

2017 County of Marin Fact Sheet: HIV/AIDS in Marin County



Since the first Marin County AIDS case was reported in 1982, 1,431 people have been diagnosed with HIV infection in the Marin community—607 of whom are still living (Table 1). At San Quentin State Prison (SQSP), 660 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, 2016 and were generated from the 2017 3rd 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 1981-2016

	Total Reported*	Deaths[#]	Living Cases[†]
San Quentin	660	350	310
Community	1431	824	607
Combined	2091	1174	917

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

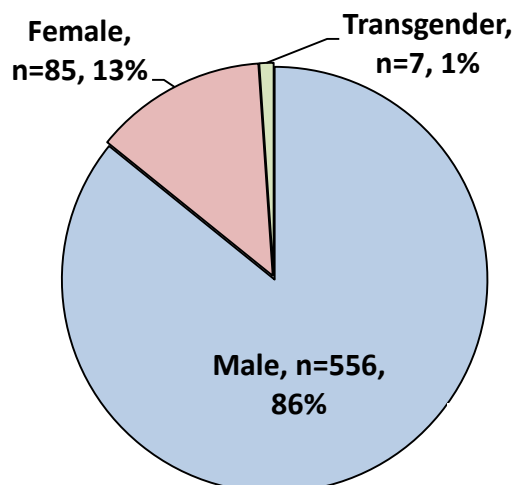
Deaths from all causes

† Includes cases of unknown vital status.

Demographics of People Living with HIV Infection as of December 31, 2016, with a Current Residence in Marin County (Community only), n=648

Six hundred forty-eight people living with HIV infection have a current residence in Marin County as of the end of 2016. Of these people, 86% are male (Figure 1) and over 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



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Figure 2. Current Age of People Living with HIV Infection

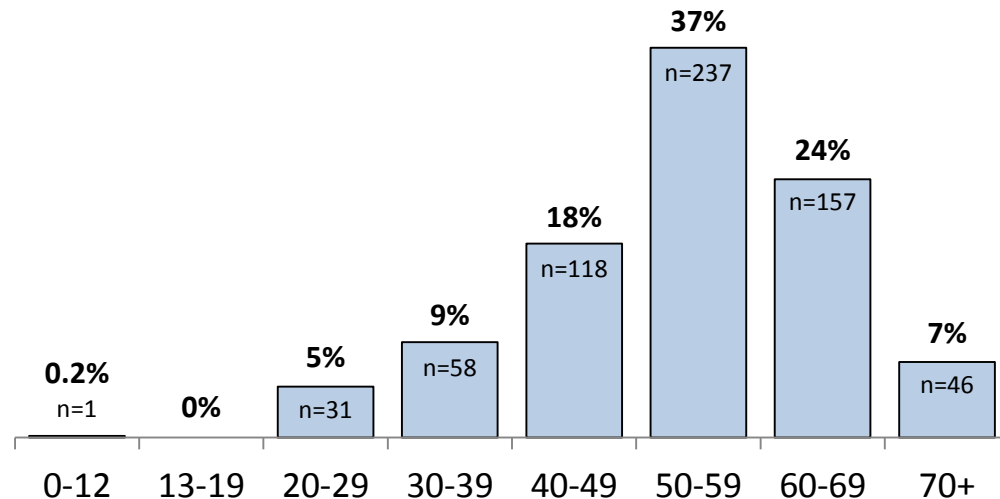


Table 2. Race/Ethnicity and Transmission Category of People Living with HIV Infection

Race/Ethnicity	Non-Hispanic White	419	65%
	Hispanic/Latino	133	21%
	African American/Black	57	9%
	Asian	19	3%
	Native Hawaiian/Pacific Islander & American Indian/Alaskan Native	5	1%
	Multiple races	15	2%
Transmission Category	Male-Male Sexual Contact (MSM)	430	66%
	MSM & IDU	39	6%
	Injection Drug Use (IDU)	42	6%
	High-Risk Heterosexual Contact*	75	12%
	Heterosexual Contact	42	6%
	Medical** or Perinatal	7	1%
	Risk Unknown/Not Reported	13	2%
Total	648	100%	

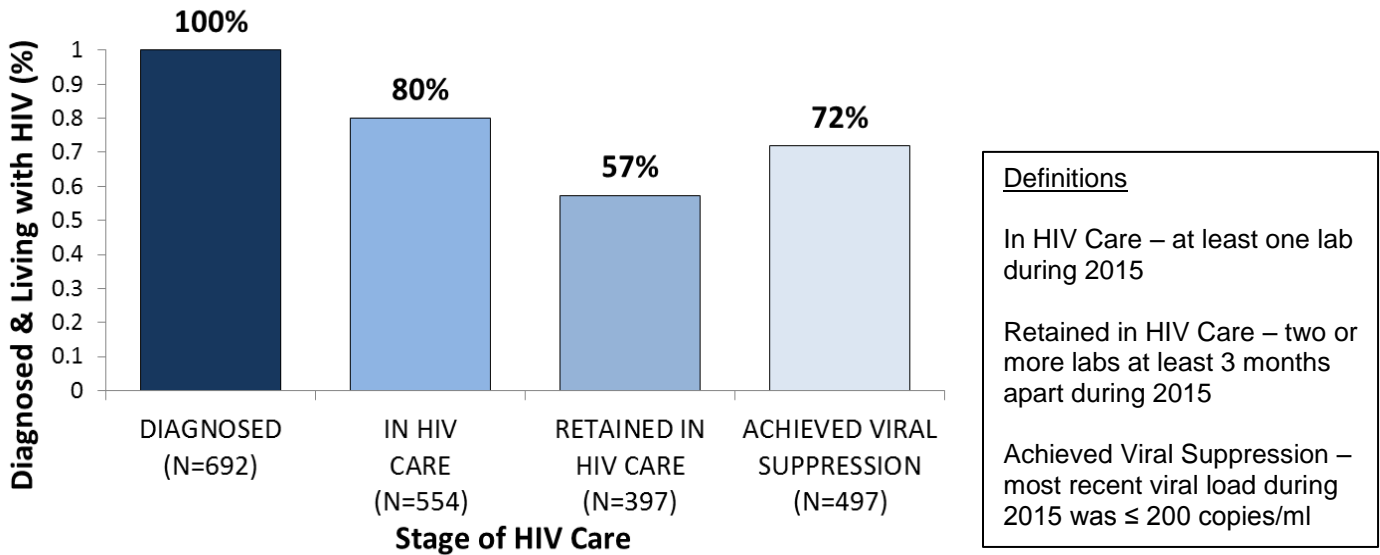
* Heterosexual sex with an IDU, MSM, hemophiliac, transfusion or transplant recipient with documented HIV infection, or a person with AIDS or documented HIV infection with unspecified risk.

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

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Figure 3. Continuum of HIV Care*, Marin County Residents#, Diagnosed & Living with HIV, 2015



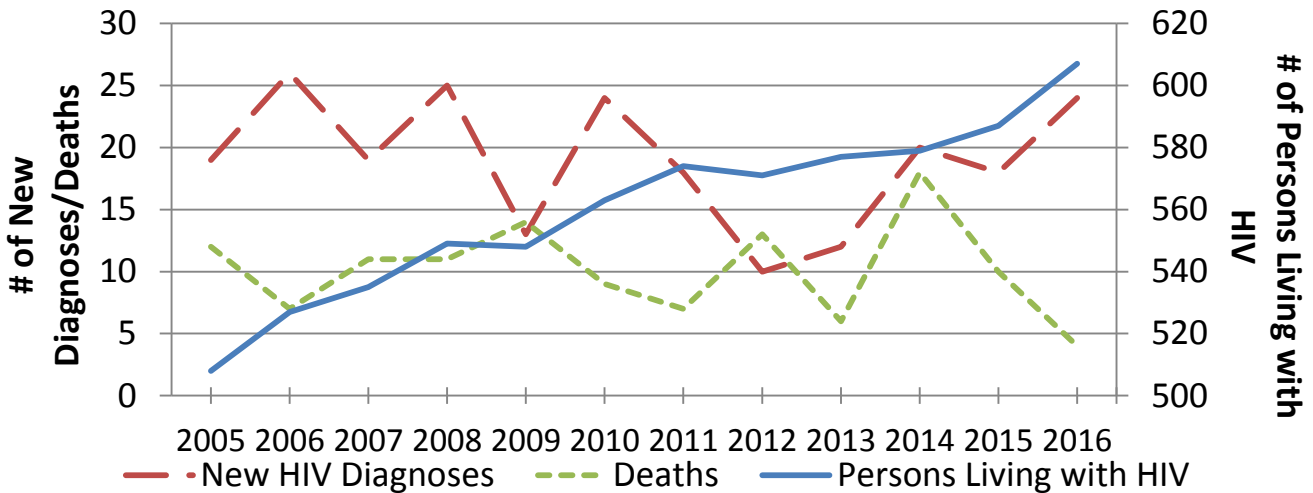
* Data provided by Office of AIDS

Residency based on 2015 year-end address; addresses in San Quentin, CA excluded as a proxy for SQSP

New Cases of HIV Infection in Marin County

Marin County averaged 19 new community HIV infection diagnoses per year during 2005-2016. This same period, averaged 10 deaths per year among people with HIV infection. With more new cases than deaths, the number of living persons who were community residents of Marin at the time of HIV diagnosis increased to more than 600 by the end of 2016. Due to the fluctuation of the relatively small annual numbers, incidence data presented after Figure 4 have been grouped into 4-year increments.

Figure 4. New HIV Diagnoses, Deaths*, and Persons Living with HIV, Marin County, 2005-2016 (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		2005-08		2009-12		2013-16		Combined	
Gender	Male	72	81%	55	85%	60	81%	187	82%		
	Female	16	18%	10	15%	14	19%	40	18%		
	Transgender	1	1%	0	0%	0	0%	1	<1%		
Age at Diagnosis	0-12	0	0%	0	0%	1	1%	1	<1%		
	13-19	0	0%	2	3%	3	4%	5	2%		
	20-29	16	18%	14	22%	17	23%	47	21%		
	30-39	28	31%	23	35%	15	20%	66	29%		
	40-49	29	33%	10	15%	13	18%	52	23%		
	50-59	10	11%	11	17%	15	20%	36	16%		
	60+	6	7%	5	8%	10	14%	21	9%		
Race/Ethnicity	Non-Hispanic White	45	51%	32	49%	32 ¹	43%	109	49%		
	Hispanic/Latino	24	27%	21	32%	23 ¹	31%	68	30%		
	African American/Black	14	16%	9	14%	9 ¹	12%	32	14%		
	Other/Multiple	6	7%	3	5%	10	14%	19	8%		
Transmission Category	Male-Male Sexual Contact (MSM)	48	54%	42	65%	37	50%	127	56%		
	MSM & IDU	8	9%	4	6%	3	4%	15	7%		
	Injection Drug Use (IDU)	7	8%	3	5%	2	3%	12	5%		
	High-Risk Heterosexual Contact	16	18%	4	6%	7	9%	27	12%		
	Heterosexual Contact	8	9%	10	15%	21	28%	39	17%		
	Unknown/Not Reported	2	2%	2	3%	4	5%	8	4%		
Total		89	100%	65	100%	74	100%	228	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.

Observations

- In recent years, there has been an increase in the number of teens and people aged 50 and up being diagnosed with HIV infection. Little change has occurred for people in their 20s, and the number of people being diagnosed in their 30s or 40s has decreased.
- The number of Latinos being diagnosed with HIV has remained steady, while the number of cases among whites and African Americans has decreased since 2005-2008. See footnote ¹ for case rates.
- While MSM remains the most common risk factor, there has been a decrease in the number of people reporting MSM as their risk in each subsequent time period.
- The number of people reporting injection drug use as a risk has also declined.
- Heterosexual contact is a new transmission category that captures people whose only risk was heterosexual sex but who did not know their partner's risk/status—information required to be included in the high-risk heterosexual group. Previously these individuals ended up in the unknown category. When both heterosexual categories are combined, the number of cases is fairly stable over time.

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=189), and clients are provided the option of completing the survey either by paper or online. The response rate was 48%. Additionally, the Care Council sponsored a community forum in August 2017. 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 August 2017

		Number	%
Race/Ethnicity	Non-Hispanic White	6	60%
	Hispanic/Latino	3	30%
	African American/Black	1	10%
	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	50%
	Female	5	50%
	Transgender	0	0%
Age	13-24	0	0%
	25-49	1	10%
	50+	7	70%
	Decline	2	20%
HIV Status	Positive	6	60%
	Negative	4	40%
	Undisclosed	0	14%
Total Council Membership		10	100%

Marin HIV/AIDS System of Care

Marin County Department of Health and Human Services, HIV/AIDS Services Program 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 287 clients, 3.8% of the total EMA.

Marin County's 2018-2019 Prioritization and Allocation Process

The Marin HIV/AIDS Care Council held meetings in July to conduct prioritization and allocation for 2018-2019. The allocation meeting took place on July 26, 2017.

Preparation

The Council received data from the following sources for review:

- 2016/17 Ryan White Annual Client Satisfaction Survey results
- 2016/17 Service Category Summary Sheets
- 2016 HIV/AIDS surveillance and epidemiology data in Marin County provided by Deborah Gallagher, HIV/AIDS Surveillance Epidemiologist for Marin County
- 2015/16 EMA ARIES data provided by Maria Lacayo and Flor Roman, HIV Health Services, San Francisco Department of Public Health

Key Decisions

All 10 members were present for the prioritization and allocation meetings.

- In its July meeting, the Council made some changes in its prioritization rankings. Some service categories moved up or down one ranking, but several service categories shifted up or down by two to three rankings. Medical Case Management moved from 4th to 2nd priority, Health Insurance Premium and Cost Sharing Assistance moved from 7th to 4th, and Food Bank/Home-Delivered Meals moved from 9th to 7th. Meanwhile, Outpatient/Ambulatory Health Care moved down from 3rd to 6th priority, Emergency Financial Assistance moved down from 5th to 8th, and Psychosocial Support Services moved down from 8th to 11th. Housing, which was newly added to the prioritization matrix, was ranked 9 out of 11.
- As a result of the changing health care system and a Board of Supervisors approved integration of care from the County clinics to local community providers, the Council supported decreasing the funding for Medical Case Management and increasing the funding for both Food Bank/Home-Delivered Meals and Psychosocial Support Services through Part A. With funding for Outpatient/Ambulatory Health Care and Oral Health Services from Part B to support community providers, this funding stream would also support the Medical Case Management of those clients.
- The largest allocation reduction was in Medical Case Management, which decreased by about 39% from the previous year, but will also be supplemented by Part B. The largest allocation increases were in Food Bank/Home Delivered Meals and Psychosocial Support Services, which increased 100% and 56% from last year, respectively. These were previously supported by Part B funding and will be fully or partly supported through Part A.
- The 2018/19 budget was approved unanimously.

Table 5. Marin Ryan White Part A 2018/19 Allocation (07/26/17)

Service Category	Previous Priority	New Priority Rank	18/19 Part A Allocation	% of Total Award	18/19 Part B Award
CORE SERVICES					
Mental Health	1	1	\$85,000	17.9%	
Medical Case Management	4	2	\$93,000	19.6%	\$60,000
Health Insurance Premium and Cost-Sharing Assistance	7	4	\$40,000	8.4%	
Oral Health Care	6	5			\$20,000
Outpatient/Ambulatory Health Services	3	6			\$30,000
SUPPORT SERVICES					
Non-Medical Case Management	2	3	\$118,000	24.9%	
Food Bank/Home-Delivered Meals	9	7	\$59,500	12.5%	\$31,500
Emergency Financial Assistance	5	8	\$40,000	8.4%	
Housing ¹		9			\$43,500
Medical Transportation	10	10	\$14,000	2.9%	
Psychosocial Support Services	8	11	\$25,000	5.3%	
Early Intervention Services ¹		Not ranked			\$132,500
Core Services			\$218,000	45.9%	
Support Services			\$256,780	54.1%	
TOTALS²			\$474,780	100%	\$327,114³

¹ Service category added in 2016/17

² Table excludes a small portion of the total award for Council support

³ Includes \$134,614 for Ryan White Part B and \$192,500 for Part X08. 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, 2015/16 through 2017/18

Service Category	2015-2016	2016-2017	2017-2018
CORE SERVICES			
Outpatient/Ambulatory Health Services*	\$0	\$0	\$0
Mental Health	\$80,000	\$90,600	\$85,000
Medical Case Management	\$144,111	\$156,200	\$153,000
Home and Community-Based Care	\$25,000	\$0	\$0
Oral Health Care*	\$0	\$0	\$0
AIDS Pharmaceutical Assistance	\$12,000	\$0	\$0
Health Insurance Premium and Cost-Sharing Assistance	\$34,020	\$35,008	\$40,000
SUPPORT SERVICES			
Non-Medical Case Management	\$110,000	\$116,000	\$124,530
Emergency Financial Assistance	\$47,356	\$59,400	\$42,000
Food Vouchers*	\$4,221	\$3,200	\$0
Psychosocial Support Services*	\$0	\$0	\$16,000
Medical Transportation	\$11,000	\$15,000	\$14,000
TOTAL**	\$467,908	\$475,977	\$474,780

* Service categories funded primarily or entirely through Part B

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