

2016 County of Marin Fact Sheet: HIV/AIDS in Marin County



Since the first Marin County AIDS case was reported in 1982, 1,382 people have been diagnosed with HIV or AIDS in the Marin community—585 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 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, 2015 and were generated from the 2016 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.

Table 1. All Reported Cases, diagnosed 1981-2015

	Total Reported*	Deaths [#]	Living Cases [†]
Community			
AIDS (Stage 3 HIV)	1,154	776	378
HIV, Stages 0-2	228	21	207
Combined	1,382	797	585
San Quentin			
AIDS (Stage 3 HIV)	555	325	230
HIV, Stages 0-2	86	8	78
Combined	641	333	308

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

[#] Deaths from all causes

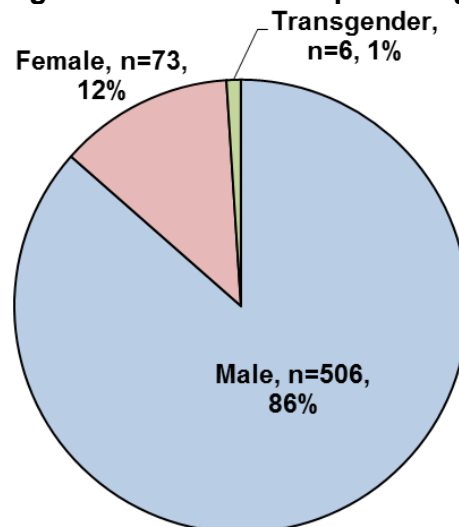
[†] Includes cases of unknown vital status.

Demographics of People Living with HIV Infection, Marin County Community Cases

Of the 585 people living with HIV infection (including AIDS) who were Marin County community residents at the time of diagnosis, 86% are male (Figure 1) and two thirds are currently age 50 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/AIDS



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Figure 2. Current Age of People Living with HIV/AIDS

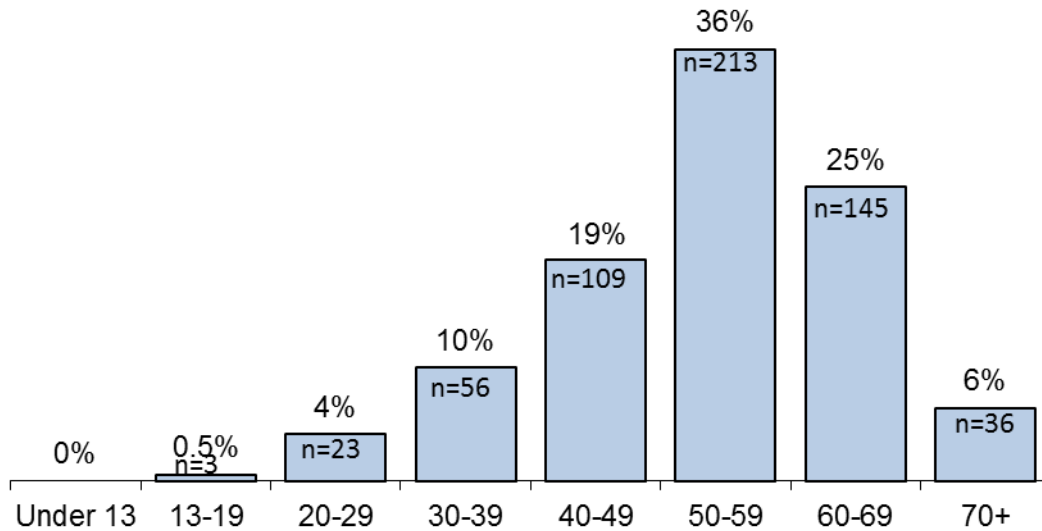


Table 2. Race/Ethnicity and Transmission Category of People Living with HIV/AIDS

Race/Ethnicity	Non-Hispanic White	402	69%
	Hispanic/Latino	110	19%
	African American/Black	42	7%
	Asian	14	2%
	Native Hawaiian/Pacific Islander	4	1%
	Multiple races	13	2%
Transmission Category	Male-Male Sexual Contact (MSM)	381	65%
	MSM & IDU	48	8%
	Injection Drug Use (IDU)	31	5%
	Heterosexual Contact*	69	12%
	Medical**	2	<1%
	Pediatric	6	1%
	Risk Unknown/Not Reported	48	8%
Total	585	100%	

* 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.

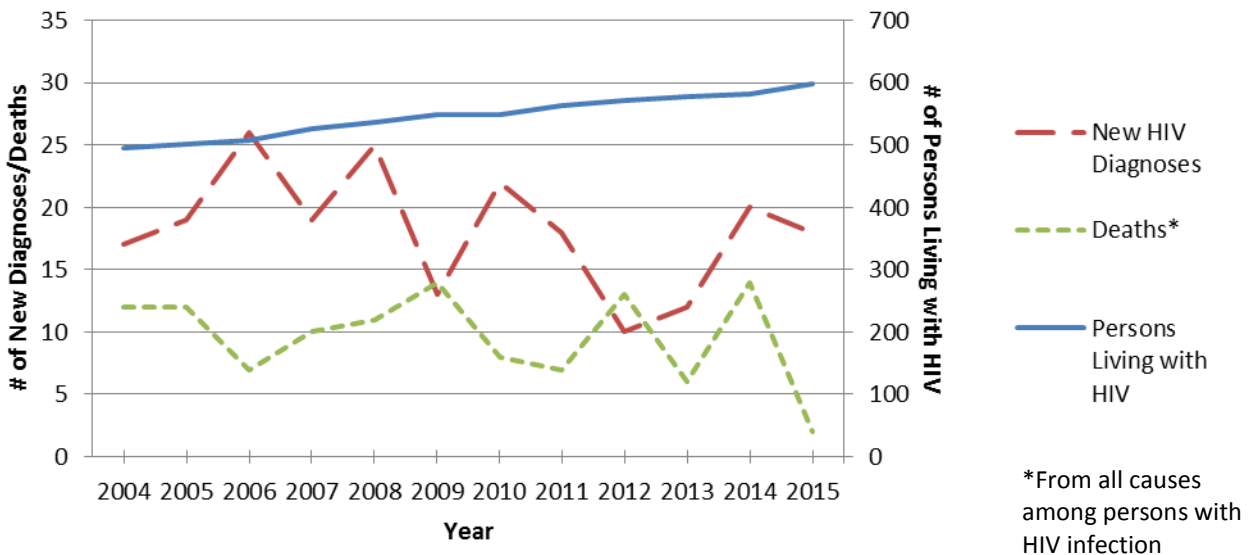
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New Cases of HIV Infection in Marin County

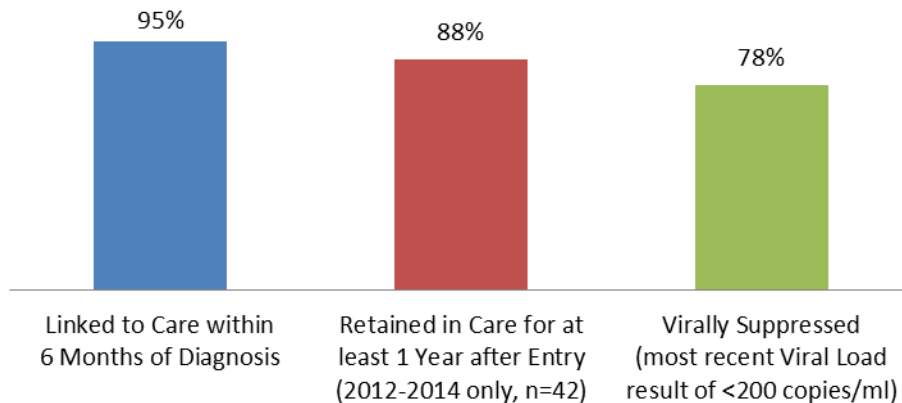
Marin County averaged 18 new community HIV diagnoses per year during 2004-2015. Over this same period, there were, on average, 10 deaths per year among people with HIV infection. With more new cases than deaths, the number of persons living with HIV increased to nearly 600 at the end of 2015. Due to the fluctuation of the relatively small annual numbers, incidence data presented after Figure 3 have been group into four-year increments.

Figure 3. New HIV Diagnoses, Deaths, and Persons Living with HIV in Marin County (Community cases only), 2004-2015



- After two years (2012-2013) with fewer HIV diagnoses than typically reported, data for 2014-2015 show numbers similar to prior years.

Figure 4. Linkage to Care, Retention in Care, and Viral Suppression among Persons Recently Diagnosed with HIV Infection (2012-2015), Marin County community cases, n=60



- Linkage to care and retention in care are very high among persons newly diagnosed with HIV infection and nearly 80% had achieved viral suppression as of their most recent lab test.



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

Characteristics		Year of HIV Diagnosis		2004-07		2008-11		2012-15		Combined	
Gender	Male	68	84%	66	85%	51	85%	185	85%		
	Female	12	15%	12	15%	9	15%	33	15%		
	Transgender	1	1%	0	0%	0	0%	1	<1%		
Age at Diagnosis	13-19	0	0%	1	1%	3	5%	4	2%		
	20-29	17	21%	12	15%	15	25%	44	20%		
	30-39	22	27%	31	40%	12	20%	65	30%		
	40-49	29	36%	14	18%	13	22%	56	26%		
	50-59	9	11%	12	15%	11	18%	32	15%		
	60+	4	5%	8	10%	6	10%	18	8%		
Race/Ethnicity	Non-Hispanic White	46	57%	40	51%	21 ¹	35%	107	49%		
	Hispanic/Latino	19	23%	25	32%	21 ¹	35%	65	30%		
	African American/Black	11	14%	9	12%	10 ¹	17%	30	14%		
	Asian	2	2%	2	3%	2	3%	6	3%		
	Native Hawaiian/Pacific Islander	1	1%	1	1%	1	2%	3	1%		
	Multiple races	2	2%	1	1%	5	8%	8	4%		
Transmission Category	Male-Male Sexual Contact (MSM)	47	58%	44	56%	34	57%	125	57%		
	MSM & IDU	6	7%	8	10%	1	2%	15	7%		
	Injection Drug Use (IDU)	8	10%	3	4%	2	3%	13	6%		
	Heterosexual Contact	13	16%	7	9%	5	8%	25	11%		
	Risk Unknown/Not Reported	7	9%	16	21%	18	30%	41	19%		
Disease Stage at Diagnosis ²	Unknown	3	4%	2	3%	3	5%	8	4%		
	Stage 0-2	55	68%	48	62%	44	73%	147	67%		
	Stage 3 (AIDS)	23	28%	28	36%	13	22%	64	29%		
Total		81	100%	78	100%	60	100%	219	100%		

¹ During 2012-15, the annual HIV case rate for adolescents and adults in Marin County (excluding SQSP) was 58 per 100,000 population for African Americans, 16 per 100,000 for Latinos, and 3 per 100,000 for non-Hispanic whites.

² Based on CD4 count at entry into care after diagnosis

Observations

- In recent years, there has been an increase in the number of teens being diagnosed with HIV infection. Fewer people are being diagnosed with HIV infection in their 30s and 40s.
- The number of Latinos and African Americans being diagnosed with HIV has remained steady, while the number of cases among whites decreased sharply in 2012-15. See footnote ¹ for case rates.
- Fewer people diagnosed with HIV infection during 2012-15 reported injection drug use as a risk.
- 30% of new HIV diagnoses did not have a risk reported. Individuals may not be disclosing their risk, providers may not be documenting it, or the risk may truly be unknown. Often, heterosexual sex is noted; however, without the *partner's* risk/status, the "heterosexual contact" designation does not apply.
- Only 22% of those with new HIV diagnoses during 2012-15 had Stage 3 HIV infection (AIDS) upon entry into care, which is an improvement from prior years.

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=201), and clients are provided the option of completing the survey online. The response rate was 45%. Additionally, the Care Council sponsored a community forum in May 2016. Input about Ryan White-funded services was gathered at this event and in a survey completed at the conclusion of the event.

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 membership, and instituted a County seat in an effort to better coordinate and integrate service delivery of prevention and care efforts. 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 08/16)

		Number	%
Race/Ethnicity	Non-Hispanic White	4	57%
	Hispanic/Latino	1	14%
	African American/Black	1	14%
	Asian	0	0%
	Native Hawaiian/Pacific Islander	0	0%
	American Indian/Alaska Native	0	0%
	Multiple races	1	14%
	Other/Unknown	0	0%
Gender	Male	4	57%
	Female	3	43%
	Transgender	0	0%
Age	13-24	0	0%
	25-49	1	14%
	50+	5	71%
	Decline	1	14%
HIV Status	Positive	3	43%
	Negative	3	43%
	Undisclosed	1	14%
Total Council Membership		7	100%

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 HIV-specific provider services in Marin County. Currently, there is only one community-based organization and two County programs receiving HIV funding. All three of these service providers are located near central San Rafael. These agencies serviced approximately 293 clients, 3.9% of the total EMA.

Marin County's 2017-2018 Prioritization and Allocation Process

The Marin HIV/AIDS Care Council held meetings in July and August to conduct prioritization and allocation for 2017-2018. The allocation meeting took place on August 3, 2016.

Preparation

The Council received data from the following sources for review:

- 2015/16 Ryan White services Annual Client Satisfaction Survey results
- 2015/16 Service Category Summary Sheets prepared by Cicily Emerson and Kevin Lee
- 2014 HIV/AIDS demographics in Marin County provided by Deborah Gallagher, Surveillance Coordinator for Marin County HIV/AIDS Services Program
- 2014/15 EMA ARIES data provided by Celinda Cantu, HIV Health Services, San Francisco Department of Public Health

Key Decisions

All 7 members were present for the prioritization and allocation meetings.

- In its July meeting, the Council made some changes in its prioritization rankings. A couple service categories moved up or down one ranking. More importantly, Oral Health Care dropped from 4th to 6th priority. Psychosocial Support Services, which was newly added to the prioritization matrix, was ranked 8 out of 10. Home and Community-Based Health Care and AIDS Pharmaceutical Assistance were removed from the prioritization ranking due to the shifting of these services to other service categories.
- For 2015/16, Home and Community-Based Health Care was shifted into Medical Case Management and Non-Medical Case Management given the limited need for home-based care services among clients living with HIV/AIDS in Marin County. AIDS Pharmaceutical Assistance was phased into Emergency Financial Assistance.
- Psychosocial Support Services, which was funded through Part B in 2015/16, will end after 2016/17. The Council decided to support this service by allocating some funding through Part A.
- The largest allocation reduction was in Emergency Financial Assistance, which decreased by about 16% from the previous year. Health Insurance Premium and Cost-Sharing Assistance decreased by 14% from the previous year, but when taking into account additional funding received for this service category through Part B, the reduction was 35% from the previous year. The largest allocation increase of 2% was in Non-Medical Case Management.
- The 2017/18 budget was approved unanimously.

Table 5. Marin Ryan White Part A 2017/18 Allocation (08/03/16)

Service Category	Previous Priority	New Priority Rank	17/18 Part A Allocation	% of Total Award	17/18 Part B Award
CORE SERVICES					
Mental Health	1	1	\$80,000	17.2%	
Outpatient/Ambulatory Health Services	3	3			\$30,000
Medical Case Management	5	4	\$153,000	32.9%	
Oral Health Care	4	6			\$20,000
Health Insurance Premium and Cost-Sharing Assistance	8	7	\$30,000	6.4%	
AIDS Pharmaceutical Assistance ¹	7	Not ranked			
Home and Community-Based Care ¹	11	Not ranked			
SUPPORT SERVICES					
Non-Medical Case Management	2	2	\$119,000	25.6%	
Emergency Financial Assistance	6	5	\$50,000	10.7%	
Psychosocial Support Services ²	Not ranked	8	\$21,082	4.5%	
Food Vouchers	9	9			\$76,000
Medical Transportation	10	10	\$12,000	2.6%	
Core Services			\$263,000	56.5%	
Support Services			\$202,082	43.4%	
TOTALS³			\$465,482	100%	\$126,000⁴

¹ Service categories phased out in 2016/17, absorbed within Emergency Financial Assistance, Medical Case Management, and Non-Medical Case Management

² Service category added in 2015/16

³ Table excludes a small portion of the total award for Council support

⁴ 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.

Table 6. Ryan White Part A Funding Allocation, 2014/15 through 2016/17

Service Category	2014-2015	2015-2016	2016-2017
CORE SERVICES			
Outpatient/Ambulatory Health Services*	\$10,912	\$0	\$0
Mental Health	\$60,000	\$80,000	\$84,700
Medical Case Management	\$156,467	\$144,111	\$152,400
Home and Community-Based Care	\$38,000	\$25,000	\$2,004
Oral Health Care*	\$874	\$0	\$0
AIDS Pharmaceutical Assistance	\$12,000	\$12,000	\$0
Health Insurance Premium and Cost-Sharing Assistance	\$42,153	\$34,020	\$35,008
SUPPORT SERVICES			
Non-Medical Case Management	\$100,000	\$110,000	\$116,396
Emergency Financial Assistance	\$35,000	\$47,356	\$59,700
Food Vouchers*	\$0	\$4,221	\$0
Psychosocial Support Services*	\$0	\$0	\$0
Medical Transportation	\$8,000	\$11,000	\$14,700
TOTAL**	\$467,906	\$467,908	\$465,482

* Service categories funded primarily or entirely through Part B

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