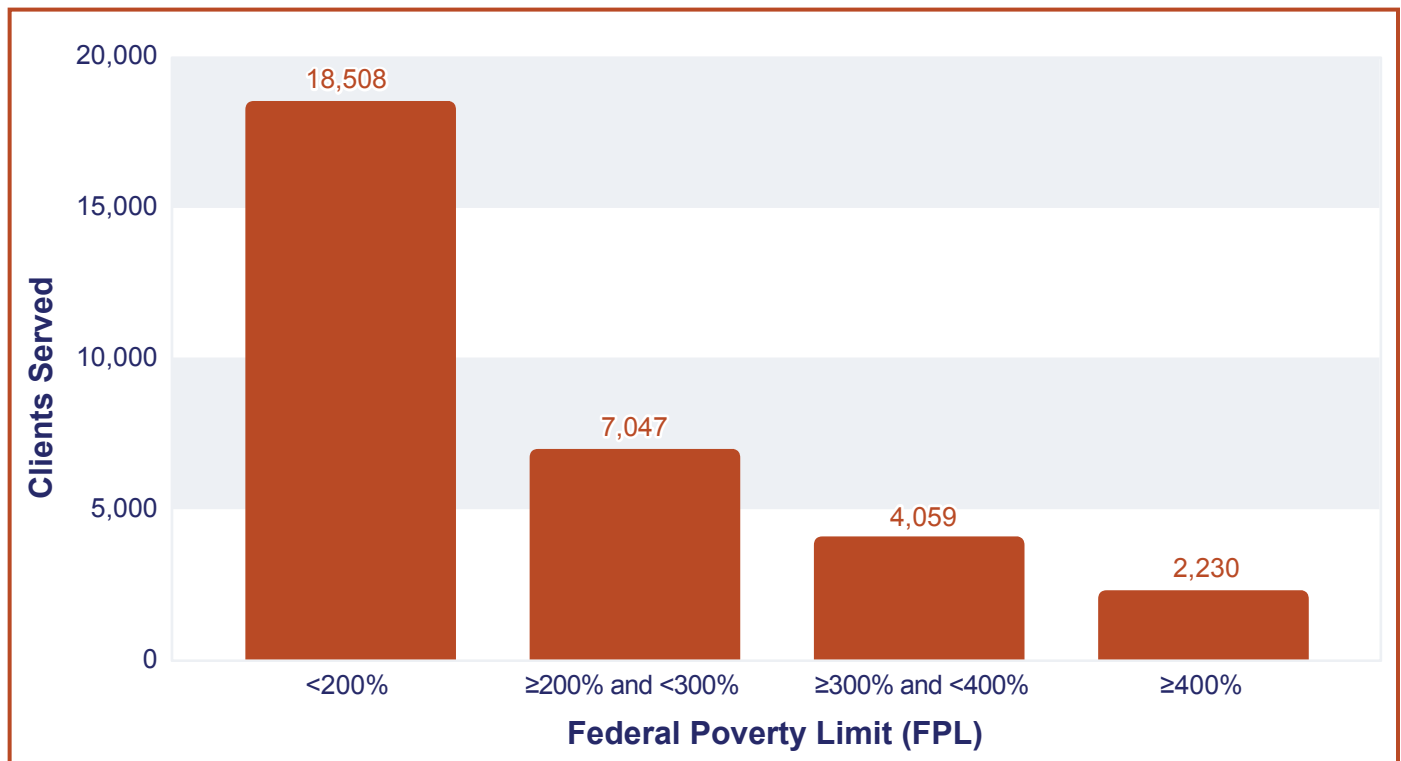
Figure 2. California ADAP Clients Served by Age Group, FY 2020–2021

Note on the Table and Figure Above: Age is based upon client age at the fiscal year midpoint (January 1).

Source: ADAP Enrollment System, December 24, 2024.

Table 3. California ADAP Clients Served by Income, FY 2020–2021

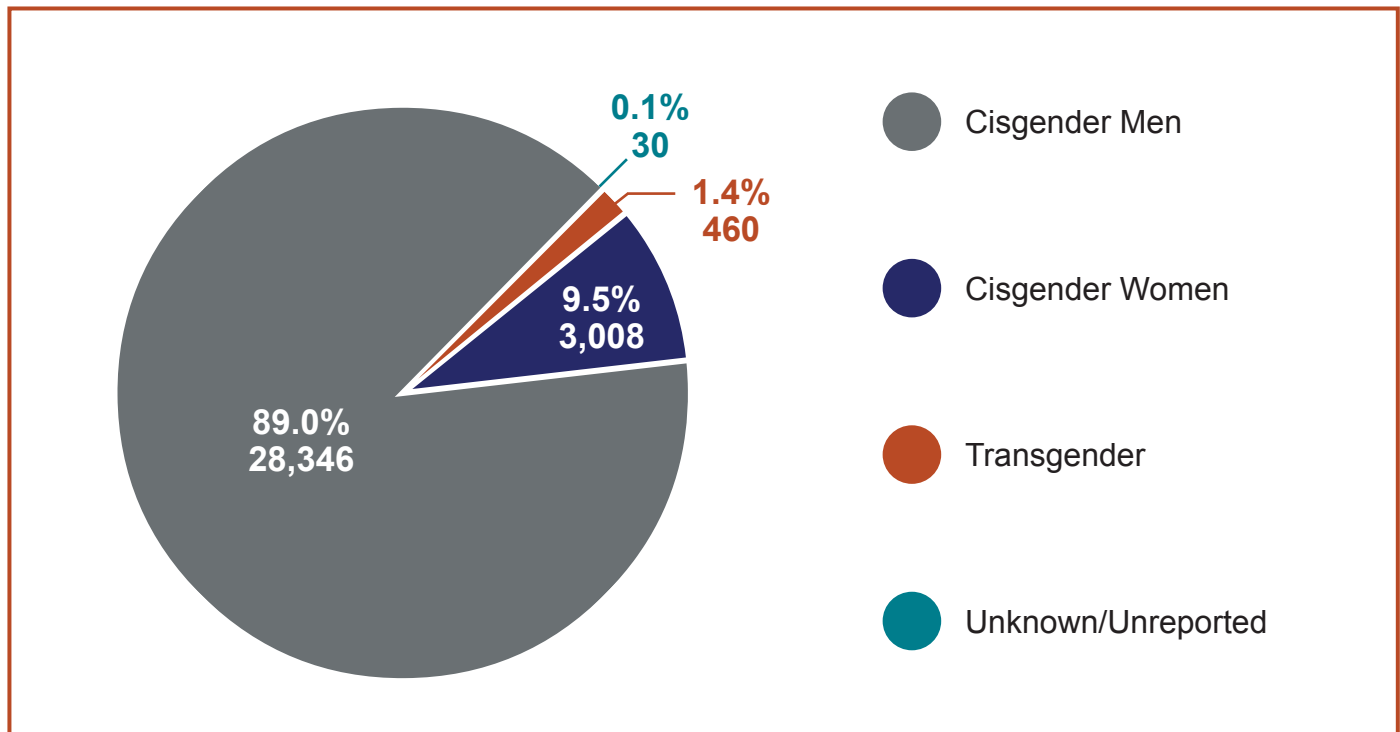
Federal Poverty Level (FPL)	Number of Clients	Percent of Total
<200% of FPL	18,508	58.1%
≥200% and <300% of FPL	7,047	22.1%
≥300% and <400% of FPL	4,059	12.7%
≥400% of FPL	2,230	7.0%
TOTAL	31,844	100.0%

Figure 3. California ADAP Clients Served by Income, FY 2020–2021

Note on the Table and Figure Above: FPL thresholds are based on household size and income. In FY 2020–2021, a household size of one with an annual household income of \$12,760.00 (2020) and \$12,880.00 (2021) was at 100% of the FPL. Although there are income eligibility requirements for ADAP, clients placed on a Temporary Access Period (TAP), may not have income data available for reporting purposes. **Source:** ADAP Enrollment System, December 24, 2024.

Table 4. California ADAP Clients Served by Gender, FY 2020–2021

Gender	Number of Clients	Percent of Total
Cisgender Men	28,346	89.0%
Cisgender Women	3,008	9.5%
Transgender	460	1.4%
Unknown/Unreported	30	0.1%
TOTAL	31,844	100.0%

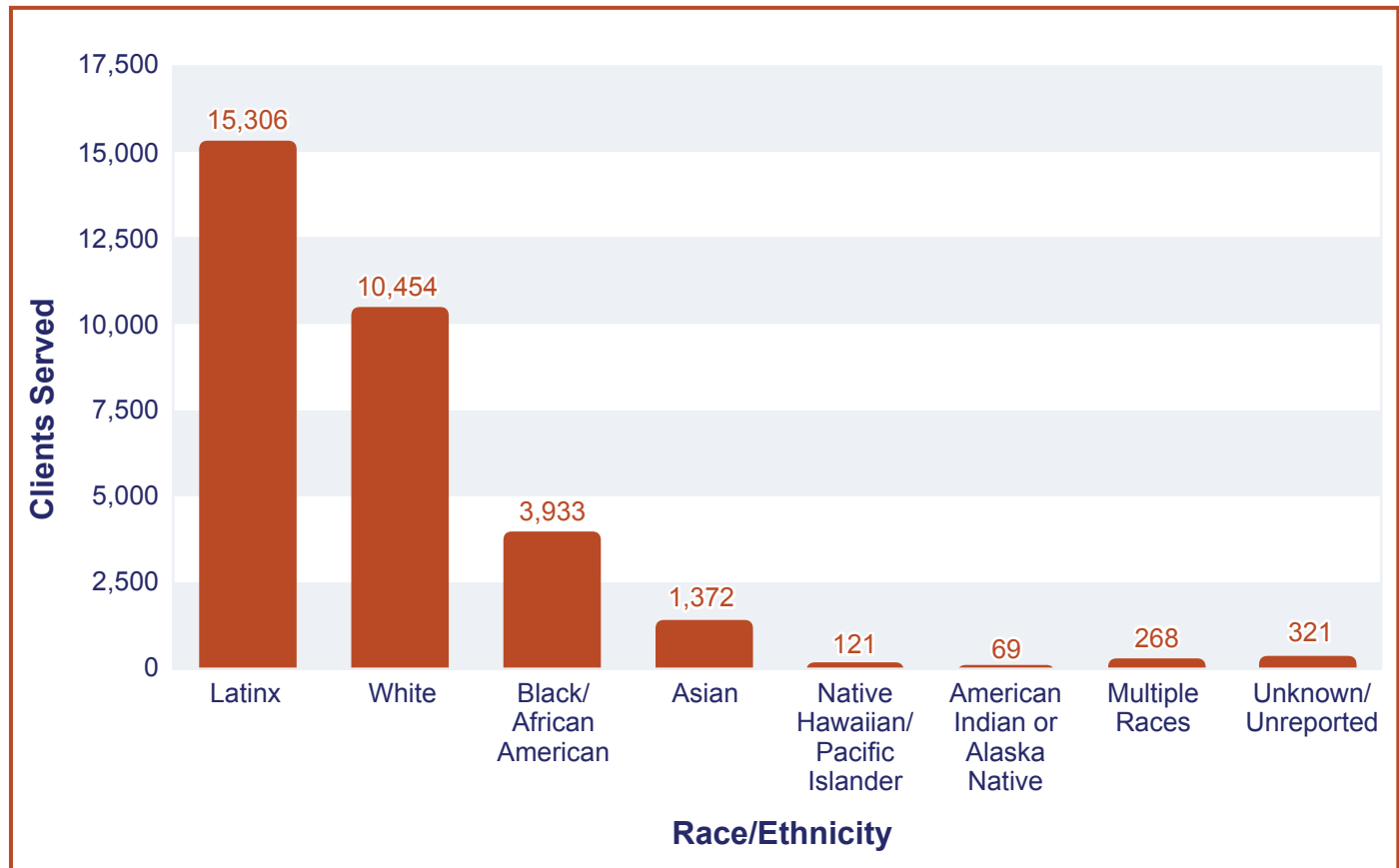
Figure 4. California ADAP Clients Served by Gender, FY 2020–2021

Note on the Table and Figure Above: Transgender categories (transgender male-to-female, transgender female-to-male, and transgender identity not otherwise specified) were combined into a single 'Transgender' category.

Source: ADAP Enrollment System, December 24, 2024.

Table 5. California ADAP Clients Served by Race/Ethnicity, FY 2020–2021

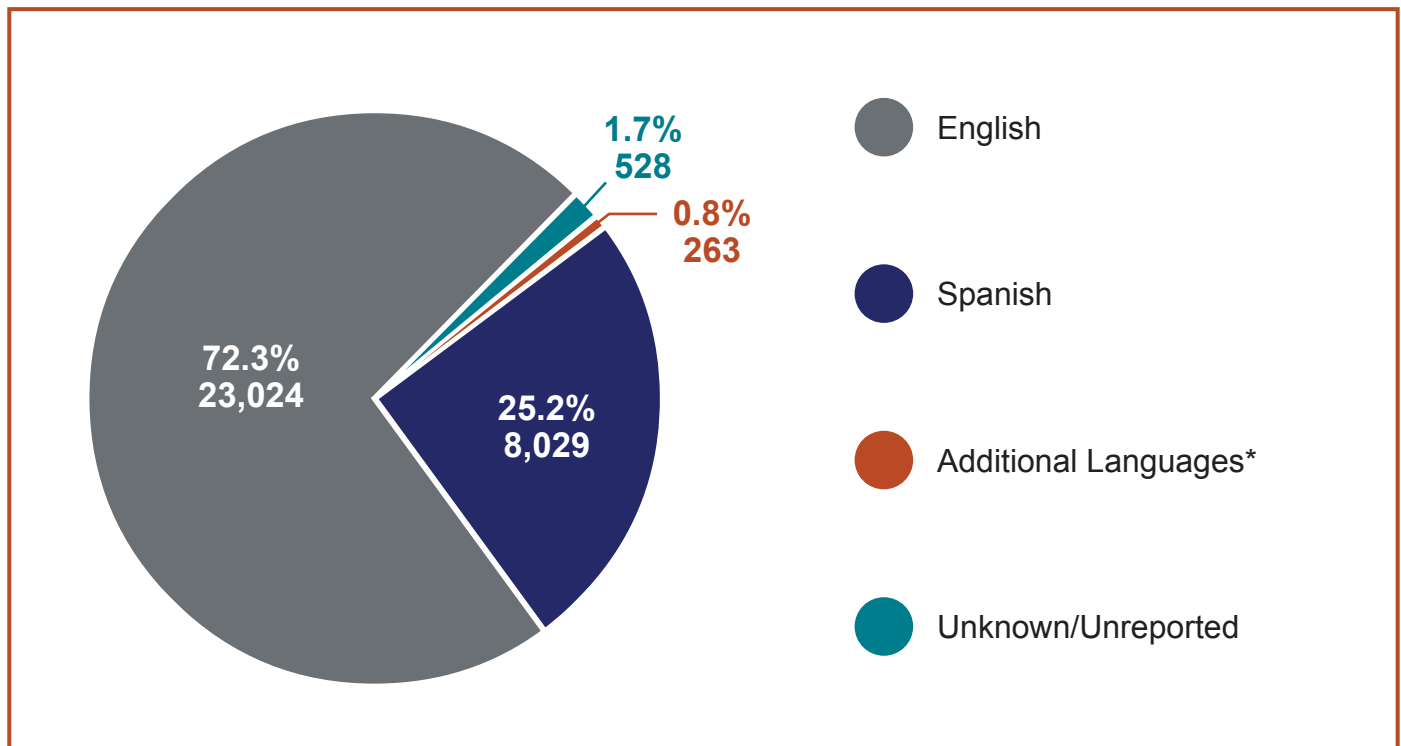
Race/Ethnicity	Number of Clients	Percent of Total
Latinx	15,306	48.1%
White	10,454	32.8%
Black/African American	3,933	12.4%
Asian	1,372	4.3%
Native Hawaiian/Pacific Islander	121	0.4%
American Indian or Alaska Native	69	0.2%
Multiple Races	268	0.8%
Unknown/Unreported	321	1.0%
TOTAL	31,844	100.0%

Figure 5. California ADAP Clients Served by Race/Ethnicity, FY 2020–2021

Note on the Table and Figure Above: Latinx includes all individuals reporting Hispanic ethnicity, regardless of race.
Source: ADAP Enrollment System, December 24, 2024.

Table 6. California ADAP Clients Served by Selected Preferred Language, FY 2020–2021

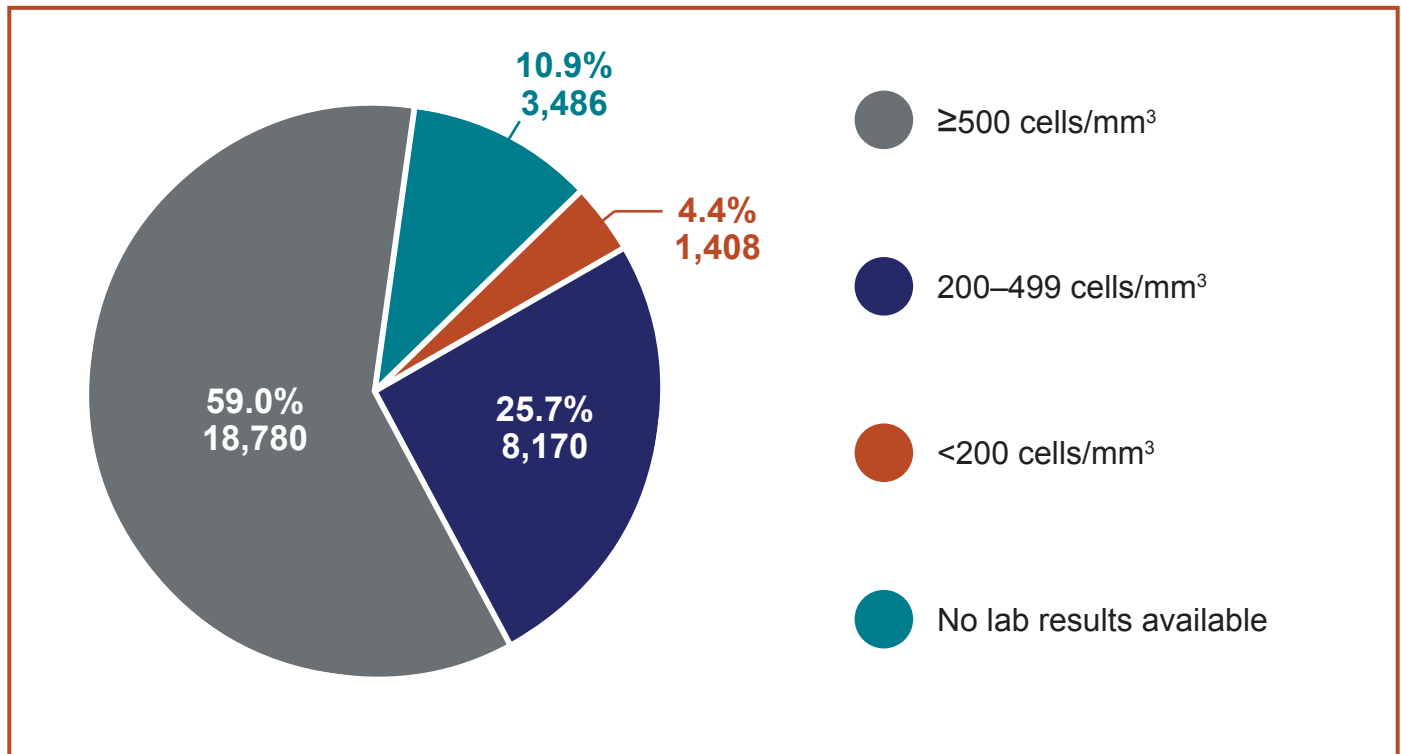
Selected Preferred Language	Number of Clients	Percent of Total
English	23,024	72.3%
Spanish	8,029	25.2%
Additional Languages*	263	0.8%
Unknown/Unreported	528	1.7%
TOTAL	31,844	100.0%

Figure 6. California ADAP Clients Served by Selected Preferred Language, FY 2020–2021

***Note on the Table and Figure Above:** Additional languages include ASL, Amharic, Arabic, Armenian, Burmese, Cambodian, Cantonese, Chichewa, Chinese, Eritrean, Filipino, French, Haitian Creole, Hindi, Igbo, Indonesian, Italian, Japanese, Kazakh, Korean, Lithuanian, Mandarin, Portuguese, Punjabi, Russian, Shona, Swahili, Tagalog, Thai, Tigrinya, Turkish, Vietnamese, and Yoruba. Selected preferred language is not available for all ADAP clients because clients are not required to identify their preferred language. **Source:** ADAP Enrollment System, December 24, 2024.

Table 7. California ADAP Clients Served by CD4 Count, FY 2020–2021

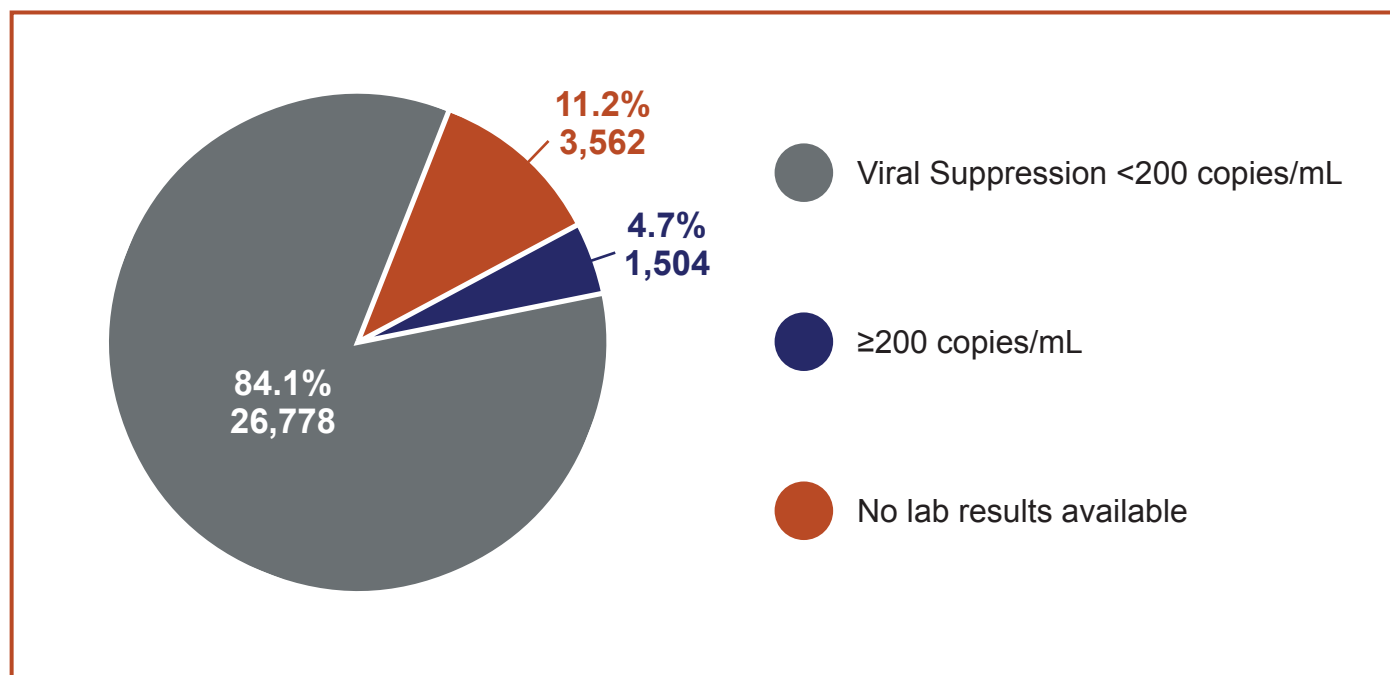
CD4 Cell Count	Number of Clients	Percent of Total
≥500 cells/mm ³	18,780	59.0%
200–499 cells/mm ³	8,170	25.7%
<200 cells/mm ³	1,408	4.4%
No lab results available	3,486	10.9%
TOTAL	31,844	100.0%

Figure 7. California ADAP Clients Served by CD4 Count, FY 2020–2021

Note on the Table and Figure Above: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2020–2021 (July 1, 2020–June 30, 2021). CD4 counts are measured in cells per cubic millimeter (cells/mm³). A normal CD4 count ranges from 500 to 1,400 cells per cubic millimeter of blood. A CD4 count below 200 cells per cubic millimeter indicates greater susceptibility to opportunistic infections. **Source:** ADAP Enrollment System, December 24, 2024.

Table 8a. California ADAP Clients Served by Viral Load, FY 2020–2021

Viral Load	Number of Clients	Percent of Total
Viral Suppression <200 copies/mL	26,778	84.1%
≥200 copies/mL	1,504	4.7%
No lab results available	3,562	11.2%
TOTAL	31,844	100.0%

Figure 8a. California ADAP Clients Served by Viral Load, FY 2020–2021

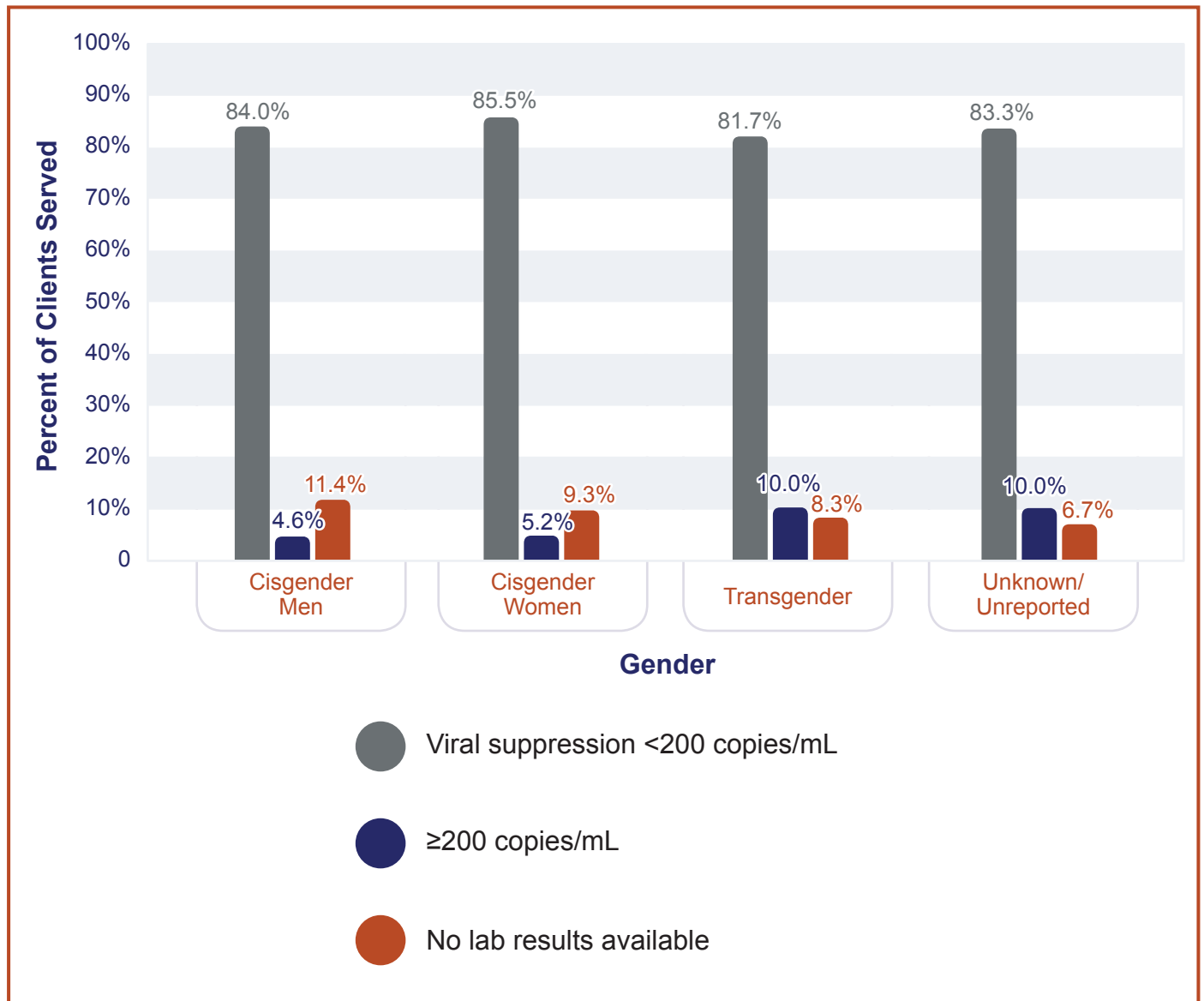
Note on the Table and Figure Above: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2020–2021 (July 1, 2020–June 30, 2021). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

Table 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2020–2021

Viral Suppression Status by Gender	Number of Clients	Percent of Total by Gender Group
Cisgender Men		
Viral suppression <200 copies/mL	23,805	84.0%
≥200 copies/mL	1,300	4.6%
No lab results available	3,241	11.4%
SUBTOTAL	28,346	100.0%
Cisgender Women		
Viral suppression <200 copies/mL	2,572	85.5%
≥200 copies/mL	155	5.2%
No lab results available	281	9.3%
SUBTOTAL	3,008	100.0%
Transgender		
Viral suppression <200 copies/mL	376	81.7%
≥200 copies/mL	46	10.0%
No lab results available	38	8.3%
SUBTOTAL	460	100.0%
Unknown/Unreported		
Viral suppression <200 copies/mL	25	83.3%
≥200 copies/mL	3	10.0%
No lab results available	2	6.7%
SUBTOTAL	30	100.0%
TOTAL	31,844	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2020–2021 (July 1, 2020–June 30, 2021). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

Figure 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2020–2021



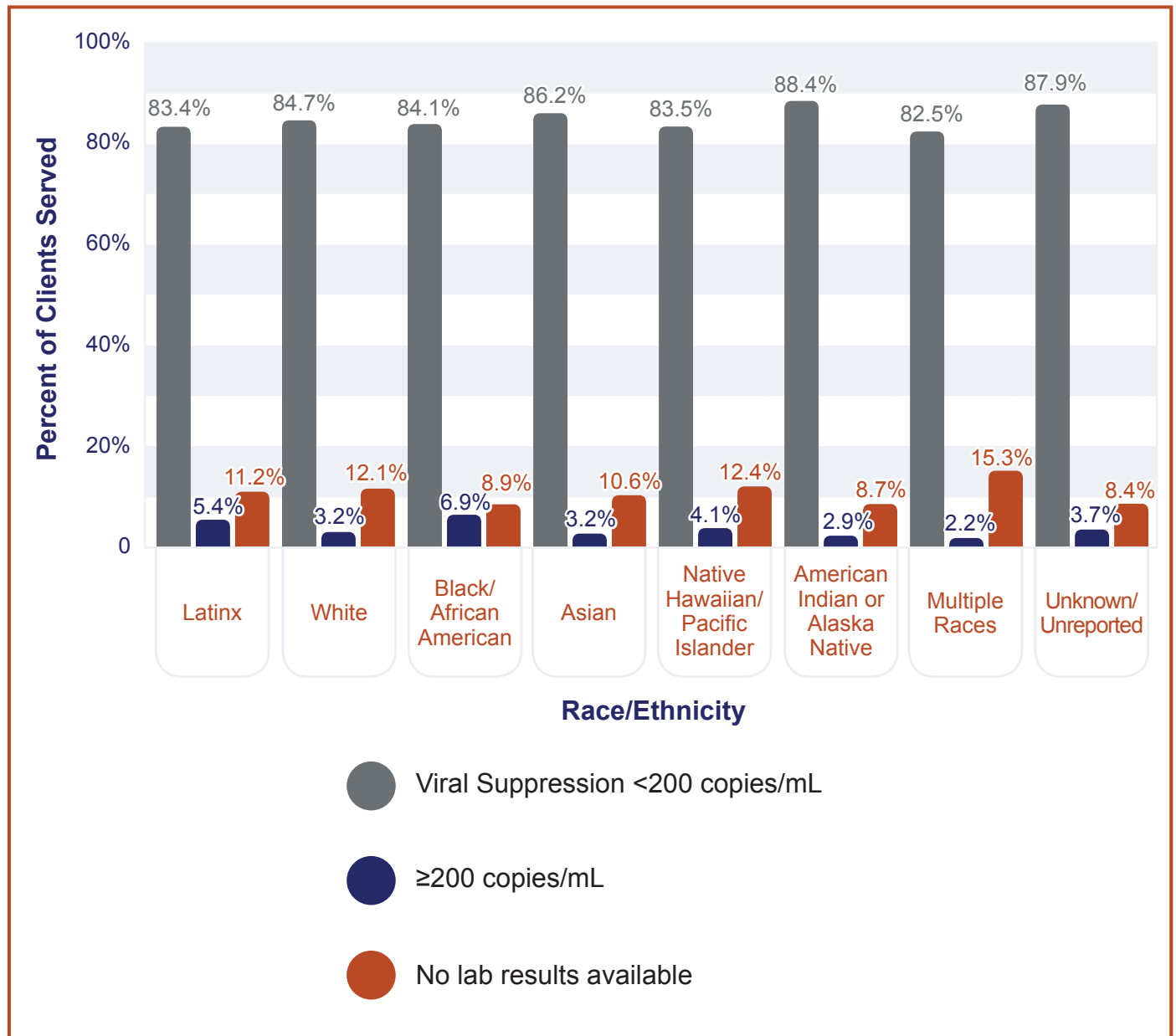
Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2020–2021 (July 1, 2020–June 30, 2021). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/mL were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

Table 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2020–2021

Viral Suppression Status by Race/Ethnicity	Number of Clients	Percent of Total by Race/Ethnicity
Latinx		
Viral suppression <200 copies/mL	12,770	83.4%
≥200 copies/mL	824	5.4%
No lab results available	1,712	11.2%
SUBTOTAL	15,306	100.0%
White		
Viral suppression <200 copies/mL	8,851	84.7%
≥200 copies/mL	339	3.2%
No lab results available	1,264	12.1%
SUBTOTAL	10,454	100.0%
Black/African American		
Viral suppression <200 copies/mL	3,309	84.1%
≥200 copies/mL	272	6.9%
No lab results available	352	8.9%
SUBTOTAL	3,933	100.0%
Asian		
Viral suppression <200 copies/mL	1,183	86.2%
≥200 copies/mL	44	3.2%
No lab results available	145	10.6%
SUBTOTAL	1,372	100.0%
Native Hawaiian/Pacific Islander		
Viral suppression <200 copies/mL	101	83.5%
≥200 copies/mL	5	4.1%
No lab results available	15	12.4%
SUBTOTAL	121	100.0%
American Indian or Alaska Native		
Viral suppression <200 copies/mL	61	88.4%
≥200 copies/mL	2	2.9%
No lab results available	6	8.7%
SUBTOTAL	69	100.0%
Multiple Races		
Viral suppression <200 copies/mL	221	82.5%
≥200 copies/mL	6	2.2%
No lab results available	41	15.3%
SUBTOTAL	268	100.0%
Unknown/Unreported		
Viral suppression <200 copies/mL	282	87.9%
≥200 copies/mL	12	3.7%
No lab results available	27	8.4%
SUBTOTAL	321	100.0%
TOTAL	31,844	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2020–2021 (July 1, 2020–June 30, 2021). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

Figure 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2020–2021



Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2020–2021 (July 1, 2020–June 30, 2021). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

Table 9. California ADAP Clients Served by Local Health Jurisdiction, FY 2020–2021

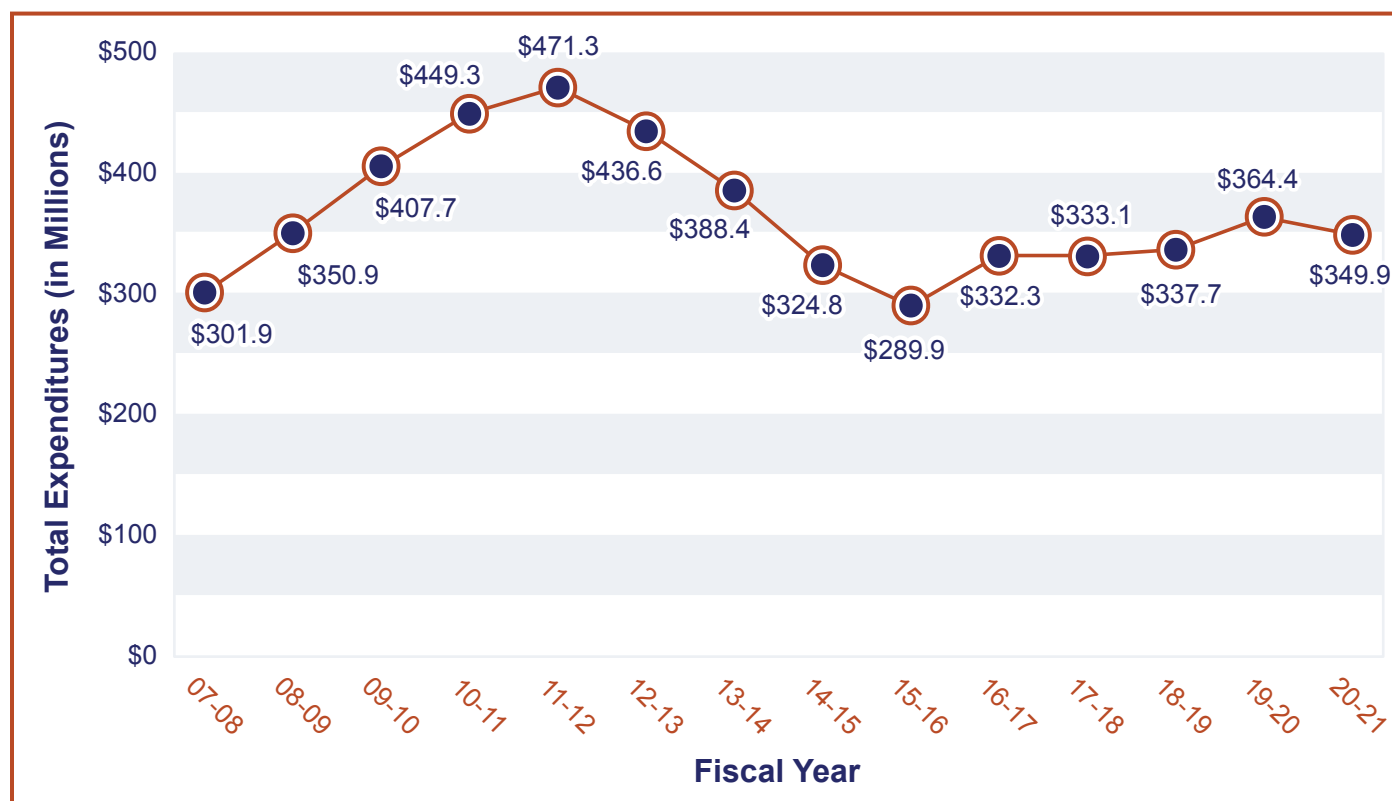
Local Health Jurisdiction	Number of Clients	Percent of Total
Alameda	1,776	5.6%
Butte	65	0.2%
Calaveras	<10	<0.1%
Colusa	<10	<0.1%
Contra Costa	329	1.0%
El Dorado	26	<0.1%
Fresno	387	1.2%
Glenn	<10	<0.1%
Humboldt	49	0.2%
Imperial	69	0.2%
Inyo	<10	<0.1%
Kern	280	0.9%
Kings	26	<0.1%
Lake	22	<0.1%
Lassen	<10	<0.1%
Long Beach	183	0.6%
Los Angeles	12,926	40.6%
Madera	29	<0.1%
Marin	111	0.3%
Mariposa	<10	<0.1%
Mendocino	41	0.1%
Merced	32	0.1%
Monterey	209	0.7%
Napa	28	<0.1%
Nevada	42	0.1%
Orange	1,827	5.7%
Pasadena	153	0.5%

Table 9. California ADAP Clients Served by Local Health Jurisdiction (*continued*)

Placer	23	<0.1%
Plumas	<10	<0.1%
Riverside	1,996	6.3%
Sacramento	1,188	3.7%
San Bernardino	683	2.1%
San Diego	3,477	10.9%
San Francisco	2,942	9.2%
San Joaquin	179	0.6%
San Luis Obispo	88	0.3%
San Mateo	256	0.8%
Santa Barbara	123	0.4%
Santa Clara	902	2.8%
Santa Cruz	67	0.2%
Shasta	49	0.2%
Siskiyou	<10	<0.1%
Solano	233	0.7%
Sonoma	408	1.3%
Stanislaus	130	0.4%
Sutter	22	<0.1%
Tehama	<10	<0.1%
Trinity	<10	<0.1%
Tulare	103	0.3%
Tuolumne	<10	<0.1%
Ventura	302	0.9%
Yolo	22	<0.1%
Yuba	12	<0.1%
TOTAL	31,844	100.0%

Note: Served clients reflect the unduplicated count of individuals who received medication or insurance assistance benefits. Allowing for small cell size suppression, the client total may not equal the column sum of clients. Additionally, some clients received services in multiple counties. For the purposes of this report, the City of Berkeley Public Health is grouped with Alameda County Public Health Department. The following LHJs did not serve clients in California state fiscal year (FY) 2020–2021 (July 1, 2020–June 30, 2021) and are not shown in the table: Amador, Del Norte, and Mono. The counties reflect the county of the client's enrollment site, not necessarily the client's residential county.

Source: ADAP Enrollment System, December 24, 2024.

Figure 9. California ADAP Medication Expenditures by Fiscal Years, 2007–2021

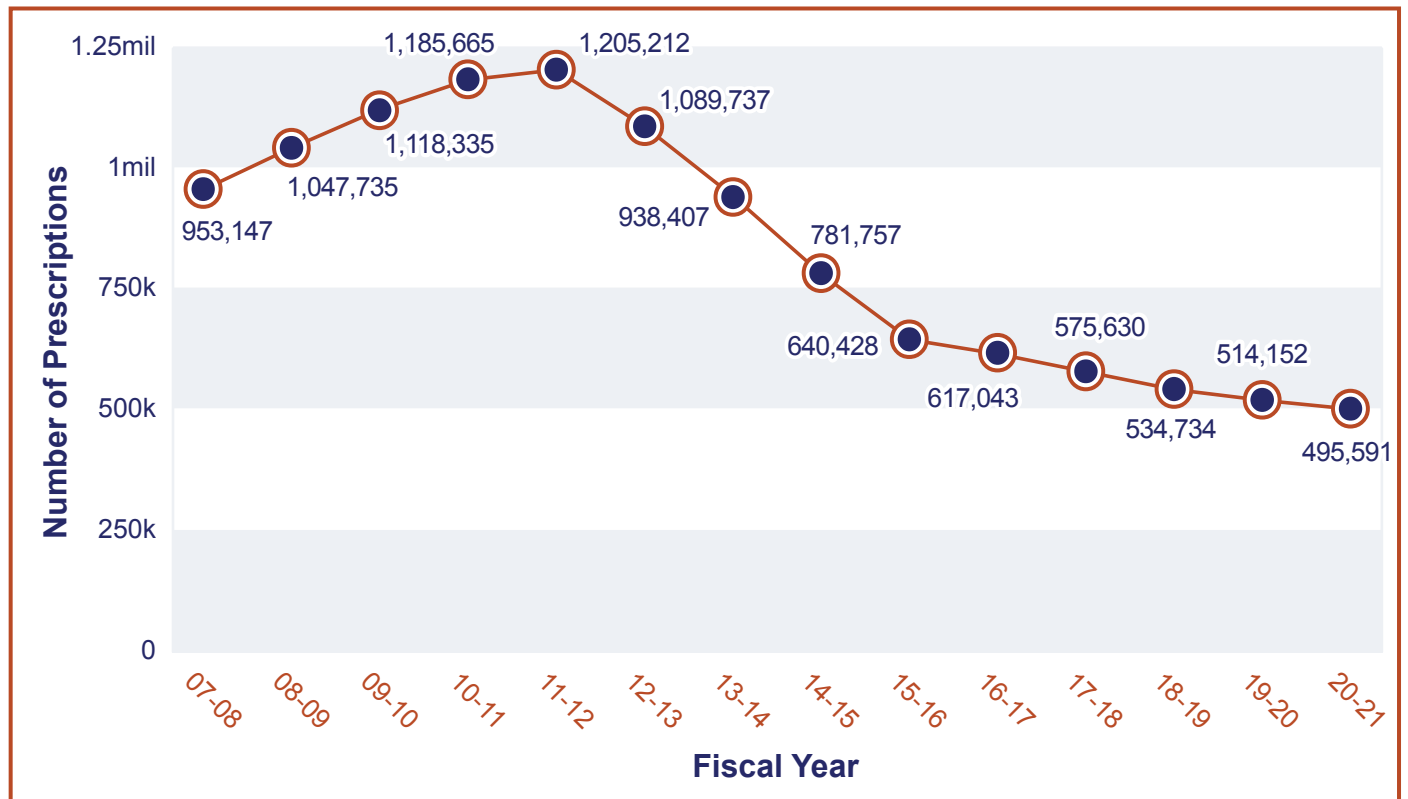
Note: For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx or [Department of Finance](http://www.ebudget.ca.gov) at www.ebudget.ca.gov. **Source:** ADAP Enrollment System December 24, 2024.

Table 10. California ADAP Medication Dispenses and Expenditures, FY 2020–2021

Number of Clients	Medications Dispensed	Medication Expenditures	Median Number of Prescriptions Per Client, Per Year	Median Expenditures Per Client, Per Year
30,308	495,591	\$349,365,225	12	\$3,792.24

Note: For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx or [Department of Finance](http://www.ebudget.ca.gov) at www.ebudget.ca.gov. **Source:** ADAP Enrollment System December 24, 2024.

Figure 10. California ADAP Medication Prescriptions Dispensed, Historical Trends, by Fiscal Years 2007–2021



Note: For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx or [Department of Finance](http://www.ebudget.ca.gov) at www.ebudget.ca.gov. **Source:** ADAP Enrollment System December 24, 2024.

Table 11. California ADAP Medication Expenditures by Month, FY 2020–2021

Month	Number of Clients	Medications Dispensed	Medication Expenditures
July 2020	18,538	43,291	\$32,219,744
August 2020	18,240	42,018	\$30,902,904
September 2020	17,720	40,901	\$29,061,775
October 2020	17,534	40,547	\$28,791,484
November 2020	16,779	38,016	\$26,464,487
December 2020	16,901	39,743	\$28,601,087
January 2021	18,752	43,968	\$31,194,663
February 2021	18,688	42,523	\$28,730,374
March 2021	19,153	45,327	\$31,119,511
April 2021	17,631	40,507	\$27,878,876
May 2021	16,984	38,167	\$26,346,736
June 2021	17,207	40,583	\$28,053,584
TOTAL	30,308	495,591	\$349,365,225

Note: Includes all medications dispensed by ADAP. The total does not reflect the column sum of clients as some may have received services for multiple months. **Source:** ADAP Enrollment System, December 24, 2024.

Figure 11. California ADAP Medication Expenditures by Month, FY 2020–2021

Note: Includes all medications dispensed by ADAP. **Source:** ADAP Enrollment System, December 24, 2024. [For more budget information](http://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx), visit www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx or [Department of Finance](http://www.ebudget.ca.gov) at www.ebudget.ca.gov.

Table 12a. California ADAP Antiretroviral Medication Dispenses, FY 2020–2021

Drug Class	Number of Clients	Percent of Total
Integrase Strand Inhibitor (INSTI)	21,220	53.1%
Other Combination Antiretroviral Treatments	7,757	19.4%
Nucleoside Reverse Transcriptase Inhibitors (NRTI)	5,072	12.7%
Protease Inhibitor	3,241	8.1%
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)	1,565	3.9%
Other Antiretrovirals	329	0.8%
No Antiretroviral Medication Dispenses	814	2.0%
TOTAL	30,308	100.0%

Note: The total does not reflect the column sum of clients as prescriptions from more than one drug class may have been received. **Source:** ADAP Enrollment System, IQVIA America and the Pharmaceutical Marketing Research Group's Uniform System of Classification (USC) and First Databank's Enhanced Therapeutic Classification (ETC) System, December 24, 2024. [For more medication information](https://www.cdph.ca/Programs/OPA/Pages/P08000.aspx), visit [cdph.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary.pdf](https://www.cdph.ca/Programs/OPA/Pages/P08000.aspx).

Table 12b. California ADAP Non-Antiretroviral Medication Dispenses, FY 2020–2021

Drug Class	No. of Clients	% of Total
Infectious Disease: includes antimicrobials, antivirals, and vaccines, which are used to treat or prevent viral and bacterial infections.	11,532	22.2%
Cardiovascular: includes statins and other antihyperlipidemic drugs.	7,158	13.8%
Mental Health: includes medications such as antidepressants, benzodiazepines, and antipsychotics, which are used to treat mental health conditions.	6,365	12.2%
Pain: includes non-steroidal anti-inflammatory drugs (NSAID) and opioid analgesics which are used for pain management.	4,980	9.6%
Gastrointestinal (GI) Agents: includes medications used to treat GI issues such as ulcers, gastroesophageal reflux disease, and heartburn.	3,346	6.4%
Miscellaneous: includes androgens, wasting syndrome treatment, glucocorticoids, antineoplastics, glycoprotein or peptide cytokine/hormone, and anabolic steroids.	3,063	5.9%
Neurologic: includes anticonvulsants, which can be used to treat seizure disorders.	2,799	5.4%
Diabetes Treatment: includes medications used to help control high blood sugar.	2,356	4.5%
No Non-Antiretroviral Medication Dispenses	10,443	20.1%
TOTAL	30,308	100.0%

Note: The total does not reflect the column sum of clients as prescriptions from more than one drug class may have been received. **Source:** ADAP Enrollment System, IQVIA America and the Pharmaceutical Marketing Research Group's Uniform System of Classification (USC) and First Databank's Enhanced Therapeutic Classification (ETC) System, December 24, 2024.

Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2020–2021

Local Health Jurisdiction	Clients	Prescriptions	Expenditures
Alameda	1,739	23,642	\$12,008,482
Amador	<10	79	\$5,954
Butte	58	980	\$459,891
Calaveras	11	151	\$59,488
Colusa	<10	90	\$6,388
Contra Costa	313	3,503	\$1,780,282
El Dorado	26	436	\$254,105
Fresno	370	3,907	\$2,178,202
Glenn	<10	69	\$56,249
Humboldt	50	741	\$495,598
Imperial	70	669	\$1,236,512
Inyo	<10	8	\$9,490
Kern	276	2,735	\$4,621,466
Kings	26	280	\$314,615
Lake	21	423	\$99,443
Lassen	<10	11	\$26,860
Long Beach	176	2,799	\$1,600,938
Los Angeles	12,529	219,621	\$186,835,134
Madera	33	394	\$536,017
Marin	96	967	\$454,625
Mariposa	<10	6	\$1,242
Mendocino	39	876	\$291,387
Merced	33	381	\$329,599
Monterey	201	3,665	\$1,894,834
Napa	22	235	\$131,261
Nevada	38	575	\$135,075
Orange	1,743	28,340	\$26,185,793
Pasadena	164	3,196	\$2,472,283
Placer	20	293	\$87,198

Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2020–2021 *(continued)*

Plumas	<10	11	\$8,482
Riverside	1,865	36,966	\$10,415,448
Sacramento	1,169	14,604	\$5,442,428
San Bernardino	702	9,594	\$11,070,198
San Diego	3,380	55,641	\$33,973,138
San Francisco	2,823	41,659	\$16,287,760
San Joaquin	178	2,300	\$1,974,115
San Luis Obispo	80	1,308	\$279,793
San Mateo	245	2,805	\$2,911,016
Santa Barbara	127	2,079	\$2,438,485
Santa Clara	884	11,005	\$9,625,321
Santa Cruz	67	980	\$555,207
Shasta	49	696	\$427,989
Siskiyou	<10	92	\$26,351
Solano	234	2,586	\$1,605,042
Sonoma	376	5,080	\$1,672,879
Stanislaus	135	2,497	\$1,602,011
Sutter	23	297	\$165,708
Tehama	<10	11	\$8,817
Trinity	<10	3	\$50
Tulare	105	1,518	\$1,334,748
Tuolumne	<10	95	\$25,411
Ventura	291	4,308	\$2,713,949
Yolo	26	229	\$181,195
Yuba	12	155	\$51,273
TOTAL	30,308	495,591	\$349,365,225

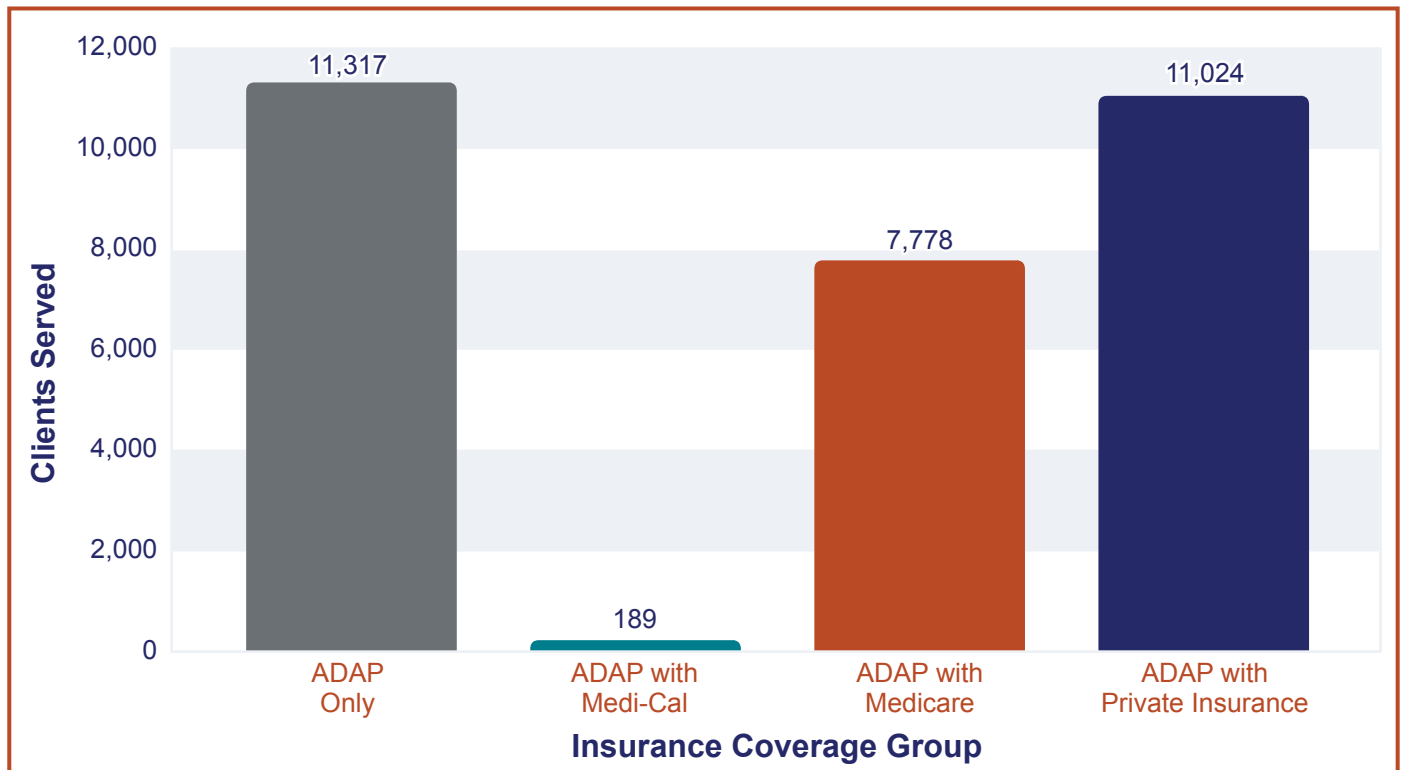
Note: Total clients reflect the unduplicated count of individuals with at least one medication dispense during the FY 2020–2021. Allowing for small cell size suppression, the client total will not equal the column sum of clients. Additionally, some clients received services in multiple counties. For the purposes of this report, the City of Berkeley Public Health is grouped with Alameda County Public Health Department. The following LHJs did not have clients with dispenses in this fiscal year and are not shown in the table: Del Norte and Mono. The counties reflect the county of the client's enrollment site, not the residential county. **Source:** ADAP Enrollment System, December 24, 2024. For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or Department of Finance at www.ebudget.ca.gov.

Table 14. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2020–2021

Insurance Coverage Group	Number of Clients	Percent of Total
ADAP Only	11,317	37.3%
ADAP with Medi-Cal	189	0.6%
ADAP with Medicare	7,778	25.7%
ADAP with Private Insurance	11,024	36.4%
TOTAL	30,308	100.0%

Note: Clients include those with at least one medication dispense during the FY 2020–2021. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. **Source:** ADAP Enrollment System, December 24, 2024. [For more budget information](http://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or [Department of Finance](http://www.ebudget.ca.gov) at www.ebudget.ca.gov.

Figure 12. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2020–2021



Note: Clients include those with at least one medication dispense during the FY 2020–2021. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. **Source:** ADAP Enrollment System, December 24, 2024. [For more budget information](http://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or [Department of Finance](http://www.ebudget.ca.gov) at www.ebudget.ca.gov.

Table 15. Health Insurance Premium Clients, Payments, and Expenditures by Program, FY 2020–2021

Program	Clients	Payments	Median Annual Premium Amount, Per Client	Health Insurance Premium Expenditures
EB-HIPP	973	14,916	\$1,796	\$2,118,971
MDPP	2,214	31,980	\$460	\$3,182,701
OA-HIPP	8,570	129,328	\$6,700	\$64,162,929
TOTAL	11,276	176,224	---	\$69,464,600

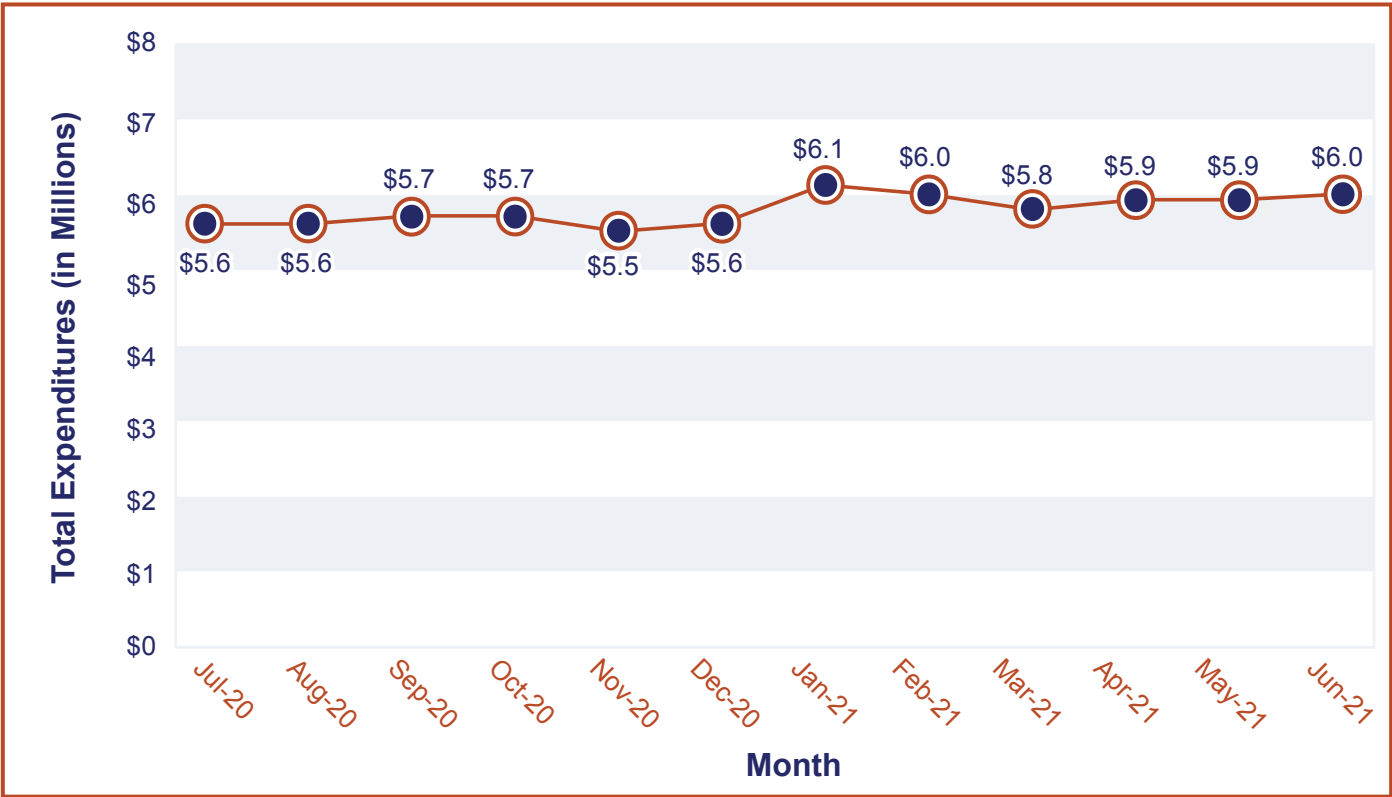
Note: Total clients are less than the sum of clients by program as some clients received both Employer-Based Health Insurance Premium Payment Program (EB-HIPP) or Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) and Medicare Part D Premium Payment Program (MDPP) health insurance premium benefits during the course of the fiscal year. Expenditures reflect payments and adjustments made during the fiscal year. **Source:** ADAP Enrollment System, December 24, 2024. [For more budget information](http://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or [Department of Finance](http://www.ebudget.ca.gov) at www.ebudget.ca.gov.

Table 16. California ADAP Health Insurance Premium Assistance Clients and Expenditures by Month, FY 2020–2021

Month	Number of Clients	Expenditures
July 2020	8,987	\$5,551,494
August 2020	9,110	\$5,645,024
September 2020	9,231	\$5,709,591
October 2020	9,163	\$5,658,482
November 2020	9,043	\$5,537,286
December 2020	9,001	\$5,559,470
January 2021	9,370	\$6,059,145
February 2021	9,402	\$6,037,406
March 2021	9,375	\$5,849,816
April 2021	9,464	\$5,920,726
May 2021	9,521	\$5,935,742
June 2021	9,567	\$6,000,418
TOTAL	11,276	\$69,464,600

Note: Month reflects the month in which the client's premium was paid by ADAP. The total does not equal the column sum of clients as clients may have received services for multiple months. Table reflects only claims submitted for the Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment Program (MDPP). Expenditures reflect payments and adjustments made during the fiscal year. **Source:** ADAP Enrollment System, December 24, 2024. [For more budget information](http://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or [Department of Finance](http://www.ebudget.ca.gov) at www.ebudget.ca.gov.

Figure 13. California ADAP Health Insurance Premium Expenditures by Month, FY 2020–2021



Note: Month reflects the month in which the client's premium was paid by ADAP. The Total does not equal the column sum of clients as some clients received services for multiple months. Table reflects only claims submitted for the Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment Program (MDPP). Expenditures reflect payments and adjustments made during the fiscal year. **Source:** ADAP Enrollment System, December 24, 2024. [For more budget information](http://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or [Department of Finance](http://www.ebudget.ca.gov) at www.ebudget.ca.gov.

Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2020–2021

Local Health Jurisdiction	Clients	Premium Expenditures
Alameda	695	\$3,770,833
Amador	<10	\$301
Butte	46	\$261,201
Colusa	<10	\$20,545
Contra Costa	145	\$685,470
El Dorado	16	\$42,575
Fresno	145	\$496,170
Glenn	<10	\$30,639
Humboldt	31	\$133,590
Imperial	<10	\$4,387
Kern	46	\$131,724
Kings	<10	\$13,223
Lake	14	\$29,007
Long Beach	88	\$648,567
Los Angeles	3,487	\$23,123,015
Madera	12	\$28,013
Marin	72	\$426,891
Mendocino	25	\$76,390
Merced	<10	\$38,372
Monterey	116	\$1,215,454
Napa	19	\$177,620
Nevada	34	\$141,015
Orange	823	\$5,354,868
Pasadena	42	\$214,013
Placer	<10	\$45,958

Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2020–2021 *(continued)*

Riverside	942	\$4,703,105
Sacramento	625	\$3,547,163
San Bernardino	133	\$570,516
San Diego	1,358	\$9,164,160
San Francisco	1,383	\$7,955,890
San Joaquin	33	\$169,395
San Luis Obispo	63	\$605,976
San Mateo	106	\$408,484
Santa Barbara	16	\$36,562
Santa Clara	341	\$1,588,260
Santa Cruz	28	\$150,308
Shasta	20	\$50,577
Siskiyou	<10	\$33,932
Solano	70	\$206,604
Sonoma	243	\$1,122,831
Stanislaus	57	\$124,495
Sutter	13	\$136,409
Tehama	<10	\$2,818
Trinity	<10	\$2,790
Tulare	43	\$322,329
Tuolumne	<10	\$213
Ventura	188	\$1,332,621
Yolo	12	\$64,650
Yuba	<10	\$54,672
TOTAL	11,276	\$69,464,600

Note: Only reflects claims submitted for Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment Program (MDPP). Expenditures reflect payments and adjustments made during the fiscal year. Allowing for small cell size suppression, the client total will not equal the column sum of clients. Additionally, some clients received services in multiple counties. For the purposes of this report, the City of Berkeley Public Health is grouped with Alameda County Public Health Department. The following LHJs did not serve clients in FY 2020–2021 and are not shown in the table: Calaveras, Del Norte, Inyo, Lassen, Mariposa, Mono, and Plumas. The counties reflect the county of the client's enrollment site, not necessarily the client's residential county. **Source:** ADAP Enrollment System, December 24, 2024. [For more budget information](http://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or [Department of Finance](http://www.ebudget.ca.gov) at www.ebudget.ca.gov.

Table 18. Medical Out-Of-Pocket (MOOP) Clients Served and Expenditures, FY 2020–2021

Clients Served	MOOPS Paid	Expenditures	Median Annual Claims per Client	Median Cost per Claim
5,194	36,403	\$1,723,256	4	\$103

Note: Table reflects MOOPs for Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment Program (MDPP). **Source:** ADAP Enrollment System, December 24, 2024. [For more budget information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

Appendices

Appendix A. Medication Prescription Dispenses and Expenditures: Measures of Central Tendency and Spread, FY 2020–2021

Category	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of Prescription Medications Dispensed	4	1	5	12	22	177
Medication Expenditures	\$6	\$2	\$364	\$3,792	\$20,420	\$353,957

Note: Number of clients included in analysis = 30,308; number of prescription medication dispenses included = 495,591. **Source:** ADAP Enrollment System, December 24, 2024

Appendix B. Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Premium Payment Program (MDPP) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2020–2021

Category	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of EB-HIPP, OA-HIPP, and MDPP Payments per client	12	1	11	13	24	54
EB-HIPP, OA-HIPP, and MDPP Expenditures per client	\$347	\$1	\$1,761	\$4,757	\$9,330	\$42,612

Note: Number of clients included in analysis = 11,276; number of prescription medication dispenses included = 176,224. **Source:** ADAP Enrollment System, December 24, 2024

Appendix C. Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Premium Payment Program (MDPP) Medical-Out-Of-Pocket (MOOPs) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2020–2021

Category	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of EB-HIPP, OA-HIPP, or MDPP MOOPs Claims per client	1	1	2	4	7	191
MOOPs Expenditures per client	\$15	\$0	\$40	\$103	\$288	\$11,526


Note: Number of clients included in analysis = 5,194; number of prescription medication dispenses included = 36,403.

Source: ADAP Enrollment System, December 24, 2024.

Appendix D. Summary of Statistical Measures and Definitions, FY 2020–2021

In some tables, the sum of the individual values as shown may add up to greater than the displayed total due to rounding.

Measure	Description
Mode	The most commonly or frequently occurring value in a data set.
Minimum	The lowest or smallest value in a data set.
25 th Percentile	When all observations in a data set are ordered from smallest to largest, the 25th percentile is the value at which 25% of the observations in the data set fall at or below.
Median (50 th Percentile)	When all observations in a data set are ordered from smallest to largest, the median is the value exactly in the middle. If there are an even number of observations, the median is the average of the two middle values. The median is also the 50th percentile - the value at which 50% of the observations in the data set fall at or below.
75 th Percentile	When all observations in a data set are ordered from smallest to largest, the 75th percentile is the value at which 75% of the observations in the data set fall at or below.
Maximum	The highest or largest value in a data set.
Mean	When all observations in a data set are summed together and divided by the total number of observations, this results in the mean value.
Standard Deviation (SD)	A measure of the amount of variation or spread in a data set. A small or low standard deviation means that observations in the data set tend to be close to the mean, and a high standard deviation means that observations in the data set tend to be more spread out across a wider range of values.



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