

# 2018 County of Marin Fact Sheet: HIV/AIDS in Marin County



Since the first Marin County AIDS case was reported in 1982, 1,442 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), 662 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, 2017, and were generated from the 2018 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 1981-2017**

	Total Reported*	Deaths <sup>#</sup>	Living Cases <sup>†</sup>
San Quentin	662	358	304
Community	1442	835	607
Combined	2104	1193	911

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

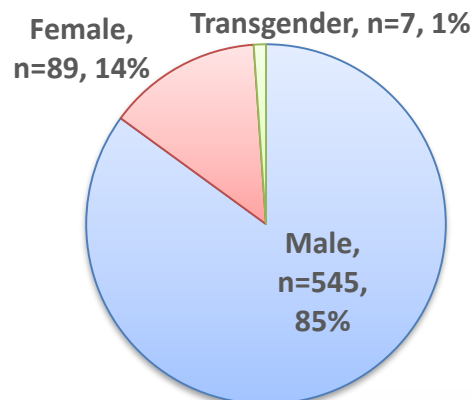
# Deaths from all causes

† Includes cases of unknown vital status.

**Demographics of People Living with HIV Infection as of December 31, 2017, with a Current Residence in Marin County (Community only), n=641**

Six hundred forty-one people living with HIV infection have a current residence in Marin County as of the end of 2017. 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.

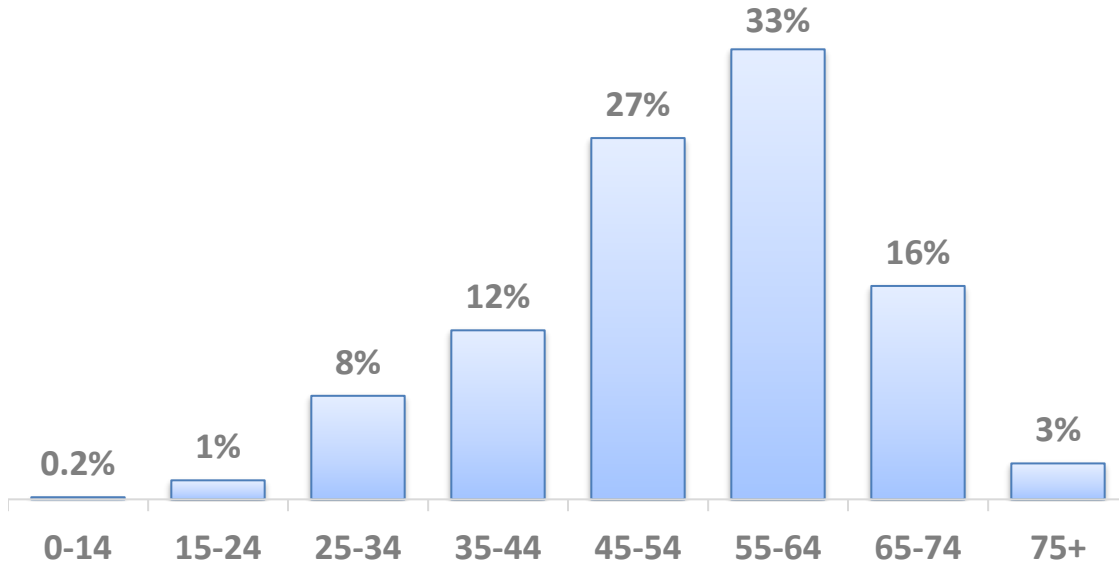
**Figure 1. Gender of People Living with HIV**



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**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	407	63%
	Hispanic/Latino	144	22%
	African American/Black	53	8%
	Asian	18	3%
	Native Hawaiian/Pacific Islander & American Indian/Alaskan Native	4	1%
	Multiple races	15	2%
	Transmission Category	Male-Male Sexual Contact (MSM)	419
MSM & IDU		38	6%
Injection Drug Use (IDU)		44	7%
High-Risk Heterosexual Contact*		78	12%
Heterosexual Contact		44	7%
Medical** or Perinatal		6	1%
Risk Unknown/Not Reported		12	2%
<b>Total</b>	<b>648</b>	<b>100%</b>	

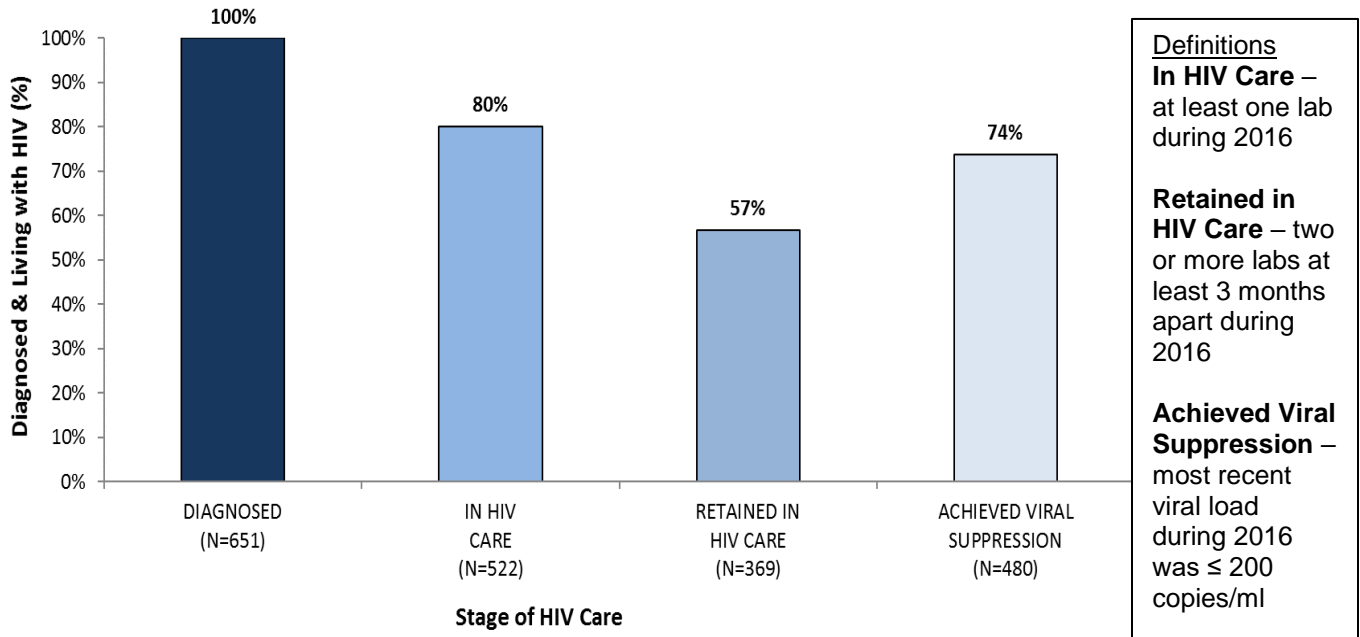
\* Heterosexual sex with an injection drug user, a male who has had sex with a male, a hemophiliac, a transfusion or transplant recipient with documented HIV infection, or a person with AIDS or documented HIV infection with unspecified risk.

\*\* 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, 2016**



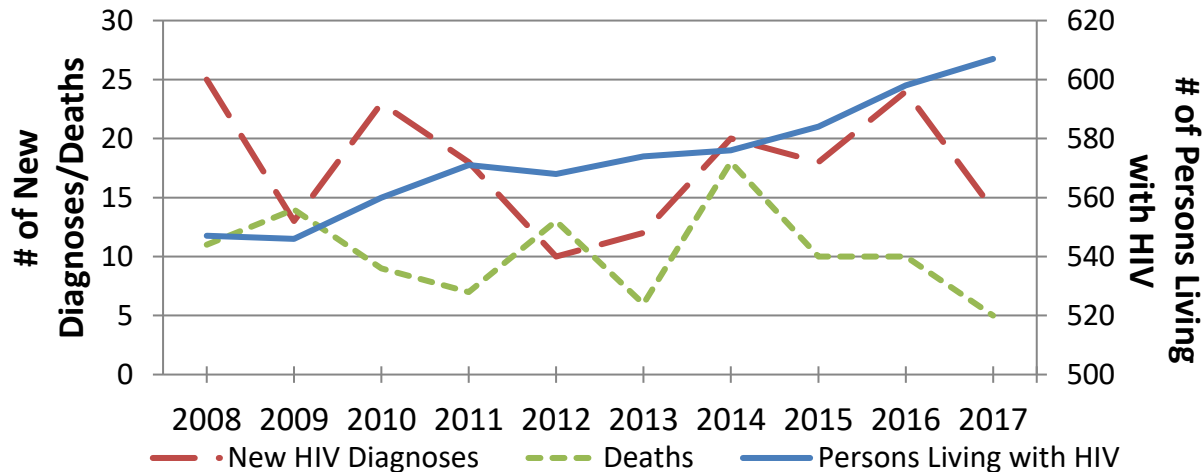
\* Data provided by Office of AIDS

# Residency based on 2016 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 10 years, Marin County averaged 18 new community HIV infection diagnoses per year. This same period averaged 10 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 more than 600 by the end of 2017. Due to the fluctuation of relatively small annual numbers, incidence data presented after Figure 4 have been grouped into 2-year increments.

**Figure 4. New HIV Diagnoses, Deaths\*, and Persons Living with HIV, Marin County, 2008-2017 (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		2010-11		2012-13		2014-15		2016-17		Combined	
Gender	Male	35	85%	21	95%	30	79%	29	76%	115	83%		
	Female	6	15%	1	5%	8	21%	9	24%	24	17%		
	Transgender	0	-	0	-	0	-	0	-	0	-	0	-
Age at Diagnosis	0-14	0	-	0	-	0	-	1	3%	1	1%		
	15-24	8	20%	2	9%	8	21%	3	8%	21	15%		
	25-44	24	59%	9	41%	19	50%	19	50%	70	50%		
	45-64	7	17%	10	45%	9	24%	12	32%	38	27%		
	65+	2	5%	1	5%	2	5%	3	8%	8	6%		
Race/Ethnicity	Non-Hispanic White	18	44%	8	36%	13	34%	15	39%	54	39%		
	Hispanic/Latino	15	37%	8	36%	14	37%	16	42%	53	38%		
	African American/Black	6	15%	4	18%	5	13%	3	8%	18	13%		
	Other/Multiple	2	5%	2	9%	6	16%	4	11%	14	10%		
Transmission Category	Male-Male Sexual Contact (MSM)	26	63%	16	73%	18	47%	20	53%	80	58%		
	MSM & IDU	3	7%	0	-	1	3%	2	5%	6	4%		
	Injection Drug Use (IDU)	2	5%	0	-	2	5%	1	3%	5	4%		
	High-Risk Heterosexual Contact*	3	7%	0	-	5	13%	5	13%	13	9%		
	Heterosexual Contact	6	15%	6	27%	11	29%	7	18%	30	22%		
	Unknown/Not Reported	1	2%	0	-	1	3%	3	8%	5	4%		
	<b>Total</b>		<b>41</b>	<b>100%</b>	<b>22</b>	<b>100%</b>	<b>38</b>	<b>100%</b>	<b>38</b>	<b>100%</b>	<b>139</b>	<b>100%</b>	

\* 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

- One of every 7 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.
- Less than 10% of people newly diagnosed with HIV report injection drug use as a risk factor.
- Heterosexual contact is a 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=186), and clients are provided the option of completing the survey either by paper or online. The response rate was 44%. Additionally, the Care Council sponsored a community forum in November 2017 for individuals who were affected by the transition of Ryan White health care and oral health clinical services to the Marin Community Clinics (MCC). Providers from MCC answered questions about Ryan White-funded and MCC services at this event and clients completed a survey about Ryan White funded services. The Care Council also plans to schedule another community forum for November 2018.

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 has 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 September 2018**

		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%
<b>Total Council Membership</b>		<b>10</b>	<b>100%</b>

## **Marin County's 2019-2020 Prioritization and Allocation Process**

The Marin HIV/AIDS Care Council held meetings in July to conduct prioritization and allocation for 2019-2020. The allocation meeting took place on July 25, 2018.

### ***Preparation***

The Council received data from the following sources for review:

- 2017/18 Ryan White Annual Client Satisfaction Survey results
- 2017/18 Service Category Summary Sheets
- 2017 HIV/AIDS surveillance and epidemiology data in Marin County provided by Deborah Gallagher, HIV/AIDS Surveillance Epidemiologist for Marin County
- 2016/17 EMA ARIES data provided by Maria Lacayo and Flor Roman, HIV Health Services, San Francisco Department of Public Health

### ***Key Decisions***

All but one member was present for the prioritization and allocation meetings.

- In its July meeting, the Council made some minor changes in its prioritization rankings. Some service categories moved up or down one ranking and the majority 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 2<sup>nd</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 2019/20 budget was approved unanimously.

**Marin Ryan White Part A 2018/19 Allocation (07/26/17)**

<b>Service Category</b>	<b>Previous Priority</b>	<b>New Priority Rank</b>	<b>19/20 Part A Allocation</b>	<b>% of Total Award</b>	<b>19/20 Part B Award</b>
<b>CORE SERVICES</b>					
Mental Health	1	1	\$80,000	17.3%	
Medical Case Management	2	3	\$90,000	19.5%	\$63,425
Health Insurance Premium and Cost-Sharing Assistance	4	4	\$42,000	8.4%	
Oral Health Care	5	5			\$19,350
Outpatient/Ambulatory Health Services	6	6			\$24,725
<b>SUPPORT SERVICES</b>					
Non-Medical Case Management	3	2	\$123,000	26.7%	
Food Bank/Home-Delivered Meals	7	7	\$50,000	10.8%	\$80,188
Emergency Financial Assistance	8	8	\$38,000	8.2%	
Housing <sup>1</sup>	9	10			\$39,400
Medical Transportation	10	11	\$15,000	3.3%	
Psychosocial Support Services	11	9	\$23,147	5%	
Early Intervention Services <sup>1</sup>	Not ranked	Not Ranked			\$86,502
<b>Core Services</b>			<b>\$212,000</b>	<b>46%</b>	
<b>Support Services</b>			<b>\$249,147</b>	<b>54%</b>	
<b>TOTALS<sup>2</sup></b>			<b>\$461,427</b>	<b>100%</b>	<b>\$314,612</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> Includes \$222,946 for Ryan White Part B based on FY 18/19 funds and 91,666 for supplemental Part B Funds based on 18/19, does not include some 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, 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 135 patients thus far seeking Medical/and or oral healthcare.

### Ryan White Part A Funding Allocation, 2016/17 through 2018/19

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