

# San Diego County

## Ending the HIV Epidemic Summary

Centers for Disease Control and Prevention PS19-1906



### Introduction

This plan describes San Diego County's bold and innovative plan for ending the HIV epidemic. The County of San Diego, Health and Human Services Agency (HHSA) leads the HIV efforts in San Diego County in collaboration with the San Diego HIV Planning Group (HPG). In conjunction with community and clinical partners, the County of San Diego has built a strong foundation of HIV prevention, care, and treatment services even in the face of a multitude of complexities unique to the county. These baseline activities, and the infrastructure that supports them, are critical for reducing and ultimately eliminating new HIV infections and optimizing the health of people living with HIV, but they are not sufficient – hence the need for this *EtHE* plan. This *EtHE* plan does not replace the other plans; instead, it expands on them by describing the additional innovative efforts needed, based on the current state of HIV in the county. The County of San Diego *EtHE* plan describes 12 innovative efforts that will help propel the county toward ending the HIV epidemic, addressing the Federal Ending the HIV Epidemic Initiative pillars: Diagnose, Treat, Prevent and Respond.

### Current State of HIV in San Diego County

San Diego County has seen a 25 percent decrease in new HIV diagnoses in recent years, from 502 newly diagnosed residents in 2016 to 379 in 2018. The number of new diagnoses in 2018 was the lowest number of new diagnoses recorded annually since 1984—a major milestone for the county. In 2018, among those newly diagnosed with HIV, 83 percent were linked to care within 30 days and 61 percent were virally suppressed within six months of diagnosis. Despite these successes, there are still groups that are disproportionately affected by HIV. These include Black/African American (B/AA) men who have sex with men (MSM), Latinx MSM, the transgender community, and people who inject drugs (PWID). Racism, discrimination, trauma, stigma, and the historical impact of marginalization and inequity that create barriers to accessing services are common among all the aforementioned groups. Services to end the HIV epidemic must address these barriers. **Exhibit 1** below provides a summary of a few key features of San Diego County's HIV epidemic in 2018.

### Community Engagement

The county's *EtHE* plan was developed with the help of community and partner engagement

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



**13,688**  
# of people living with diagnosed HIV



**379**  
# of new HIV diagnoses



**83.1**  
% linked to care ≤ 30 days



**60.7**  
% virally suppressed ≤ 6 months

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



**Social Determinants of Health**, like structural inequality and discrimination – especially among people who are undocumented – hinder progress.



**Mental Health Services** that are culturally and linguistically appropriate are critically needed to support viral suppression.



**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 local rates of heroin, fentanyl, and methamphetamine use.

and endorsed by the HIV Planning Group (HPG). However, the COVID-19 pandemic and response has affected San Diego County's ability to implement in-person outreach and face-to-face community engagement for most of the months of the PS 19-1906 accelerated planning year. HHSA implemented and partnered with others to implement substantive community engagement activities before the onset of COVID-19 by tapping multiple sources of funding including HRSA 19-034. Those activities were leveraged for this planning process.

### Selected Findings

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

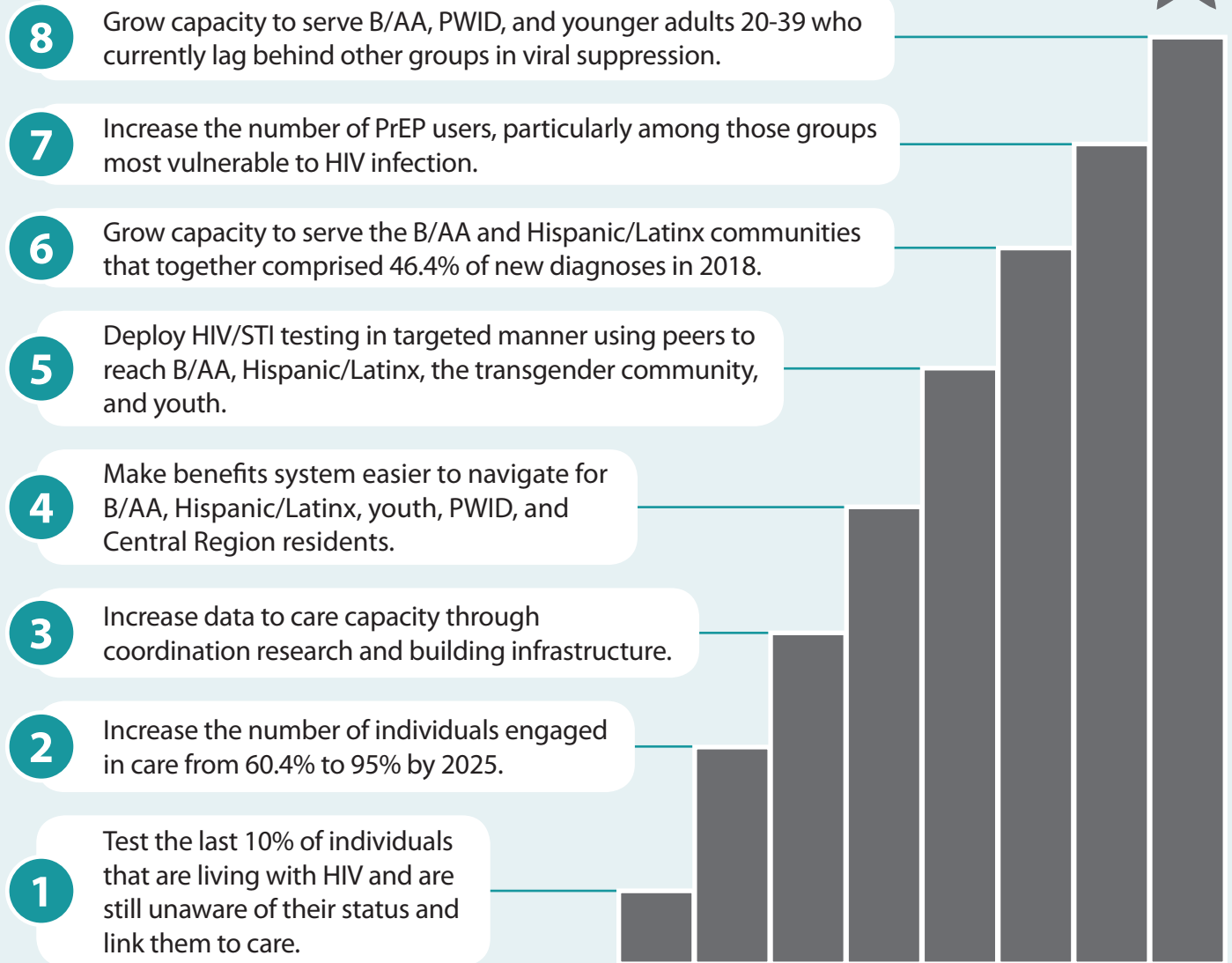
### New Voices

HHSA used an intentional data-driven process to identify affected populations not currently being reached effectively so they could focus on engaging these new voices. In addition, based on HIV surveillance data and the experience of key stakeholders and an assessment of who is not currently participating in the HIV planning process

and services, HHSA identified the following priority populations as **critical voices** that need to be the focus of EtHE work:

- **B/AA MSM.** B/AA MSM experience stark HIV health disparities, particularly regarding retention in care and viral suppression;
- **Latinx MSM.** Latinx MSM experience HIV health disparities, and are a large proportion of late HIV diagnoses;
- **Transgender community.** There is a lack of robust data for the transgender population and more must be done to gain an understanding of their current needs;
- **PWID.** PWIDs are a population that is hardly reached in the county and they are vulnerable to not only HIV infection, but also STIs and HCV;
- **Young people in their 20s and 30s.** Young adults make up a large proportion of new HIV diagnoses in the county, experience disparities in viral suppression and are not currently at the HIV planning table; and
- **Central Region residents.** Residents of the county's Central Region are statistically less likely to be linked to care or achieve viral suppression than other residents.

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



### Situational Analysis

**Exhibit 3** above summarizes what the county must do to reach EtHE goals. A full situational analysis by pillar including gaps and assets can be found in the *EtHE* plan.

### San Diego’s Plan to End the HIV Epidemic

The County of San Diego has identified 12 innovative efforts that will help propel the county toward ending the HIV epidemic. These efforts will require close partnership with existing as well as

new partners 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. In addition, community engagement efforts will be used to bolster the county’s HIV workforce by building economic opportunities for those most impacted by HIV and creating a pipeline of critical workers to help reach EtHE goals. See **Exhibit 4** on page 4.

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

## Exhibit 4: Activities and Descriptions



	DIAGNOSE	TREAT	PREVENT	RESPOND
<b>1</b> <b>Wrap Around Services for Persons who Inject Drugs</b> will provide comprehensive testing, status-neutral health care navigation for PrEP or ART, and linkage to treatment and mental health resources for PWID.				
<b>2</b> <b>Peer-based Mobile PrEP</b> will hire Black and Latinx MSM and transgender women and men to become PrEP champions for outreach efforts to mobile PrEP clinics that offer testing and linkages.				
<b>3</b> <b>Competitive Routine HIV Testing Grants</b> will be given to local community health centers and other non-profit health care providers to implement routine HIV testing in primary care, urgent care and emergency departments.				
<b>4</b> <b>Benefits Navigation</b> will employ trained benefits counselors who can help clients enroll in necessary benefits programs.				
<b>5</b> <b>The Getting to Zero App and Resource Guide</b> will provide information regarding medical and support services for persons living with or vulnerable to HIV as a mobile application and printed guide.				
<b>6</b> <b>Enhanced Support for HIV Planning Group</b> will provide additional staff support to the HPG to augment the group's ability to effectively plan for and evaluate HIV prevention efforts.				
<b>7</b> <b>Surveillance Program Improvements</b> will increase the ability of the County of San Diego's ability to detect and respond to HIV clusters.				
<b>8</b> <b>Intensifying Community engagement</b> activities, including community forums, education and outreach, and leadership training. <i>Funded by HRSA</i>				
<b>9</b> <b>Alternative HIV medical care</b> , to create options for persons who have not been retained in conventional forms of medical care. <i>Funded by HRSA</i>				
<b>10</b> <b>Molecular epidemiology</b> to interrupt high-transmission clusters of HIV, reduce new infections and ensure that persons living with undiagnosed HIV can be identified and linked to care and support services. <i>Funded by HRSA</i>				
<b>11</b> <b>TRANS(ending) the HIV Epidemic</b> will address HIV among transgender persons affected by sex work, violence, and substance use. <i>Funded by CFAR</i>				
<b>12</b> <b>CHIPTS EtHE project</b> will support regional work to reduce new HIV infections across California counties. <i>Funded by CFAR</i>				

### Summary References

California Department of Public Health. *San Diego 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.