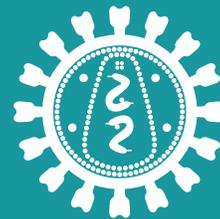


# Sacramento County

## Ending the HIV Epidemic Summary

Centers for Disease Control and Prevention PS19-1906



### Introduction

The *Ending the HIV Epidemic (EtHE)* plan describes Sacramento County's bold and innovative plan for ending the HIV epidemic in their community. These efforts are led by The Sacramento County Department of Health Services, Division of Public Health (SCPH). The County is part of the Sacramento Transitional Grant Area (TGA), which includes Sacramento county, as well as the rural counties of El Dorado and Placer. In collaboration with the HIV Health Services Planning Council, and community and clinical partners, SCPH has built a comprehensive continuum of high-quality HIV prevention, care, and treatment services in the County. These foundational services have evolved over time to address shifts in the epidemic. Sacramento County's *Zero New HIV Infections Together: 2016-2021 Strategic Plan* is aligned with the state's *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* and serves as the guiding framework for the County's HIV efforts. Sacramento County's baseline activities and the infrastructure that supports them are critical for reducing and ultimately eliminating new HIV infections, they are not sufficient—hence the need for the *EtHE* plan.

### Current State of HIV in Sacramento County

Sacramento's efforts to date have helped curb the HIV epidemic with the annual number of new HIV infections in the county decreasing by 15 percent (185 cases to 158 cases) between 2008 and 2018. However, Sacramento County still sees nearly 160 new HIV diagnoses per year (a rate of 10.3 per 100,000). Certain communities are disproportionately impacted, including men who have sex with men (MSM), people of color (especially people who are Black/African American [B/AA] or Latinx), transitional age youth (TAY) under 24, and other sub-groups of the aforementioned: substantial risk heterosexuals, substantial risk transgender people, and people who inject drugs (PWID).

### Community Engagement

The COVID-19 response has affected Sacramento County's ability to implement in-person outreach and face-to-face community engagement for most of the PS 19-1906 accelerated planning year. The County is continuing to adapt to virtual engagement methods, including Zoom-based

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



**4,403**  
# of people living with diagnosed HIV



**158**  
# of new HIV diagnoses



**78.5**  
% linked to care ≤ 30 days



**64.6**  
% virally suppressed ≤ 6 months

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



**Social Determinants of Health**, including HIV provider cultural competency and PrEP-related stigma, impact access to services.



**Mental Health Services** are critically needed, especially given COVID-19. However, availability and quality of services are insufficient.



**Secure Housing** is key in supporting health and well-being for people living with HIV (PLWH); continued efforts to support people who are unhoused are needed.



**Substance Use**, particularly stimulant and opioid use, is on the rise, with substance use treatment as a major unmet need.

presentations and discussions, online surveys, virtual focus groups, and telephone key informant interviews which will be methods of ongoing community engagement while implementing the *EtHE* plan.

### New Voices

In addition to deepening the partnerships within our current provider and community networks, Sacramento County will continue to place a special emphasis on including critical voices in the implementation of the *EtHE* plan. The County used an intentional data-driven process to identify affected populations not currently being reached effectively so they can focus on engaging these new voices. Based on HIV surveillance data and the experience of key stakeholders (e.g., the Sexual Health Promotion Unit of SCPH, the HIV Health Services Planning Council, service providers) and an assessment of who is not currently participating in the HIV planning process, the County identified four priority populations as **critical voices** that need to be included:

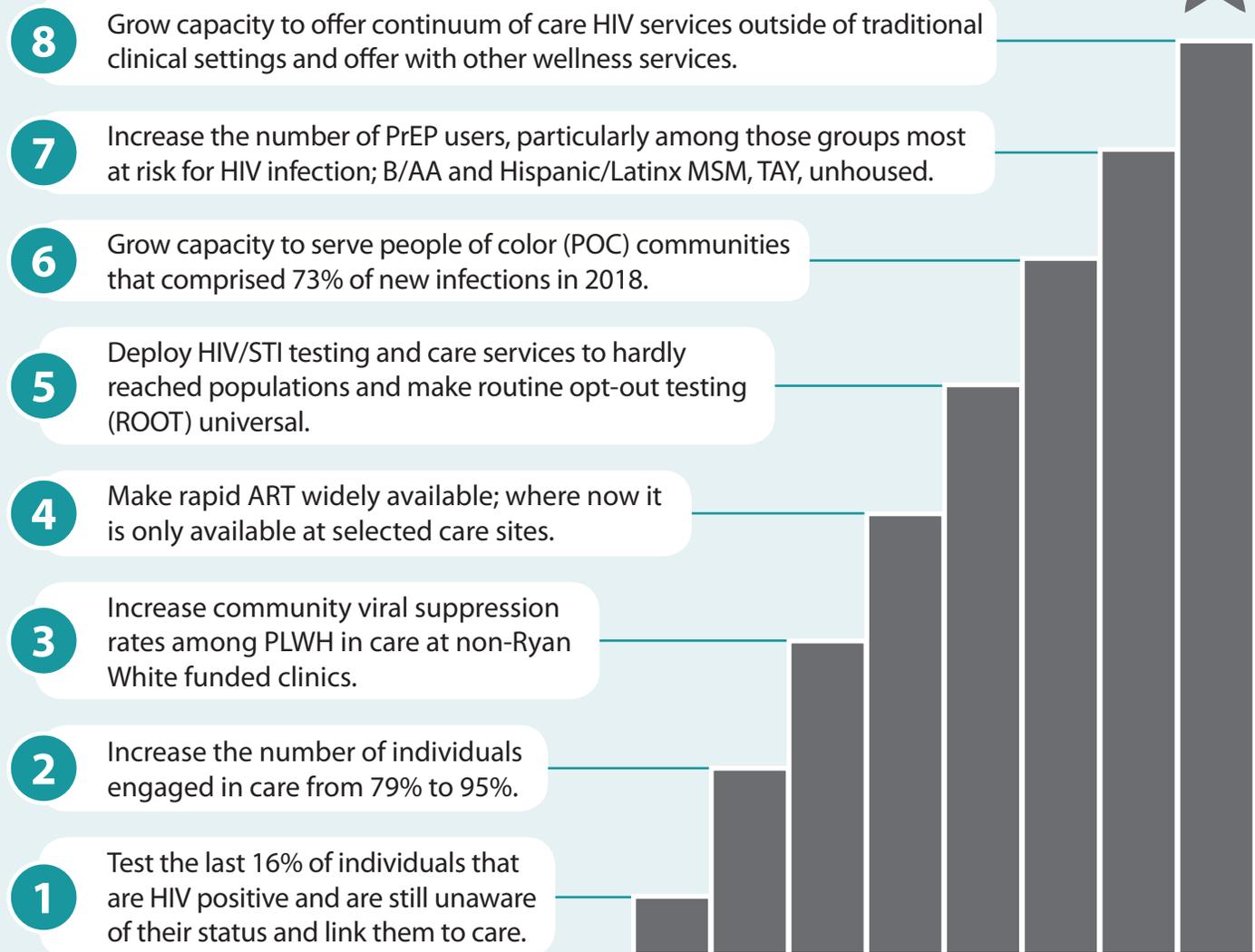
- **Youth 29 years old and younger**, including transitional age youth;

- **B/AA and Latinx MSM**;
- **People who are unhoused**; and
- **PrEP eligible individuals**.

### Situational Analysis

Sacramento County is a sprawling, racially diverse urban and suburban community that accounts for more than 90 percent of the HIV cases in the TGA. The TGA urban and rural areas reflect national trends and present the challenges for service delivery that are associated with both types of communities. Specialized HIV services are centrally located in Sacramento County and are used by residents from the whole TGA. A major challenge to ending the HIV epidemic in Sacramento County, as voiced at community engagement meetings, is barriers to access. In addition to concerns regarding healthcare access, these audiences face various social determinants of health variables which certainly play a role in their health outcomes. **Exhibit 3** on page 3 depicts the steps Sacramento 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.

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



### Sacramento’s Plan to End the HIV Epidemic

Sacramento County has identified nine 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 and new partners in order to be successful. New activities are described in full detail in the *EtHE* plan and address all four *EtHE* pillars. *EtHE* activities will focus on the regions 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, Sacramento 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 interventions.

Additionally, Sacramento County will make special efforts to build a workforce that mirrors the priority populations demographically, linguistically, and in lived experience in order to increase our capacity to reach these priority population.

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

## Exhibit 4: Activities and Descriptions



DIAGNOSE



TREAT



PREVENT



RESPOND

1	<p><b>Wellness Without Walls (W3).</b> Sacramento County Public Health (SCPH) will establish a mobile unit that directly delivers clinical services- including HIV, sexual health, and broader services (e.g., mental health and substance counseling)-to unhoused communities and transitional aged youth.</p>	✓	✓	✓	✓
2	<p><b>Comprehensive U=U Campaign.</b> SCPH will implement a U=U campaign to increase awareness and understanding that PLWH who achieve viral suppression are unable to transmit HIV.</p>		✓	✓	
3	<p><b>Establish a Highly Specialized HIV Care Clinic.</b> SCPH Clinic will expand access to HIV care and treatment for people living with HIV within the Sacramento County TGA and serving at least 125 patients annually.</p>		✓		
4	<p><b>Youth-Friendly Services.</b> SCPH will improve health outcomes for youth ages 13-24 by increasing access to high quality youth friendly sexual health services, lowering barriers to care, and creating a youth friendly environment for Sacramento County youth to receive HIV care.</p>		✓		
5	<p><b>Address SDoH That Create Barriers to Care.</b> SCPH will utilize partnerships with community-based agencies to address the complex medical and social needs of patients living with HIV in Sacramento County.</p>		✓		
6	<p><b>Scale up of Linkage and Retention Efforts.</b> SCPH will coordinate with community partners and providers to ensure all newly diagnosed individuals and their sexual/drug using partners are linked to HIV care.</p>		✓		
7	<p><b>Expand Surveillance-Based Partner Services Efforts to Identify and Link Partners.</b></p>		✓	✓	✓
8	<p><b>Project Empowerment.</b> The Sacramento LGBT Community Center will improve viral suppression among Black/AA, PLWH, and prevent HIV acquisition among Black/AA people who are particularly vulnerable to HIV. <i>Funded by State Prevention dollars</i></p>	✓	✓	✓	
9	<p><b>Adapting Connecting Resources for Urban Sexual Health for Racial and Ethnic Minority MSM (Adapting CRUSH-MSM).</b> <i>Funded by CFAR</i></p>	✓	✓	✓	

### Summary References

California Department of Public Health. *Sacramento 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.