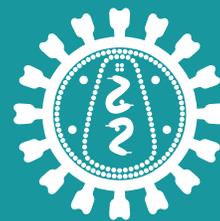


Riverside County

Ending the HIV Epidemic Summary

Centers for Disease Control and Prevention PS19-1906



Introduction

The *Ending the HIV Epidemic (EtHE)* plan lay out a bold and innovative blueprint that Riverside County will implement in order to end the HIV epidemic. These efforts will be led by The Riverside University Health System - Public Health (RUHS-PH), in collaboration with community and clinical partners. While existing HIV prevention, treatment, and care activities have been critical in reducing new HIV infections and optimizing the health of people living with HIV (PLWH), the county's approach must continue to grow and respond to the evolution of the HIV epidemic to be successful. This new plan will not replace activities that are already occurring or plans that have been implemented in the past. Instead, it uses current trends in HIV to guide the expansion and amplification of existing efforts. In order to accomplish this, the *EtHE* plan identifies eight new innovative strategies that will help propel us toward ending the epidemics, across all four "Pillars" of the *Federal Ending the HIV Epidemic Initiative: Diagnose, Treat, Prevent, and Respond*. These efforts will require close partnership with many stakeholders to be successful, as well as extensive input from the communities most affected by HIV.

Current State of HIV in Riverside County

Recent HIV prevention, care, and treatment efforts in Riverside have resulted in some success; the county has seen a modest 13% reduction in new HIV diagnoses from 298 in 2016 to 259 in 2018. While this success is heartening, it is evident that not all in the county have benefited equally from existing services; men who have sex with men (MSM), people under the age of 30, and people of color are all disproportionately affected by HIV. These disparities indicate that there is still significant work to be done to improve access to services and health outcomes. See **Exhibit 1** below.

Community Engagement

The county's *EtHE* plan was developed with the help of community partner engagement and endorsed by the Inland Empire HIV Planning Council. However, the COVID-19 response has affected Riverside County's ability to implement in-person outreach and face-to-face community engagement throughout the development of the plan. As a result of COVID-19, RUHS-PH adapted to virtual engagement methods, including Zoom-based presentations and discussions, online surveys, and virtual focus groups.

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



9,299

of people living with diagnosed HIV



259

of new HIV diagnoses



83

% linked to care \leq 30 days



65.6

% virally suppressed \leq 6 months

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



Social Determinants of Health, like structural inequality, discrimination, racism, microaggressions, and microinvalidations impact access to HIV-related services.



Mental Health Services are critically needed, yet lacking, especially among people who are unhoused, people who use substances, and PLWH.



Secure Housing and effective housing services are in short supply, and housing is impacted by chronic disease, mental health, and discrimination.



Substance Use services and harm reduction services are urgently needed, especially given local rates of opioid and methamphetamine use.

Selected Findings

The information presented above in **Exhibit 2** sheds light on some prevailing issues and conditions the priority populations sited in community engagement events. These findings provide early insights to structural barriers and provide a foundation for the development of impactful strategies and interventions.

New Voices

Based on HIV surveillance data, the experience of key stakeholders revealed in community engagement activities, and an assessment of who is not currently participating in the HIV planning process, RUHS-PH identified the following priority populations as **critical voices** which will be the focus of EtHE work:

- **Black/African American (B/AA) MSM.** B/AA MSM in Riverside County are disproportionately represented among new HIV diagnoses;
- **Hispanic/Latinx MSM.** Hispanic/Latinx MSM are disproportionately affected and there is a lack of culturally and linguistically competent services;
- **Underserved and rural residents of West, Mid and South County.** The majority of new diagnoses occur in West County, and all three geographic areas have limited access to health

care and other critical infrastructure and services. People of color and lower income individuals are overrepresented in these areas; and

- **Youth under 30.** The emerging HIV epidemic in Riverside county epidemic is among persons under age 30.

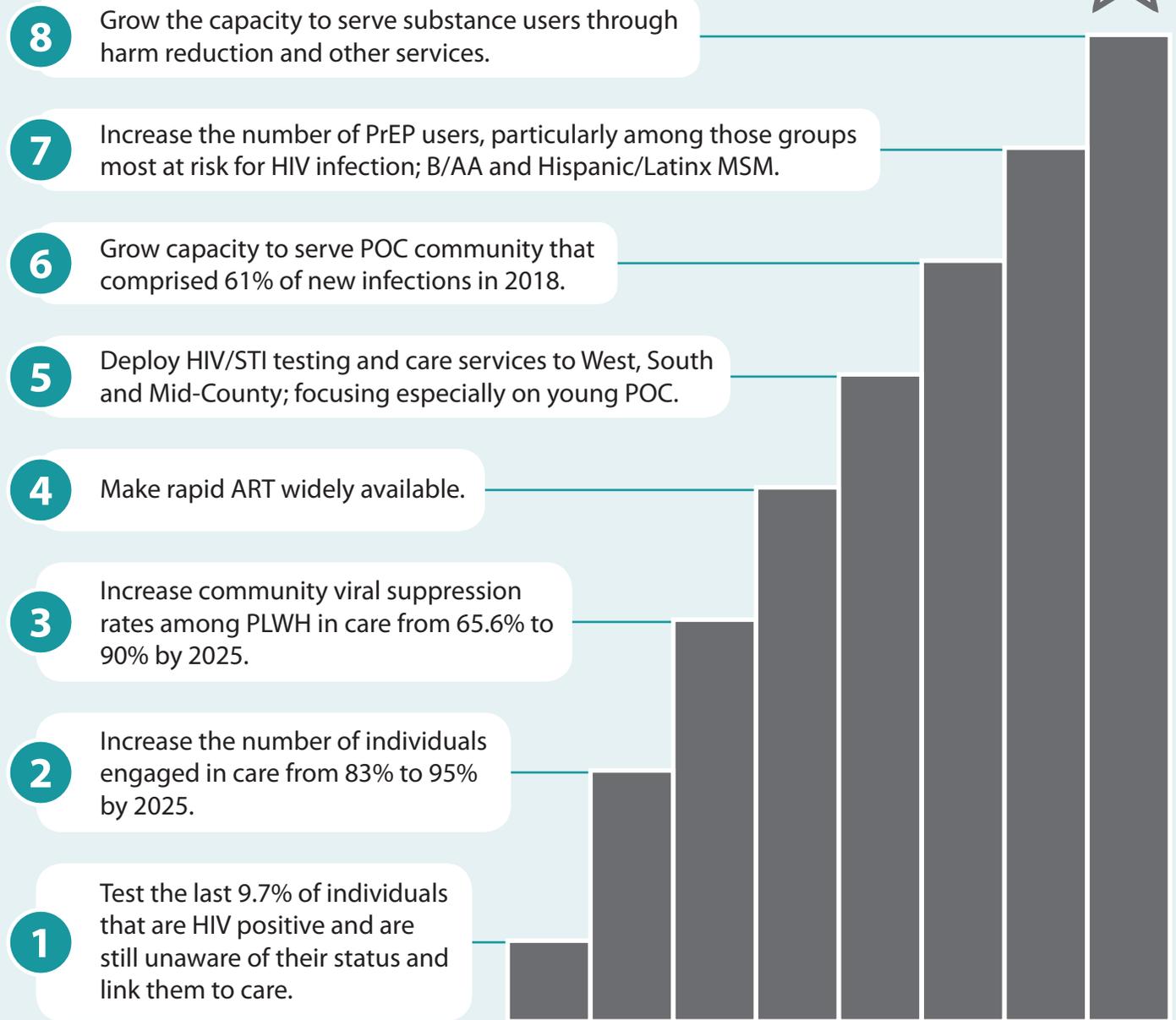
Situational Analysis

Riverside County has a number of challenges and gaps that will need to be addressed to reach EtHE goals. For example, current capacity is limited by the fact that there are only a handful of Community Based Organizations (CBOs) and clinical providers that provide HIV testing, prevention, and care. Services outside of East County are sparse. **Exhibit 3** on page 3 depicts the steps that Riverside County will need to take to end the HIV epidemic. A full situational analysis, including gaps and assets, can be found in the *EtHE* plan.

Riverside's Plan to End the HIV Epidemic

Riverside County has identified eight new innovative efforts, summarized in **Exhibit 4** on page 4, that will help propel us toward ending the HIV epidemic. These efforts will require close partnership with several existing as well as new partners to be successful. New activities are described in full detail in the *EtHE* plan, and will address all four EtHE pillars. EtHE activities will focus

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



on the regions and populations experiencing high and disproportionate HIV burden, including people under the age of 30, people of color, MSM and those living in West and South County.

In addition to the listed activities, Riverside County will also actively seek to increase the representation of PLWH, and lesbian, gay, bisexual, transgender, and queer (LGBTQ) people of color in the HIV workforce. Hiring community members with

lived expertise will expand culturally competent service provision, help reduce the stark economic disparities that contribute to HIV risk, and help to break down systemic racism and discrimination by demonstrating to community members with lived experience that they are both valued and needed in these efforts.

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

Exhibit 4: Activities and Descriptions



DIAGNOSE



TREAT



PREVENT



RESPOND

1	A New Testing Initiative for Young MSM of Color will work with community-based organizations who serve young MSM of color to offer HIV testing as well as linkage to care and PrEP.				
2	Home HIV Testing kits mailed to clients. In addition to home HIV testing, RUHS-PH staff will also provide linkage to care and prevention/PrEP referrals.				
3	The Sexual Health Provider Education and Incentive Program will improve offerings of routine HIV testing and PrEP referrals among local providers.				
4	Rapid StART Program will improve linkage to, retention in, and re-engagement in care by promoting rapid start of antiretroviral therapy and providing re-engagement support for clients living with HIV who are not virally suppressed.				
5	PrEP expansion through navigation and the CDPH OA PrEP-Assistance Program (AP) Communicable Disease Specialist staff will become PrEP navigators and the county will become a PrEP-AP site. Peer outreach and PrEP linkage services through community-based organizations will also be funded.				
6	HIV Network investigation and intervention will improve identification of HIV transmission networks by using surveillance data to identify people newly diagnosed with HIV and connecting with their partner contacts.				
7	CHIPTS EtHE CFAR project will support regional data coordination to guide scale-up of large implementation science projects designed to reduce new HIV infections across four Southern California counties. <i>Funded by CFAR</i>				
8	The California Regional Quality Group (CARG) will support the EtHE initiative by focusing on quality improvement initiatives for increasing viral suppression rates among populations with disparate viral suppression rates. <i>Funded by CARG</i>				

Summary References

California Department of Public Health. *Riverside 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.