

LA County Comprehensive HIV Plan

2022-2026

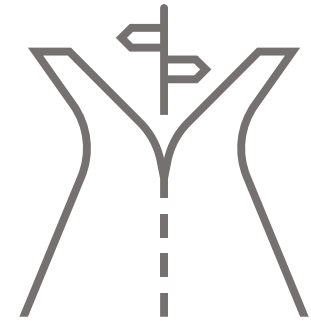


LOS ANGELES COUNTY
COMMISSION ON HIV



PURPOSE

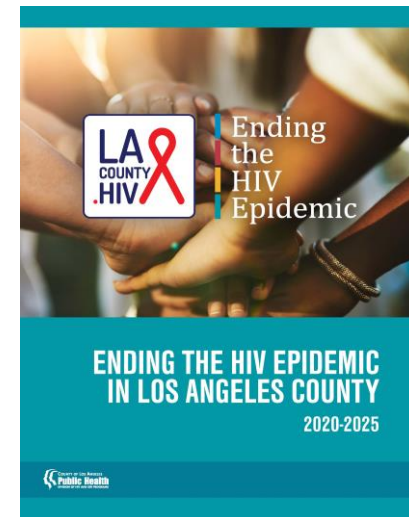
- Serves as a jurisdictional HIV/AIDS Strategy.
- Living document and roadmap to guide HIV prevention and care planning throughout the year.
- Addresses local needs and opportunities for improvement.
- Emphasizes collaboration and coordination.



Full document can be found at: <https://hiv.lacounty.gov/our-work/>

DESIGN

- Designed to reflect local HIV vision, values, needs and strengths.
- Aligns with:
 - California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs (2022-2026)
 - The National HIV/AIDS Strategy (2022-2025)
 - The Ending the HIV Epidemic Plan (EHE Plan) for Los Angeles County (2020-2025)



NEEDS ASSESSMENT


- Plan was developed using existing/previous assessments including the *Los Angeles County HIV/AIDS Strategy for 2020 and Beyond* (LACHAS) and the *Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025* (EHE Plan)
- HIV/STD Surveillance Data and reports
- Qualitative data from priority populations, community members and providers
 - Listening sessions
 - Online survey
 - Facilitated stakeholder meetings



SNAPSHOT: HIV IN LA COUNTY

- In 2020, there was an estimated 59,4008 PLWH aged 13 years and older in LAC. Also includes:
 - 1,401 who had been newly diagnosed (in 2020)
 - 6,800 persons who were unaware of their infection (undiagnosed)
- Of the approximately 52,000 people living with diagnosed HIV:
 - 87% were cisgender men, 11% were cisgender women and 2% were transgender persons
 - 46% were Latinx, 26% were White, 20% were Black/African American, 4% were Asian, 4% identify as multi-racial, and less than 1% were American Indian/Alaskan Native (AI/AN) and Native Hawaiian/Pacific Islander (NH/PI)

SNAPSHOT: HIV IN LA COUNTY

- Since 2011, the percentage of persons newly diagnosed with HIV who were unhoused has more than doubled from 4.2% to 9.4%. 
- In 2020:
 - Cisgender men made up most of the new HIV diagnoses in 2020
 - Among males, those aged 20-39 and Black/African Americans had the highest rates of new HIV diagnoses
 - Among females, those aged 30-39 and Black/African Americans had the highest rates of new HIV diagnoses
- The percentage of persons newly diagnosed with HIV who had one or more STDs in the same year nearly doubled from 25% in 2012 to 46% in 2021.

KEY PRIORITIES- identified during planning & community engagement process

- Embrace a status neutral approach
- Address social determinants of health, especially housing
- Address co-occurring disorders including STDs, mental health issues & meth use disorder
- Expand harm reduction services
- Address HIV-related disparities, particularly those experienced by Black/African Americans
- Increase health literacy among PLWH & people at risk for HIV
- Increase workforce capacity
- Meet the needs of PLWH ages 50 and older and/or long-term survivors
- Create more holistic services, especially for cisgender and transgender women
- Align funding streams and resources to ensure seamless access to high quality services

PRIORITY POPULATIONS

- Latinx men who have sex with men (MSM)
- Black/African American MSM
- Transgender persons



- Cisgender women of color
- People who inject drugs (PWID)
- People under the age of 30
- People living with HIV who are 50 years of age or older

Goal:

380 or less new HIV infections by 2025

150 or less new HIV infections by 2030



Diagnose



Treat



Prevent



Respond



Build HIV Workforce Capacity



System and Service Integration



**Equity, Social Determinants of Health &
Co-occurring Disorders**

DIAGNOSE



Diagnose all people with HIV as early as possible

- Expand routine opt-out HIV screening in healthcare and other settings, such as emergency departments (EDs) and community health centers (CHCs) in high prevalence communities.
- Develop locally tailored HIV testing programs in non-healthcare settings, including home/self-testing
- Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients.
- Increase timeliness of HIV diagnoses from point of infection by increasing access to testing and increasing awareness of risk

TREAT



Treat people with HIV rapidly & effectively to reach sustained viral suppression

- Ensure rapid linkage to HIV care and antiretroviral therapy (ART) initiation for all persons newly diagnosed with HIV.
- Support re-engagement & retention in HIV care and treatment adherence
- Expand the promotion of Ryan White Program services to increase awareness, access to, and utilization of available medical care and support services for PLWH
- Develop and fund a housing service portfolio that provides rental subsidies to prevent homelessness among PLWH
- Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH
- Increase capacity to provide whole-person care to people living with HIV (PLWH) age 50 & older and long-term survivors

PREVENT



Prevent new transmission by using proven interventions

- Accelerate efforts to increase PrEP use
- Finalize PrEP campaigns for Black/African American MSM, transwomen and cisgender women
- Increase availability, use and access to comprehensive Syringe Service Programs (SSPs) & other harm reduction services

RESPOND



Respond quickly to HIV outbreaks to get prevention & treatment services to people in need

- Refine processes, data systems, and policies for robust, real-time cluster detection, time- space analysis, and response
- Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner.
- Develop and release Data to Care RFP

WORKFORCE CAPACITY



Increase HIV workforce capacity to diagnose & treat PLWH, prevent new HIV infections and reduce HIV-related disparities

- Increase the diversity and capacity of the workforce that delivers HIV prevention, care and supportive services to optimally reflect and serve the populations most impacted by HIV
- Ensure that the workforce is adequately prepared to deliver high-quality services in a culturally responsive manner

SYSTEM & SERVICE INTEGRATION



Integrate systems and services to address the syndemic of HIV, STDs, viral hepatitis, and substance use/mental health disorders in the context of social and structural/institutional factors

- Increase cross-training and TA opportunities across fields/disciplines
- Leverage the [Alliance for Health Integration](#) initiative to integrate services within LA County publicly funded care systems

EQUITY, SOCIAL DETERMINANTS OF HEALTH AND CO-OCCURRING DISORDERS



Achieve health equity by addressing social determinants of health, stigma, & co-occurring disorders that fuel the HIV epidemic and HIV disparities

- Advocate for an effective countywide response to SUDs, especially methamphetamine disorder
- Advocate for an effective countywide response to the Sexually Transmitted Disease (STD) epidemic
- Address social determinants of health and stigma
- Identify root causes and directly call-out systematic racist practices that have adversely affected Black/African American communities
- Add Quality of Life (Q of L) Indicators for PLWH to the Integrated Plan by 2023

WHAT CAN I DO?

- Use the Comprehensive HIV Plan (CHP) as a planning tool within your agencies
- Adopt some of the goals, objectives, and strategies
- Engage in the local community planning process
- Assess strengths and capacities of your agency
- Advocate for local, state and federal policies and legislation that align with CHP goals and strategies
- Identify and recruit additional stakeholders, including non-traditional stakeholders
- Provide ongoing feedback



Contact Information

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