

HIV 90-90-90 PLAN:

Addendum to 2015 White Paper
HIV Treatment & Prevention Strategy



JULY 2017



City of Los Angeles HIV 90-90-90 Strategy

- **HIV+ People in LA**
Approximately 28,000 people are diagnosed with HIV in the City of Los Angeles
- **ART Adherence**
Only 59% of persons living with an HIV diagnosis are virally suppressed.
- **Priority Groups**
Very few health providers offer Youth Focused HIV care, even though New HIV infections are increasing among youth.

Background

Over the past few years, medical advances in the areas of HIV/AIDS treatment and prevention have ushered in a new era. Today, a person living with HIV (PLWH) can achieve viral suppression by taking a one-a-day pill. A PLWH, who is virally suppressed, has up to 99% reduced capacity to transmit HIV.¹ Furthermore, people at the greatest risk of acquiring HIV can reduce their risk of HIV infection up to 89% with Pre-exposure prophylaxis (PrEP) – a one-a-day pill used in conjunction with condoms. These medical breakthroughs have emboldened cities like San Francisco, Washington, D.C., and Atlanta to set a goal to “end the HIV/AIDS epidemic.” This goal includes achieving zero (0) new infections, 0 HIV/AIDS related deaths, and 0 stigma.² The universal approach to achieve the “end of HIV/AIDS” was outlined by the UNAIDS 90-90-90 plan, and includes; (1) Identify 90 percent of undiagnosed PLWH, (2) Link and retain 90 percent of PLWH to health care and treatment, and (3) achieve viral suppression for 90 percent of PLWH.

The City of Los Angeles supports the UNAIDS 90-90-90 targets, and is positioned to collaborate with the County of Los Angeles in its efforts to “end HIV/AIDS.” The City has identified Youth as an underserved target for whom programs, services and training will be developed. The City’s Youth Focus will provide a more comprehensive and coordinated support network for people living with, and at a heightened risk for acquiring, HIV, especially Youth.

¹ They have less than 1% chance of transmitting HIV to someone else via any mode of transmission.

² Oakland, Baltimore, Providence, Miami, and Denver have goals to end HIV.

Strategy to “End HIV”

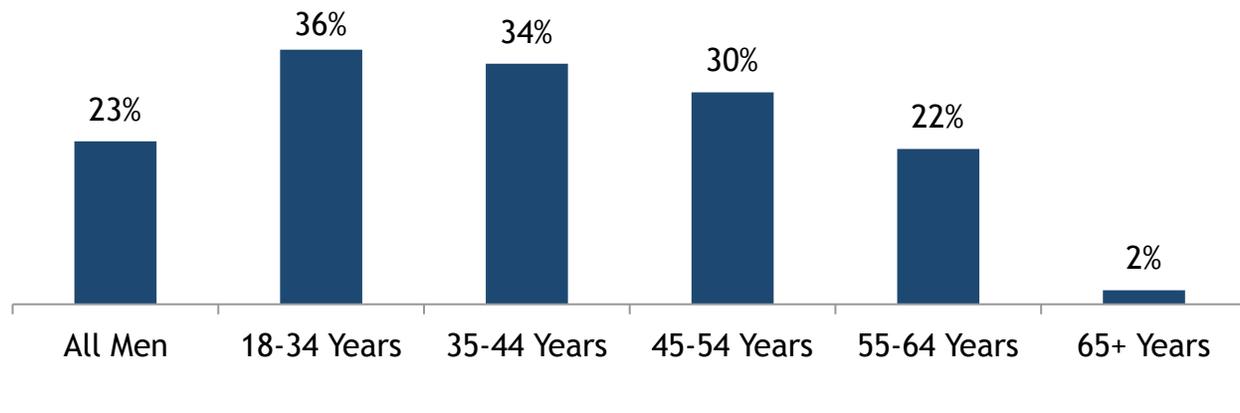
The City via the ACO is committed to reducing new infections, improving access to healthcare, reducing HIV disparities, and collaborating with the County and local service providers to provide a more comprehensive response to the local HIV/AIDS epidemic. This report outlines practical ways to implement and measure the four strategies of the 2015 white paper aimed at achieving the ACO’s goals: (1) Link high priority groups to health care; (2) Support adherence to antiretroviral therapy; (3) Expand routine opt-out HIV testing; and, (4) Hold forums for information dissemination and collaboration. This document is an addendum to the 2015 white paper, outlining the City’s Youth Focus. This report was generated with feedback from community stakeholders attending the 2016 World AIDS Day roundtable discussion hosted by the ACO. Roundtable participants included representatives from local AIDS Service Organizations, government health planners from the Department of Public Health and adjacent cities in the County, University based HIV research programs, members of the Los Angeles County Commission on HIV, individuals living with HIV, and community advocates. The goals and strategies outlined in the 2015 ACO white paper were the foundation for the roundtable discussion. The community endorsed the ACO’s goals and strategies, and offered feedback about implementation.

I. Link High Priority Groups to Health Care

Problem

Approximately 1,000 Angelenos are diagnosed with HIV every year. In the City of Los Angeles, 90% of people living with HIV are men, and 87% of new HIV diagnoses are among gay and bisexual men.³ Two promising tools to reduce new HIV infections are (1) support viral suppression among HIV positive people, and (2) initiate PrEP for HIV negative men at a heightened risk of HIV. Although promising, these prevention methods rely on men being engaged in health care, which requires some form of health insurance. However, men in age groups with the highest risk for HIV are the least likely to have health insurance. Figure 1 demonstrates this health insurance gap among men.

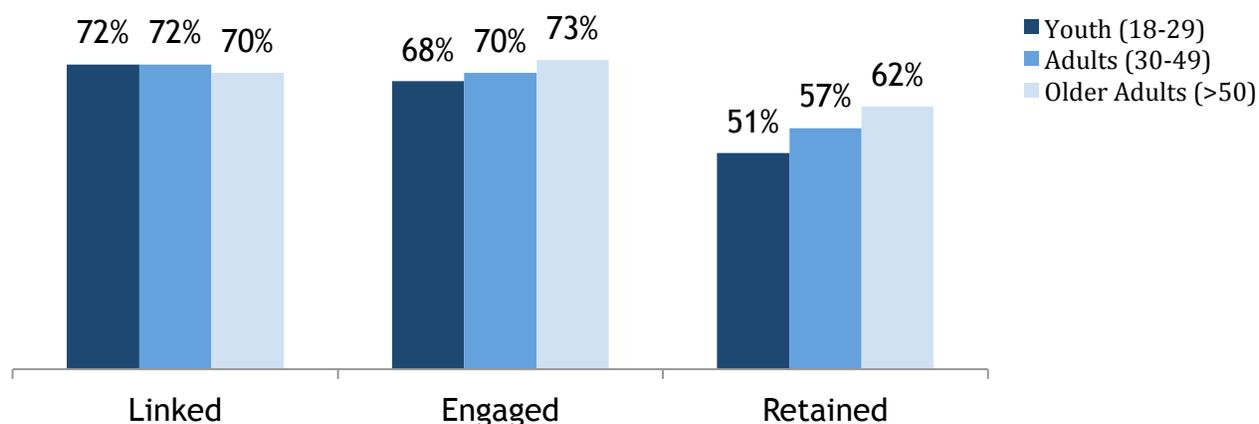
Figure 1: Percent of Men with No Health Insurance - City of Los Angeles, 2015



³ City of Los Angeles. 2015 White Paper. January, 2015. AIDS Coordinators Office.

The youngest men are the least likely to have health insurance and, when it comes to living with HIV, they are less likely to remain engaged and retained in care than the general population. Figure 2 highlights the HIV Care Continuum in Los Angeles County. It reveals that Youth are equally likely to be linked to a health provider; however, they are less likely to be engaged and retained in HIV care.

Figure 2: HIV Care Continuum by Age, County of Los Angeles 2014⁴



Recommendation

The ACO should support health navigation, especially among Youth, through research and training. This includes funding research to identify best practices for linking Youth to health insurance and health providers (health navigation); and, translating the research insight into training modules for health providers and navigation specialists.

Measures of Success

- Disseminate reports and presentations to the HIV Commission, social services agencies, and other community partners.
- Develop training modules in collaboration with community partners, and coordinate with the County and pharmaceutical companies to sponsor training.

2. Support adherence to antiretroviral therapy

Problem

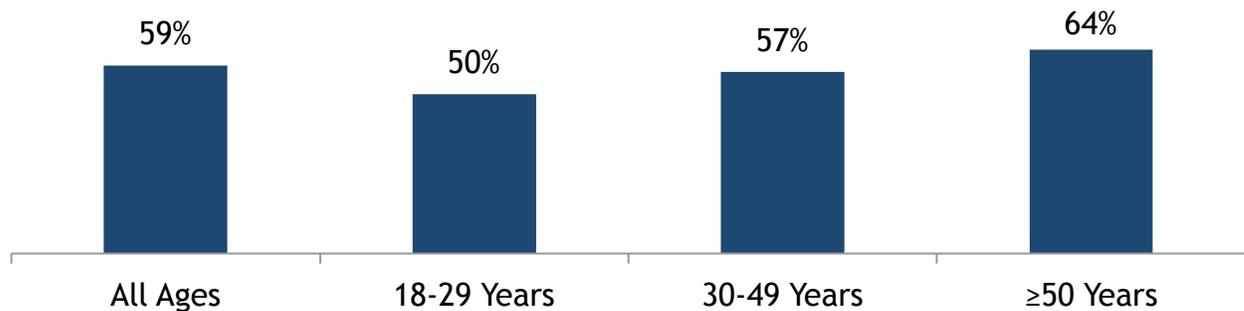
Recent studies indicate that viral suppression reduces the risk of HIV transmission up to 99% between serodiscordant couples.⁵ Among the 48,055 persons living with HIV in the

⁴ County of Los Angeles. 2014 Los Angeles County HIV Cascades and PLWH Estimate. May 2016; Division of HIV and STD Programs.

⁵ Rodger A, Bruun T, Cambiano V, et al. HIV transmission risk through condomless sex if HIV+ partner on suppressive ART: Partner Study. Abstract 153LB, CROI 2014, Boston, MA; March 3-6, 2014.

County, only 59% are virally suppressed. Although this is higher than the percentage of persons virally suppressed nationwide, which is approximately 30%, Los Angeles must do better to achieve the 90-90-90 goals. When looking at the figures, Youth fall below the average for viral suppression. Figure 3 shows only 50% of Youth are virally suppressed.

Figure 3: Persons Living with HIV Virally Suppressed



Youth face a variety of barriers to staying retained in care and adherent, including lack of transportation, a limited number of culturally competent providers, and difficulty with insurance navigation. A recent survey of community health clinics in the City revealed 22% of clinics offer primary care to PLWH and only 11% provide care for Youth living with HIV. The County recently developed Medical Care Coordination Teams to provide wraparound care services from nurses, social workers and caseworkers with the goal of supporting PLWH to remain adherent to their antiretroviral therapy and achieve viral suppression. However, these programs are not tailored to, or targeted toward, Youth.

Recommendation

The ACO should collaborate with service providers engaged in LGBT youth programs to development HIV adherence and engagement initiatives. The ACO should also consider exploring the Health Resources & Services Administration (HRSA) Special Projects of National Significance (SPNS) program to use Social Media to Improve Engagement, Retention and Health Outcomes for HIV positive youth.⁶

Measures of Success

- Identify and fund Technical Assistance Grants toward the development of Youth Focused HIV adherence and engagement programs.
- Collaborate with the County to promote the development of, and financial support for, an official Youth focused engagement program by the County.

⁶ <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/spns-social-media>

3. **Expand routine opt-out HIV testing**

Problem

According to the director of the Los Angeles County Division of HIV and STD Programs, approximately 12% of HIV positive people in the County are unaware of their status.⁷ A recent survey of Community Health Centers (CHC) in the City revealed that 89% offer routine opt-out HIV tests.⁸ This points to the possibility that people who are HIV positive unaware are not going to CHC for their care or are going to CHC but not being tested.

Recommendation

The ACO should continue to advocate for local hospital emergency departments to implement routine HIV and STD testing, especially the LA USC County Hospital. This effort may be best achieved by coordinating with the office of Councilmember José Huizar of the 14th City Council District. Concurrently, the ACO should reappropriate funding once earmarked for HIV test reimbursement toward other initiatives.

Measures of Success

- Initiate a series of conversations with the LA USC County Hospital, either with the use of the ACO staff or a consultant, funded with Technical Assistance Grants.
- Disseminate the 2016 Technical Assistance Grant report on implementing Routine Opt-Out HIV Testing via e-mail with a link to the ACO website for download.

4. **Hold forums for information dissemination**

Problem

The HIV treatment and prevention community comes together for planning and information dissemination at the HIV Commission meetings. However, HIV Commission meetings offer limited opportunities for information sharing and consensus building.

Recommendation

The ACO should continue to hold community forums for information dissemination and consensus building.

Measures of Success

- Schedule at least two meetings annually on pertinent treatment and prevention topics with a Youth Focus.

⁷ Mario Pérez, at New Strategies to End HIV retreat hosted by the University of Los Angeles Center for HIV Identification, Prevention and Treatment Services. May 8, 2017

⁸ Sample is from the Los Angeles County Community Health Clinic Association and contains 208 primary care clinics. A WAD participant noted a true routine HIV test clinic must have a prompt in the electronic medical record software for an HIV test.

Conclusion

The ACO *HIV 90-90-90* strategy received broad support from community stakeholders. By focusing on Youth, the ACO has an opportunity to complement the County Comprehensive HIV Plan. The ACO intends to focus on four key strategies (1) Link high priority groups to health care; (2) Expand routine opt-out HIV testing; (3) Support adherence to antiretroviral therapy; and, (4) Hold community forums for information dissemination.

The ACO will implement these strategies by sponsoring innovative research, technical assistance grants to support the program development, and political advocacy in collaboration with City Council members to expand youth focused programs to deliver HIV treatment, prevention and support. In addition, the ACO will continue to monitor and revise its goals to keep pace with and support the evolving Comprehensive HIV Plan.