2014 County of Marin Fact Sheet: HIV/AIDS in Marin County



COMMUNITY EPIDEMIOLOG

HIV/AIDS epidemiology data is from the enhanced HIV/AIDS Reporting System (eHARS) maintained by the Office of AIDS. The data presented here are cumulative through December 31, 2013 and were generated from the 2014 2nd quarter Marin County dataset. Only people who were residents of Marin County at the time of HIV or AIDS diagnosis are included here, regardless of current residence.

Since the first Marin County AIDS case was reported in 1982, 1,348 people have been diagnosed with HIV or AIDS in the Marin community—568 of whom are still living (Table 1). At San Quentin State Prison (SQSP), 641 cases of HIV or AIDS have been identified. The vast majority of people diagnosed with HIV or AIDS at SQSP are no longer incarcerated there. For this reason, the demographic data presented after Table 1 exclude cases diagnosed at SQSP.

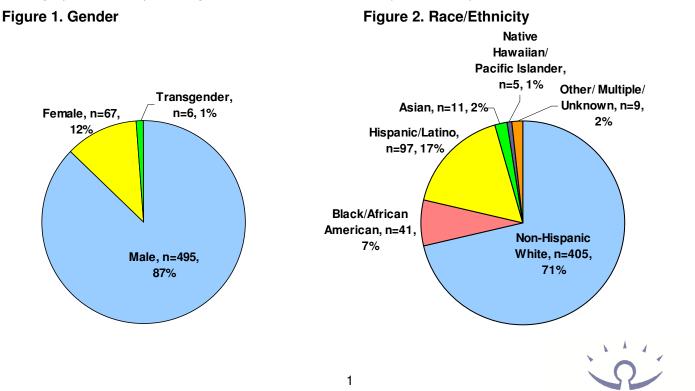
Table 1. All Reported Cases, 1982-2013						
	Total Reported [*]	Deaths [#]	Living Cases [†]			
Community						
AIDS	1139	763	376			
HIV, not AIDS	209	17	192			
San Quentin						
AIDS	555	307	248			
HIV, not AIDS	86	6	80			

* Does not include cases that were later found to be duplicates.

[#] Deaths from all causes

[†] Includes cases of unknown vital status.

Demographics of People Living with HIV/AIDS, Marin County Community Cases, n=568



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Demographics of People Living with HIV/AIDS, Marin County Community Cases, n=568, cont.

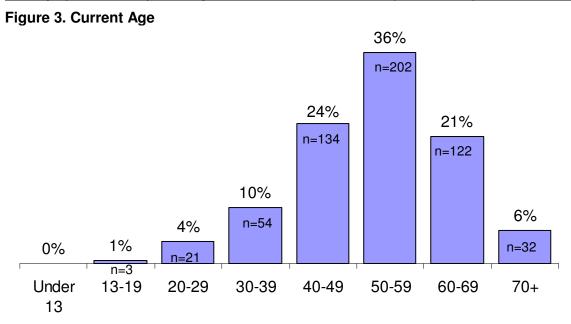
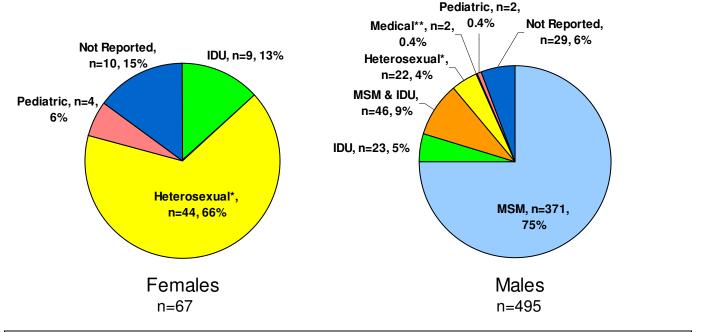


Figure 4. Transmission Category by Gender



Transgender, n=6: MSM, n=4, 66.7%; MSM & IDU, n=2, 33.3%

IDU= Injection Drug User MSM= Male-Male Sexual contact

* Heterosexual sex with an IDU, MSM, hemophiliac, transfusion or transplant recipient with documented HIV infection, or a person with AIDS or documented HIV infection with unspecified risk.

** Receipt of clotting factor, transfusion of blood or blood products, tissue or organ transplant, or artificial insemination.



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New Cases of HIV Infection in Marin County

Marin County averaged 17 new community HIV diagnoses per year during 2008-2013. Due to the fluctuation of relatively small numbers, the data have been group into two-year increments.

Table 2. Demographics of Marin County Residents Newly Diagnosed with HIV Infection in the Community, 2008-2013

	Year of HIV Diagnosis		2008-09		2010-11		2012-13		Combined	
Gender	Male	31	82%	37	90%	20	91%	88	87%	
	Female	7	18%	4	10%	2	9%	13	13%	
Race/Ethnicity	Non-Hispanic White	21	55%	21	51%	7	32%	49	49%	
	Hispanic/Latino	11	29%	14	34%	7	32%	32	32%	
	Black/African American	4	11%	4	10%	6	27%	14	14%	
	Asian	1	3%	1	2%	0	0%	2	2%	
	Native Hawaiian/Pacific Islander	0	0%	1	2%	1	5%	2	2%	
	Multiple races	1	3%	0	0%	1	5%	2	2%	
Age at	13-19	0	0%	1	2%	0	0%	1	1%	
Diagnosis	20-29	3	8%	10	24%	3	14%	16	16%	
	30-39	14	37%	16	39%	6	27%	36	36%	
	40-49	9	24%	6	15%	4	18%	19	19%	
	50-59	8	21%	4	10%	7	32%	19	19%	
	60+	4	11%	4	10%	2	9%	10	10%	
Transmission	Male-Male Sexual contact (MSM)	18	47%	28	68%	15	68%	61	60%	
Category	Injection Drug Use (IDU)	1	3%	2	5%	0	0%	3	3%	
	MSM & IDU	5	13%	3	7%	0	0%	8	8%	
	Heterosexual contact	5	13%	2	5%	0	0%	7	7%	
	No Identified/Reported Risk	9	24%	6	15%	7	32%	22	22%	
Late	No	20	53%	23	56%	15	68%	58	57%	
Testers*	Yes	18	47%	18	44%	7	32%	43	43%	
	Total	38	100%	41	100%	22	100%	101	100%	

* AIDS diagnosis within one year of HIV diagnosis

Trends & Observations

- The number of HIV diagnoses in the community in Marin County is decreasing. During 2008-2011, there were roughly 20 new diagnoses per year. 2012-13 averaged only 11 HIV diagnoses per year.
- New HIV diagnoses during 2008-2013 indicate that diagnoses for Latinos (32%) and African Americans (14%) are disproportionate to their composition of the Marin County population—15.5% and 2.6%, respectively, according to 2010 Census data.
- One in five new HIV diagnoses does not have a risk reported/identified. Often, no risk factors other than heterosexual sex are noted; however, partner risk/status is unknown—information required for the "heterosexual contact" designation.
- Almost half of people with new HIV diagnoses are still being diagnosed with AIDS within one year.



Community Input

Community input was gained through comments on the annual Countywide client satisfaction survey. This survey is sent to all ARIES Share clients who receive mail at home (n=179). This year we also offered the option of completing the survey online. The response rate was 55%. Additionally, the Care Council also sponsored a community forum attended by 19 consumers in May. Input about Ryan White-funded services was gathered at this event and in a survey completed at the conclusion of the event. The Care Council meetings are open to the public.

The Marin HIV/AIDS Care Council has been a functioning entity since 2004 and meets monthly. H&HS continues to support the Council by working closely with the Council to prioritize and allocate Ryan White resources. The Council has been working to increase membership and 2 new members and 1 returning member have joined in the last six months. Meeting minutes* and agendas are posted and downloadable from the County website:

http://www.co.marin.ca.us/depts/HH/main/hs/CARE/CAREcouncil.cfm

DEMOGRAPHIC MAKE-UP OF MARIN HIV/AIDS CARE COUNCIL THROUGH 8/2014				
Race	Number	%		
White not Hispanic	6	50%		
African American	3	25%		
Latino/Hispanic	1	8.3%		
Asian Pacific Islander	0	0%		
Am. Indian/Alaska Native	0	0%		
Other/Multiethnic/Unknown	2	16.7%		
Gender	Number	%		
Male	8	66.67%		
Female	3	25%		
Transgender	1	8.33%		
Age	Number	%		
13-24	0	0%		
25-49	3	25%		
50+	9	75%		
Decline	0	0%		
HIV Status	Number	%		
Positive	7	58.33%		
Negative	3	25%		
Undisclosed	2	16.67%		
Total Council Membership	12	100%		

*Due to recent staffing challenges, some minutes have yet to be finalized and posted on the website

Marin HIV/AIDS System of Care

Marin County Department of Health and Human Services, Division of Community Health, Policy and Prevention administers Ryan White funding in Marin.

There are relatively few providers of HIV specific services in Marin County, and currently there are only two non-profits receiving HIV funding and two county programs. Three of these service providers are located near central San Rafael, and one is in Mill Valley. These agencies service approximately 266 clients, 3.8% of the total EMA.

The HIV program continues to face decreasing funding for Ryan White. We received a 14.4% reduction in Part A for this year.

Marin County's 2015-2016 Prioritization and Allocation Process

The Marin HIV CARE Council held meetings in July and August to conduct prioritization and allocation for 15/16. The allocation meeting took place on August 13, 2014.

Preparation

The Council received data from the following sources for review:

- Demographics of HIV/AIDS in Marin County provided by Deborah Gallagher, Surveillance Coordinator for Marin County HIV/AIDS Services Program
- 2013/14 Ryan White services Satisfaction Survey results and
- 2013/14 Service Category Summary Sheets prepared by Chris Santini, Ph.D

Key Decisions

Seven of 9 members were present for the prioritization meeting and 10 of 11 members were present for the allocation meeting.

- In its July meeting, the Council made some changes in its prioritization rankings. Most significantly, outpatient/ambulatory care and mental health switched places as the first priority and third priorities. Home and community-based care dropped from 7th priority to 11th or last priority. Oral health care moved from 9th to 4th priority.
- Outpatient/ambulatory care is no longer funded by Part A. Care for undocumented clients is funded by Part B. Outpatient Substance Abuse Services are no longer funded as there are no current Ryan White eligible clients receiving methadone maintenance.
- The largest allocation reduction was in medical case management. The largest allocation increase was in health insurance premium and cost sharing assistance to help clients who have premiums, deductibles and co-pays associated with their insurance coverage through the Affordable Care Act.
- The 14/15 budget was not approved unanimously, but by the required 2/3 vote.
- The Council may revisit allocation decisions after receiving more data on the use of funds in the health insurance premium and cost sharing assistance category.

Marin Ryan W	Inite Part A	2015-16 A	liocation 08/1	13/14	
Service Category	Previous Priority	New Priority Rank	15/16 Part A Allocation	% of Total Award	15/16 Part B Award
CORE SERVICES					
Mental Health	3	1	\$70,000 15.0%		
Outpatient/Ambulatory Health Services	1	3			\$44,153
Oral Health Care	9	4			\$15,000
Medical Case Management	4	5	\$134,111 28.7%		
AIDS Pharmaceutical Assistance	6	7	\$15,000 3.2%		
Health Ins. Premium and Cost Sharing Assistance	Not ranked	8	60,795 13.0%		
Home and Community-Cased Care	7	11	\$38,000	8.1%	
SUPPORT SERVICES					
Non-medical Case Management	2	2	\$100,000 21.4%		
Emergency Financial Assistance	5	6	\$40,000 8.5%		
Food Vouchers	8	9			\$62,000
Medical Transportation	10	10	\$10,000 2.1%		
Core Services			\$317,906	67.9%	
Support Services			\$150,000	32.1%	
TOTALS			\$467,906	100%	\$121,153*

*Does not include a portion for administrative expenses

Marin County-Shifting Resources

Marin's allocation of Ryan White resources has changed to reflect the implementation of the Affordable Care Act and the return of Denti-Cal for adults as payer sources. As indicated in the table below, allocations for outpatient/ambulatory health care, mental health, substance abuse treatment, and oral health have decreased and funds have been shifted in part to the new category of Health Insurance Premium and Cost-sharing Assistance. We will continue to ensure that other payer sources are used when appropriate and clients are assisted in maintaining and utilizing their new health insurance coverage.

SERVICE CATEGORY			
CORE SERVICES	2012-2013	2013-2014	2014-2015
Outpatient/Ambulatory Health Services	\$150,000	\$129,704	\$10,912
Mental Health	\$92,000	\$80,325	\$60,000
Medical Case Management	\$148,000	\$132,668	\$156,467
Home and Community-based Care	\$45,500	\$38,237	\$38,000
Outpatient Substance Abuse Treatment	\$6,000	\$7,975	\$0
Oral Health Care	\$21,000	\$5,689	\$874
AIDS Pharmaceutical Assistance	\$10,000	\$12,000	\$12,000
Health Ins Premium and Cost Sharing	\$0		
Assistance		\$0	\$42,153
SUPPORT			
Non-medical case management	\$108,000	\$97,778	\$100,000
Emergency Financial Assistance	\$28,500	\$29,263	\$35,000
Food Vouchers	\$10,000	\$0	\$0
Medical Transportation	\$9,000	\$8,476	\$8,000
Residential Substance Abuse Treatment	\$2,000	\$0	\$0
Total*	\$635,033	\$546,427	\$467,906

*Table excludes a small portion of the total award for Council support