

# 2019 County of Marin Fact Sheet: HIV/AIDS in Marin County



Since the first Marin County AIDS case was reported in 1982, 1,455 people have been diagnosed with HIV infection in the Marin community—618 of whom are still living (Table 1). At San Quentin State Prison (SQSP), 661 cases of HIV infection have been identified. The vast majority of people diagnosed with HIV at SQSP are no longer incarcerated there. For this reason, the demographic data presented after Table 1 do not include cases diagnosed at SQSP.

Please note: HIV/AIDS epidemiology data are from the enhanced HIV/AIDS Reporting System (eHARS) maintained by the Office of AIDS. The data presented here are cumulative through December 31, 2018 and were generated from the 2019 1<sup>st</sup> quarter Marin County dataset. Tables 1 & 3 and Figure 4 only include people who were residents of Marin County at the time of HIV diagnosis. Table 2 and Figures 1-3 describe people who have Marin County as their current residence.

**Table 1. All Reported Cases of HIV infection (including AIDS), diagnosed 1981-2018**

	Total Reported*	Deaths <sup>#</sup>	Living Cases <sup>†</sup>
San Quentin	661	365	296
Community	1455	837	618
Combined	2116	1202	914

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

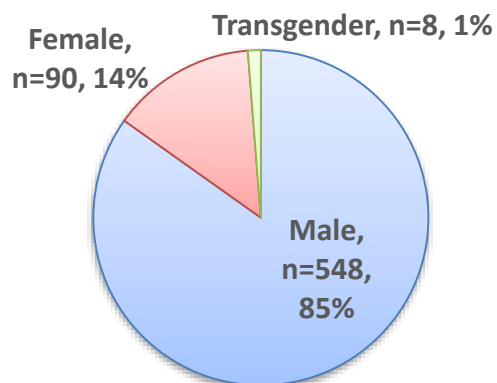
# Deaths from all causes

† Includes cases of unknown vital status

**Demographics of People Living with HIV Infection as of December 31, 2018, with a Current Residence in Marin County (Community only), n=646**

Six hundred forty-six people living with HIV infection have a current residence in Marin County as of the end of 2018. Of these people, 85% are male (Figure 1) and over half are currently age 55 or older (Figure 2). Table 2 provides a look at race/ethnicity and a breakdown by transmission category.

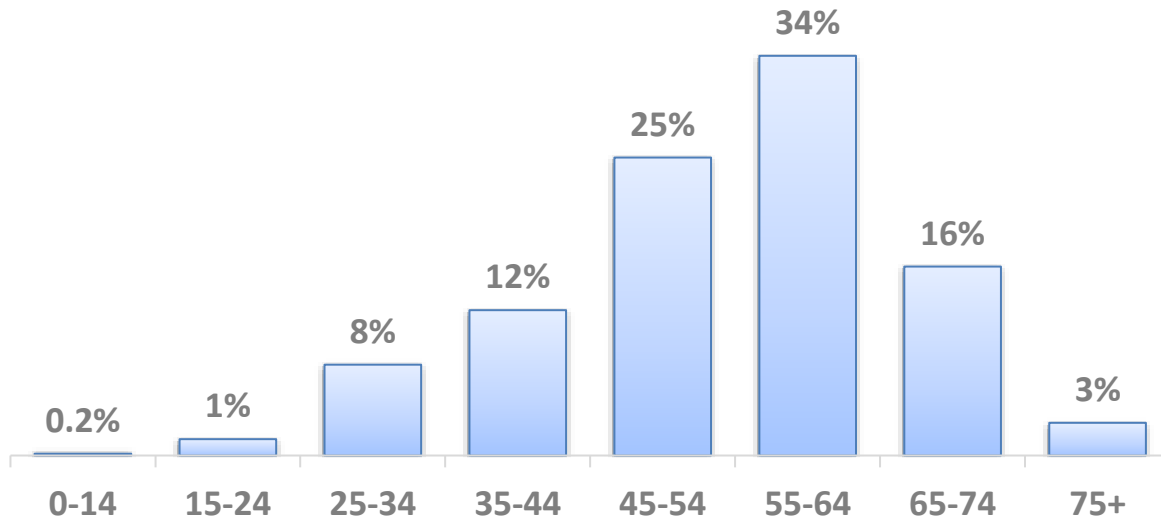
**Figure 1. Gender of People Living with HIV**



# 2019 County of Marin Fact Sheet: HIV/AIDS in Marin County



**Figure 2. Current Age in Years of People Living with HIV Infection**



**Table 2. Race/Ethnicity and Transmission Category of People Living with HIV Infection**

Race/Ethnicity	Non-Hispanic White	411	64%
	Hispanic/Latino	148	23%
	African American/Black	51	8%
	Asian	15	2%
	Native Hawaiian/Pacific Islander & American Indian/Alaskan Native	4	1%
	Multiple races	17	3%
Transmission Category	Male-Male Sexual Contact (MSM)	426	66%
	MSM & IDU	38	6%
	Injection Drug Use (IDU)	48	7%
	High-Risk Heterosexual Contact*	72	11%
	Heterosexual Contact	46	7%
	Medical** or Perinatal	5	1%
	Risk Unknown/Not Reported	11	2%
Total	646	100%	

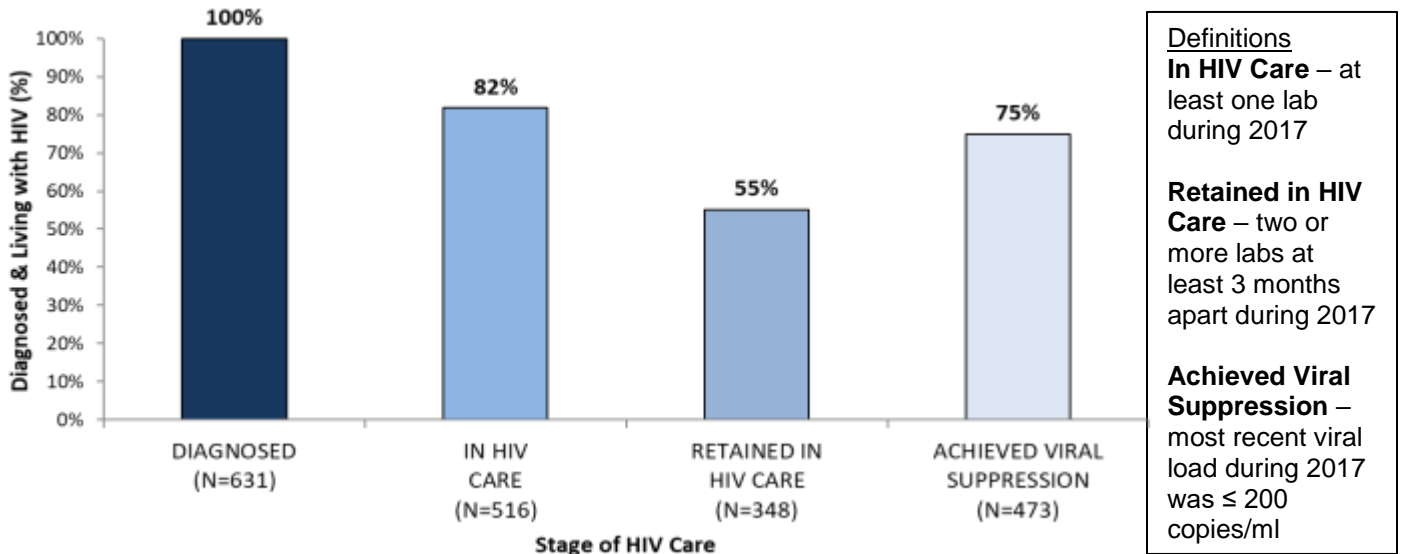
\* Heterosexual sex with an injection drug user, a male who has had sex with a male, a hemophiliac, a transfusion or transplant recipient with documented HIV infection, or a person with AIDS or documented HIV infection with unspecified risk.

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

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**Figure 3. Continuum of HIV Care\*, Marin County Residents#, Diagnosed & Living with HIV, 2017**



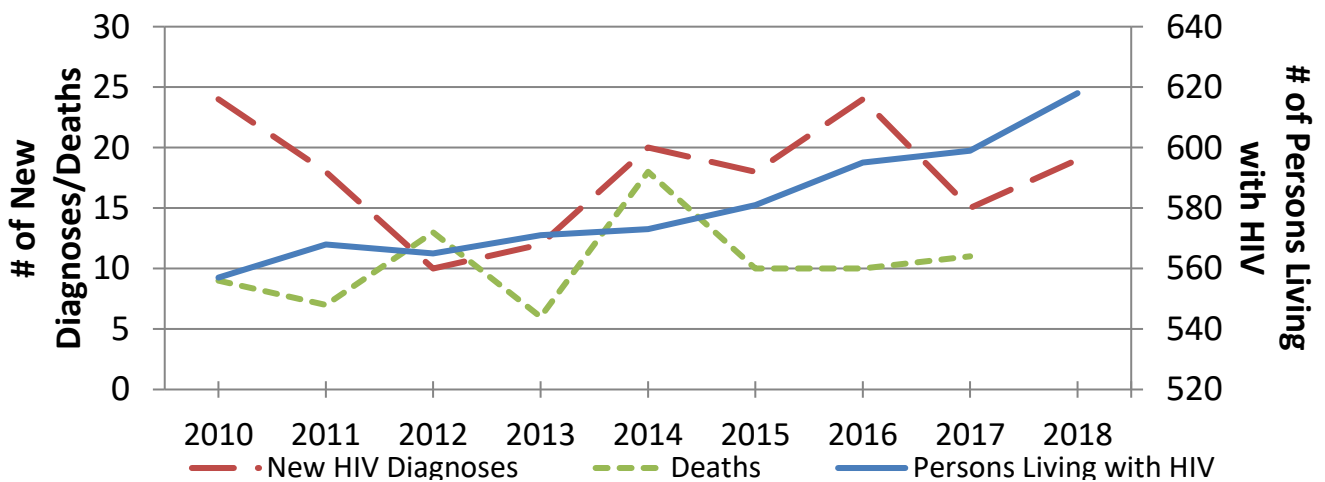
\* Data provided by Office of AIDS

# Residency based on 2017 year-end address; addresses in San Quentin, CA excluded as a proxy for SQSP

## New Cases of HIV Infection in Marin County

Over the past nine years, Marin County averaged 18 new community HIV infection diagnoses per year. From 2010 to 2017, there was an average of 11 deaths per year among people with HIV infection. The number of living persons who were community residents of Marin County at the time of HIV diagnosis increased to 618 by the end of 2018. Due to the fluctuation of relatively small annual numbers, incidence data presented after Figure 4 have been grouped into 3-year increments.

**Figure 4. New HIV Diagnoses, Deaths\*, and Persons Living with HIV, Marin County, 2010-2018 (Community residents at diagnosis)**



\*From all causes among persons with HIV infection



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**Table 3. Marin County Residents Newly Diagnosed with HIV Infection in the Community**

Characteristics		Year of HIV Diagnosis		2010-12		2013-15		2016-18		Combined	
Gender	Male	45	87%	42	84%	45	78%	132	82%		
	Female	7	13%	8	16%	13	22%	28	18%		
	Transgender	0	-	0	-	0	-	0	-		
Age at Diagnosis	0-14	0	-	0	-	1	2%	1	1%		
	15-24	9	17%	9	18%	7	12%	25	16%		
	25-39	23	44%	16	32%	27	47%	66	41%		
	40-54	12	23%	15	30%	14	24%	41	26%		
	55+	8	15%	10	20%	9	16%	27	17%		
Race/Ethnicity	Non-Hispanic White	24	46%	16	32%	24	41%	64	39%		
	Hispanic/Latino	19	37%	18	36%	23	40%	60	38%		
	African American/Black	7	13%	8	16%	6	10%	21	13%		
	Other/Multiple	2	4%	8	16%	5	9%	15	10%		
Transmission Category	Male-Male Sexual Contact (MSM)	35	67%	25	50%	33	57%	93	58%		
	MSM & IDU	3	6%	1	2%	2	3%	6	4%		
	Injection Drug Use (IDU)	2	4%	2	4%	5	9%	9	6%		
	High-Risk Heterosexual Contact*	3	6%	5	10%	6	10%	14	9%		
	Heterosexual Contact	8	15%	16	32%	11	19%	35	22%		
	Unknown/Not Reported	1	2%	1	2%	1	2%	3	2%		
Total		52	100%	50	100%	58	100%	160	100%		

\* Heterosexual sex with an injection drug user, a male who has had sex with a male, a hemophiliac, a transfusion or transplant recipient with documented HIV infection, or a person with AIDS or documented HIV infection with unspecified risk.

## **Observations**

- There has been an increase of new HIV diagnoses among females in recent years.
- One of every 6 new HIV diagnoses occurred in adolescents/young adults aged 15-24.
- Roughly the same number of Latinos and Non-Hispanic whites were diagnosed with HIV even though the Latino population in Marin County is about one quarter the size of the white population.
- Despite a decrease in recent years, male-male sexual contact remains the most common risk factor.
- Ten percent of people newly diagnosed with HIV report injection drug use as a risk factor.
- Heterosexual contact is a relatively new transmission category that captures people whose only risk was heterosexual sex and did not know their partner's risk/status (required for the high-risk hetero category). Previously these individuals ended up in the unknown category.



## 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=176), and clients are provided the option of completing the survey either by paper or online. The response rate was 46%. Additionally, the Care Council sponsored a community forum in November 2018 for individuals to learn about updates from The Spahr Center and client satisfaction survey results, and to participate in a prioritization and community input exercise. In addition, following the community forum was a World AIDS Day event. The Care Council is also planning another community forum for November 2019.

The Marin HIV/AIDS Care Council has been a functioning entity since 2004 and meets nearly 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 community and HIV service provider membership. The Care Council meetings are open to the public. 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>

**Table 4. Demographic Composition of Marin HIV/AIDS Care Council through September 2019**

		Number	%
Race/Ethnicity	Non-Hispanic White	5	56%
	Hispanic/Latino	3	33%
	African American/Black	1	11%
	Asian	0	0%
	Native Hawaiian/Pacific Islander	0	0%
	American Indian/Alaska Native	0	0%
	Multiple races	0	0%
	Other/Unknown	0	0%
Gender	Male	5	56%
	Female	4	44%
	Transgender	0	0%
Age	13-24	0	0%
	25-49	0	0%
	50+	7	78%
	Decline	2	22%
HIV Status	Positive	6	67%
	Negative	3	33%
	Undisclosed	0	0%
<b>Total Council Membership</b>		<b>9</b>	<b>100%</b>

## **Marin County's 2020-2021 Prioritization and Allocation Process**

The Marin HIV/AIDS Care Council held meetings in July to conduct prioritization and allocation for 2020-2021. The allocation meeting took place on July 24, 2019.

### ***Preparation***

The Council received data from the following sources for review:

- 2018/19 Ryan White Annual Client Satisfaction Survey results
- 2018/19 Service Category Summary Sheets
- 2018 HIV/AIDS surveillance and epidemiology data in Marin County provided by Deborah Gallagher, HIV/AIDS Surveillance Epidemiologist for Marin County
- 2018/19 EMA ARIES data provided by Maria Lacayo and Flor Roman, HIV Health Services, San Francisco Department of Public Health

### ***Key Decisions***

All but two members were present for the prioritization and allocation meeting.

- In its July meeting, the Council made some minor changes in its prioritization rankings. Most of the service categories moved up or down one ranking; a few moved up or down two rankings; and some stayed the same.
- There were very little changes to the allocations from the previous year. Marin has been very fortunate to receive additional Part B funds and supplemental Part B funds from the State for the 3<sup>rd</sup> year in a row which has helped mitigate cuts for HIV prevention funds to Marin.
- The Council has continued to support and recommend expansion of food and housing services through food vouchers, food bank activities, emergency housing payments, and support groups.
- The 2012/21 budget was approved unanimously.

**Marin Ryan White Part A 2020/21 Allocation (07/24/19)**

<b>Service Category</b>	<b>Previous Priority</b>	<b>New Priority Rank</b>	<b>20/21 Part A Allocation</b>	<b>% of Total Award</b>	<b>20/21 Part B Award</b>
<b>CORE SERVICES</b>					
Mental Health	1	2	\$72,000	13.3%	
Medical Case Management	3	3	\$103,000	19.1%	\$59,180
Health Insurance Premium and Cost-Sharing Assistance	4	5	\$46,000	8.5%	
Oral Health Care	5	4			\$19,350
Outpatient/Ambulatory Health Services	6	6			\$22,550
Medical Nutrition Therapy	Not ranked	12			
<b>SUPPORT SERVICES</b>					
Non-Medical Case Management	2	1	\$118,000	21.9%	
Food Bank/Home-Delivered Meals	7	7	\$100,491	18.6%	\$5,090
Emergency Financial Assistance	8	8	\$42,000	7.8%	
Housing <sup>1</sup>	10	9	\$17,000	3.2%	
Medical Transportation	11	10	\$18,000	3.3%	
Psychosocial Support Services	9	11	\$22,000	4.1%	
Early Intervention Services <sup>1</sup>	Not ranked	Not Ranked			\$55,000
<b>Core Services</b>			<b>\$221,000</b>	<b>41%</b>	
<b>Support Services</b>			<b>\$318,491</b>	<b>59%</b>	
<b>TOTALS<sup>2</sup></b>			<b>\$539,491</b>	<b>100%</b>	<b>\$161,170<sup>3</sup></b>

<sup>1</sup> Service category added in 2016/17

<sup>2</sup> Table excludes a small portion of the total award for Council support

<sup>3</sup> 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 and Oral Health Care have decreased, and funds have shifted in part to support services not covered by other payer sources such as Non-Medical Case Management, Emergency Financial Assistance, and Medical Transportation. 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.

### New Provider of Oral Health, Primary Care and Medical Case Management

Marin HHS transferred outpatient oral health and infectious disease clinical services to the largest Federally Qualified Health Center in Marin, Marin Community Clinics (MCC). This transition occurred over several months with the provision of HIV care beginning in January 2018. Funds formerly used to support Oral Health Services, Outpatient/Ambulatory Healthcare, and Medical Case Management are now directed to MCC. MCC has enrolled 159 patients thus far seeking medical and/or oral healthcare.

### Ryan White Part A Funding Allocation, 2016/17 through 2019/20

Service Category	2016-2017	2017-2018	2018-2019	2019-2020
<b>CORE SERVICES</b>				
Outpatient/Ambulatory Health Services*	\$0	\$0	\$0	\$0
Mental Health	\$90,600	\$85,000	\$85,000	\$72,000
Medical Case Management	\$156,200	\$153,000	\$93,000	\$103,000**
Oral Health Care*	\$0	\$0	\$0	\$0
Health Insurance Premium and Cost-Sharing Assistance	\$35,008	\$40,000	\$40,000	\$46,000
<b>SUPPORT SERVICES</b>				
Non-Medical Case Management	\$116,000	\$124,530	\$118,000	\$122,000
Emergency Financial Assistance	\$59,400	\$42,000	\$40,000	\$42,000
Food Vouchers**	\$3,200	\$0	\$50,000	\$93,491
Psychosocial Support Services	\$0	\$16,000**	\$25,000	\$22,000
Medical Transportation	\$15,000	\$14,000	\$14,000	\$18,000
<b>TOTAL***</b>	<b>\$475,977</b>	<b>\$474,780</b>	<b>\$461,427</b>	<b>\$539,491</b>

\*Service categories funded primarily or entirely through Part B

\*\*Additional funding through Part B

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