

Orange County

Ending the HIV Epidemic Summary

Centers for Disease Control and Prevention PS19-1906



Introduction

This plan describes Orange County's bold and innovative approach for ending the HIV epidemic in the county and was developed in collaboration with the California Department of Public Health (CDPH) as part of the Ending the HIV Epidemic: A Plan for America (EtHE) initiative funded through Centers for Disease Control and Prevention (CDC) PS-19-1906. HIV efforts in Orange County are led by the Orange County Health Care Agency (OCHCA), HIV Planning and Coordination Unit, in collaboration with the Orange County HIV Planning Council (HPC). In conjunction with community and clinical partners, the county has built a strong foundation of HIV prevention and care services. These services were based on the *2017-2021 County of Orange Integrated HIV Prevention and Care Plan*, which provides guidance to 1) reduce new HIV infections, 2) increase access to care and improve health outcomes for people living with HIV (PLWH), and 3) reduce HIV-related health disparities. The plan aligns with the CDPH's *Laying a Foundation for Getting to Zero* plan and the *National HIV/AIDS Strategy*. These baseline activities, and the infrastructure that supports them, are critical for reducing and ultimately eliminating new HIV infections and optimizing the health of PLWH in Orange County.

Current State of HIV in Orange County

In Orange County, there has been a 15 percent decrease in HIV incident infections between 2009 and 2018. Despite this success, health disparities have been magnified as the majority of HIV diagnoses have shifted from white men who have sex with men (MSM) to Latinx MSM and other MSM of color. Youth ages 13-24 are also disproportionately affected, and now represent 23 percent of new diagnoses. In addition, there is a need for better data on populations who are likely to be at increased risk for HIV, such as transgender women (especially transgender women of color), sex workers, and people experiencing homelessness. **Exhibit 1** below provides a summary of a few key features of Orange County's HIV epidemic in 2018. Of the 7,165 PLWH who were aware of their HIV status, 78% linked to care in 30 days or less and 59.4% achieved viral load suppression in six months or less.

Community Engagement

The COVID-19 response affected Orange County's ability to implement planned in-person community engagement activities for the 2020 PS-19-1906 accelerated planning year. Despite this, the county

Exhibit 1: Key Features of Orange County's HIV Epidemic (2018)



7,165
of people living with diagnosed HIV



286
of new HIV diagnoses



78
% linked to care \leq 30 days



59.4
% virally suppressed \leq 6 months

Exhibit 2: Key Considerations for Ending the HIV Epidemic in Orange County, From Community Engagement Processes



Social Determinants of Health such as stigma, undocumented status, and lack of access to quality HIV services pose barriers to ending the epidemic.



Mental Health Services are needed to support viral suppression, especially among people who are unhoused and people with substance use issues.



Secure Housing is needed to help people experiencing homelessness and housing insecurity meet basic needs and prioritize their health.



Substance Use services are urgently needed to support HIV prevention and care efforts, especially given rising rates of amphetamine use.

quickly adapted to virtual community engagement methods, including webinars with the Integrated Plan Committee, a subcommittee of the HPC and designated EtHE Steering Committee, to solicit input on the draft *EtHE* plan.

The information presented above in **Exhibit 2** highlights some prevailing issues and conditions for priority populations identified in initial community engagement activities. These findings provide early insights to structural barriers to HIV prevention and care services and a foundation for the development of impactful strategies and interventions.

New Voices

Based on HIV surveillance data, client surveys, previous assessments, and an evaluation of who is not currently participating in the HIV planning process, Orange County identified the following priority populations as **critical voices** who need to be included:

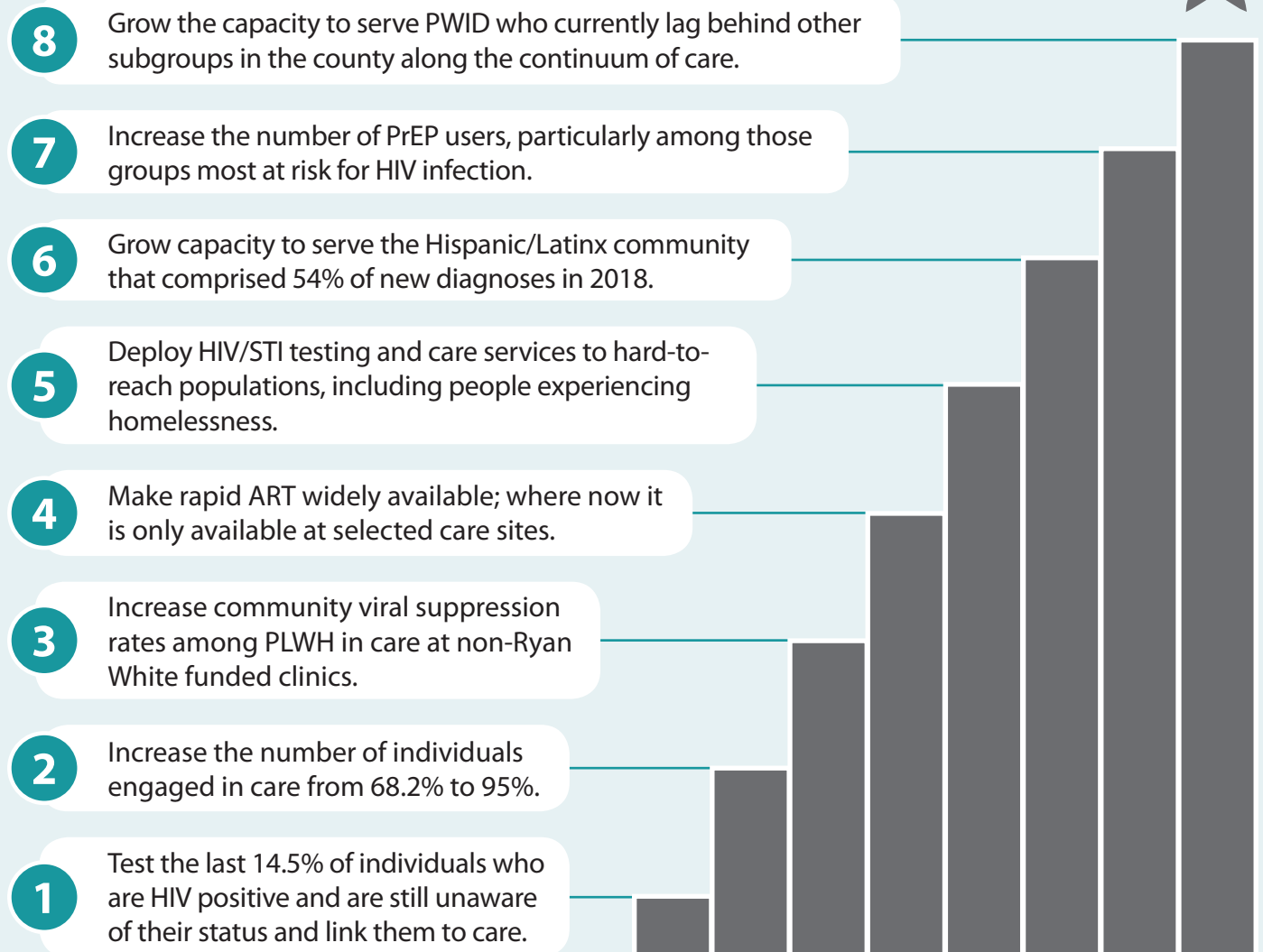
- **Black/African American (B/AA) and Latinx MSM.** B/AA MSM make up a disproportionate number of new HIV diagnoses in the county and have low rates of PrEP utilization. Latinx MSM make up the majority of new HIV diagnoses in the county and have low rates of PrEP utilization;

- **People Who Inject Drugs (PWID).** HIV transmission via injection drug use has increased in the county. This population has low rates of PrEP utilization;
- **Young people.** Among youth, individuals 19-25 years are disproportionately affected, representing a large proportion of new HIV diagnoses in the county;
- **Transgender community.** Community engagement input and programmatic information highlighted this group as a priority population;
- **PrEP eligible individuals.** PrEP expansion will build on OCHCA's past efforts; and
- **PLWH who are not virally suppressed.** An innovative effort will focus on PLWH who are not virally suppressed.

Situational Analysis

Orange County has identified barriers and service gaps that need to be addressed to reach EtHE goals. For example, there are populations that continue to be disproportionately affected by HIV including MSM and MSM/IDU, Latinx MSM and other MSM of color, and youth. Transgender women of color, sex workers, and incarcerated individuals are

Exhibit 3: High-level Summary of What is Needed to End the HIV Epidemic in Orange County



population groups for whom there are less data and less capacity to reach with current testing and prevention programs.

Exhibit 3 above depicts the steps that Orange County will take to end the HIV epidemic. A full situational analysis, including gaps and assets, can be found in the Orange County's *EtHE* plan.

Orange's Plan to End the HIV Epidemic

Orange County has identified nine new innovative efforts, summarized in **Exhibit 4** on page 4, that will help propel the work toward ending the HIV epidemic. These efforts will require collaboration

with existing and new partners to be successful. New activities are detailed in Orange County's *EtHE* plan and address all four *EtHE* pillars. *EtHE* activities will focus on the areas and populations experiencing high and disproportionate HIV burden, including people under the age of 30, people of color, and MSM. In addition to the listed activities, Orange County will work with key partners, including organizations serving MSM of color, the transgender community, youth, PWID, and those with technical expertise to develop and implement the proposed programs and services.

All interventions are funded through CDC 20-2010 unless otherwise specified.

Exhibit 4: Activities and Descriptions

(Other EtHE activities funded through non-CDC sources not listed)



DIAGNOSE



TREAT



PREVENT



RESPOND

1	<p>Testing Innovations. OCHCA will make HIV and/or STI testing more available to EtHE priority populations through multiple strategies including the Mail to Home Test Kit Pilot Program.</p>	✓	✓	✓	✓
2	<p>Mobile Testing, STI Care, and Referral Services for At-Risk Groups will provide mobile services to people who are unable to access services locations for testing, treatment, and referral services.</p>	✓	✓	✓	✓
3	<p>PrEP Navigation will expand HIV prevention activities to increase initiation of PrEP/PEP.</p>			✓	
4	<p>Health Summits for Gay Men and the Transgender Community will increase awareness of health issues and resources available for HIV testing and prevention.</p>	✓		✓	
5	<p>Health Education Videos in Multiple Languages will be developed to address the unique needs of priority populations.</p>		✓	✓	
6	<p>Trauma-Informed Prevention and Care Services for B/AA and Transgender Populations will identify barriers to care, inform service delivery, and build capacity within the county to provide culturally competent and trauma-informed care.</p>		✓	✓	
7	<p>The Viral Suppression Patient Incentive Program will incentivize PLWH to engage in HIV care, reach and maintain viral suppression, and use case management and partner services.</p>		✓		
8	<p>Community-Based Case Management Services. Case manager will be located at provider offices outside the Ryan White system of care who have a high volume of patients not virally suppressed.</p>		✓		
9	<p>Focus Groups with PLWH who are not virally suppressed will identify and engage individuals who are not virally suppressed to identify barriers to care and solutions to address these barriers.</p>		✓	✓	

Summary References

California Department of Public Health. *Orange County Epi Profile: Final 2018 Data*. California 2020.

California Department of Public Health. *Ending the HIV Epidemic: California Consortium for CDC PS19-1906*. California 2020.