Getting to Zero Implementation Plan San Diego County

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LIVE WELL SAN DIEGO

Introduction: Getting to Zero

"Getting to Zero" was the title of the Joint United Nations Programme on AIDS (UNAIDS) Strategic Plan for 2011 – 2015. That plan envisioned a world with zero new HIV infections, zero AIDS-related deaths, and zero discrimination. The vision was audacious, considering that over 35 million people are infected with HIV globally and that there are 1.8 million deaths per year globally. Nonetheless, "Getting to Zero" was firmly grounded in science, which has demonstrated that the combination of effective prevention, HIV testing and universal access to treatment can halt the epidemic.

It has been thirty-five years since HIV emerged as a global pandemic. The progress in addressing HIV disease during this time period has been truly remarkable. Due to treatment advances, the number of deaths among people infected with HIV in San Diego County declined by 87% between 1994 and 2013. Someone living with HIV in 2016 can, by adhering to medication regimens known as combination anti-retroviral therapy, expect to live a normal life span. Moreover, persons living with HIV who adhere to their medications are highly unlikely to transmit HIV to anyone else. This approach, known as Treatment as Prevention (TasP) is the cornerstone of Getting to Zero. It involves identifying everyone who is living with HIV, linking them to care, and helping them remain in care over time. The Centers for Disease Control and Prevention (CDC) estimates that 90% of all new HIV infections originate from an HIV-positive person who is either unaware of their status or not retained in care, underscoring the central role of TasP in ending the epidemic.

HIV prevention efforts have also advanced greatly. In 2012, the Food and Drug Administration approved Truvada, an HIV medication, for use in HIV-negative individuals. TRUVADA may be used as a pre-exposure prophylaxis, or PrEP, and represents the first time in the history of the epidemic that there is an effective biomedical intervention for preventing HIV infection in high-risk individuals. Research supporting PrEP has demonstrated that it can be up to 96% effective in preventing new infections. The focus on PrEP as a major public health intervention has greatly intensified during the past four years. When coupled with TasP, the reality in 2016 is that we now possess all the medical tools necessary to end the HIV epidemic.

HIV remains a significant public health concern in San Diego County as it does in the rest of the nation. In 2014, there were 481 newly diagnosed cases of HIV in the County, which represents, on average, one newly diagnosed infection every 18 hours. While this represents a 67% decline in new cases since the height of the epidemic in 1990, there is still much work to be done.

On October 31, 2014, Chairman Ron Roberts and Supervisor Dave Roberts called for the formation of an Ad Hoc Task Force of the HIV Health Services Planning Council to review the state of HIV in San Diego County and formulate a set of recommendations for improving

outcomes related to HIV. Those recommendations were adopted by the Board of Supervisors on March 1, 2016, as the Getting to Zero initiative. The implementation plan for Getting to Zero, which is summarized in this document, outlines how the County will address those recommendations.

The Recommendations

The Task Force outlined six general recommendations: 1) Promoting awareness of HIV as a major public health concern; 2) Engaging private health care systems in Getting to Zero; 3) Implementing pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) to reduce new HIV infections; 4) Using HIV and STD surveillance data to improve health outcomes for persons living with HIV, as well as identify individuals at high risk for HIV infection; 5) Developing specific strategies to reduce disproportionalities among key populations; and 6) Pursuing policies that will help achieve Getting to Zero.

1. Promoting awareness of HIV as a major public health concern.

Media campaigns can play a significant support role in Getting to Zero. The Task Force found that media campaigns could not only increase awareness of HIV as a major public health concern, but they could also decrease stigma related to HIV by normalizing testing and treatment. Further, media campaigns targeted to high risk individuals could serve a dual role of providing health education and risk reduction messages as well as promoting specific, effective interventions such as PEP and PrEP.

The implementation plan includes four activities:

1.1 Develop and implement campaign to promote awareness of pre-exposure prophylaxis (PrEP) among high-risk populations;

1.2 Expand current HIV prevention social media activities to promote HIV awareness throughout the County;

1.3 Identify additional funding sources to support ongoing media activities; and

1.4 Explore potential partnerships with national HIV campaigns, such as Greater Than AIDS, to normalize testing, diagnosis and treatment of HIV and to decrease stigma related to HIV.

Funding for activity 1.1 comes from the California Department of Public Health, Office of AIDS. These funding sources will support three campaigns: one campaign to be developed by the County of San Diego and to be launched in the fall of 2016, and two campaigns developed and implemented by County partners, including Family Health Centers of San Diego and the San Diego LGBT Community Center.

Activity 1.2 recognizes the important role that social media can play in promoting awareness of HIV and reducing stigma related to HIV. These activities will be supported by existing staff within the HIV, STD and Hepatitis Branch of Public Health Services.

Activity 1.3 calls for staff to identify additional funding sources to support ongoing media activities, including implementation of additional campaigns recommended by the Task Force. This activity will support activity 1.4, which calls for staff to explore the possibility of partnering with existing, national HIV campaigns, such as Greater than AIDS.

2. Engaging public and private health care systems in Getting to Zero.

Public and private health care systems play a vital role in Getting to Zero. Because of the full implementation of the Affordable Care Act, most persons living with HIV will receive their care through public and private systems and will not have to rely upon safety net medical services provided by the County. Some of these systems might not be fully aware of the full complement of support services that are available to assist persons living with HIV in remaining in care over time. Additionally, health care systems can have a significant impact in reducing HIV transmission by implementing routine, opt-out HIV testing in medical systems. By doing so, they will be able to identify persons living with HIV who are unaware of their status and ensure prompt linkage to HIV treatment.

The implementation plan includes four activities:

2.1 Work with healthcare systems and providers to increase adoption of recommendations of the Centers for Disease Control and Prevention and the U.S. Preventive Services Task Force with regard to routine HIV testing in health care settings;

2.2 Educate health care systems and providers about County and community resources that support linkage to and retention in care for persons living with HIV as well as resources for persons at high risk for infection;

2.3 Develop systems to ensure all individuals newly diagnosed with HIV are linked to care and commence treatment within 30 days; and

2.4 Convene biennial Getting to Zero Summits focused on the local HIV service delivery system and providers.

Activity 2.1 addresses one of the Task Force's key findings that routine HIV screening in healthcare settings is a best practice and calls for staff to work with local healthcare systems to implement routine screening of all adults. Staff will work with existing partners, including Healthy San Diego and the federally qualified health centers, to achieve this goal.

Activity 2.2 recognizes that due to the Affordable Care Act, many persons living with HIV who received HIV primary care through County-funded Ryan White services are now receiving their

care through Medi-Cal or through insurance obtained through Covered California. Many of these providers might not be aware of the many support services that are available to persons living with HIV, including services that support these individuals remaining in care over time. Staff with the HIV, STD and Hepatitis Branch will reach out to providers who have not been funded by Ryan White to provide education regarding available services and how patients might access those services.

Activity 2.3 recognizes the importance of immediately linking all individuals newly diagnosed with HIV to treatment. Research indicates the earlier an individual is linked to treatment, the more likely it is that individual will remain in treatment over time. Currently, the County has systems in place to link individuals who are newly diagnosed by County programs to HIV treatment within 30 days; this activity seeks to include all newly diagnosed individuals, regardless of where they are diagnosed.

Activity 2.4 creates an ongoing forum that will bring together stakeholders, healthcare systems, HIV providers, community-based organizations and persons living with HIV to discuss the Getting to Zero initiative, identify areas of strength, and obtain input on additional activities and resources that will further the goal of ending the HIV epidemic locally.

3. Implementing pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) to reduce new HIV infections.

The Task Force found that both PrEP and PEP create significant opportunities to reduce HIV infection among individuals who are at high risk or who have had a very recent, high-risk exposure to HIV. Successful implementation requires educating high-risk individuals about these interventions, providing support for access and adherence, and partnering with public and private health care systems to deliver the intervention.

The implementation plan includes five activities:

3.1 Incorporate PEP and PrEP education into County HIV prevention and HIV testing programs;

3.2 Develop and implement media campaigns to educate populations at high risk for HIV infection about PEP and PrEP and how to access them;

3.3 Develop systems to immediately link individuals who have had a high-risk HIV exposure to PEP;

3.4 Explore providing access to PEP through County STD Clinics for individuals who are uninsured or underinsured; and

3.5 Provide PrEP education to all HIV-negative individuals seeking services at the County's STD Clinics, and provide referrals to PrEP navigation assistance for individuals who are seeking PrEP.

The HIV, STD and Hepatitis Branch has begun implementing all activities associated with this recommendation. Per Activity 3.1, PEP and PrEP education is now provided through all contracted HIV prevention contracts and to clients who receive services at the County's STD Clinics. Further, through funding received by the California Department of Public Health, Office of AIDS, PrEP Navigation projects have been implemented in the Rosecrans STD Clinic, as well as through four community partners: Family Health Centers of San Diego, San Ysidro Health Center, Vista Community Clinic, and the San Diego Lesbian, Gay, Bisexual and Transgender Community Center. These projects provide direct assistance to patients seeking PrEP by helping them identify providers, schedule appointments, and adhere to the medication regimen. These activities are further supported by the media campaigns (activity 3.2) described in activity 1.1 above.

Activity 3.3 recognizes that one of the key barriers to broader implementation of post-exposure prophylaxis is developing systems that facilitate immediate linkage. Staff are currently working with 2-1-1 to develop this system.

Activity 3.4 recognizes the vital role that the County's STD clinics can play in creating access to PEP for uninsured and underinsured individuals. The medications associated with PEP can be obtained for most individuals through patient assistance programs offered through the pharmaceutical companies. Staff will develop protocols for this service and propose the addition of PEP to clinic services during the current fiscal year.

Similar to activity 3.4, activity 3.5 recognizes the important role that County STD clinics can play in identifying individuals who are at high risk for HIV infection and linking them to PrEP. This activity has been implemented through funding received from the California Department of Public Health, Office of AIDS. There is now a contract staff member stationed in the Rosecrans STD Clinic who provides PrEP education and navigation services.

4. Use of HIV and STD surveillance data.

The Task Force recommended that the County implemented strategies to utilize surveillance data to improve outcomes, particularly through identifying individuals aware of their HIV status but not receiving HIV care, as well as individuals who might be living with HIV but unaware.

The implementation plan includes three activities:

4.1 Implement Data to Care program, which utilizes HIV surveillance data to identify individuals who have been diagnosed with HIV but who are not currently receiving HIV care so that they can be re-engaged in care;

4.2 Implement use of HIV surveillance data to identify all individuals who are newly diagnosed with HIV in San Diego County so that they can receive HIV Partner Services, linkage to care, and referrals to support services; and

4.3 Implement use of STD surveillance data to identify individuals at high risk for HIV infection so that they can be encouraged to obtain HIV testing and can be provided with referrals to services.

The HIV, STD and Hepatitis Branch implemented all activities associated with this recommendation. Communicable Disease Investigator staff received extensive training in these new interventions.

5. Developing specific strategies to reduce disproportionalities.

The Task Force identified several populations that experience disproportional rates of HIV and/or unique barriers to accessing and remaining in care over time. Factors related to culture, language, age, gender identity and poverty require development and refinement of population-specific strategies to ensure that everyone living with HIV can experience optimal health outcomes and that everyone at high risk for HIV infection can access culturally competent services.

The implementation plan includes five activities:

5.1 Convene regional planning meetings to assess key factors in 1) encouraging HIV testing among high-risk populations; 2) ensuring that HIV-positive individuals are retained in care; and 3) linking high-risk, HIV-negative individuals to HIV prevention services, including PrEP;

5.2 Reduce stigma associated with HIV so that individuals at risk can seek testing and fully engage in treatment;

5.3 Develop an action plan outlining current disproportionalities among identified populations with recommended 10-year targets for reductions in those disproportionalities and strategies for achieving those reductions;

5.4 Refine referral and linkage services to address co-factors that lead to disparate outcomes, such as mental illness, substance abuse, unemployment/underemployement, lack of insurance, unstable housing, and food scarcity; and

5.5 Refine programs that provide assistance in navigating the health care system, including benefits access.

Activity 5.1 recognizes the important role of community engagement, and involving key stakeholders, service providers, community members and persons living with or at risk for HIV can play in developing meaningful strategies for ending the HIV epidemic. This activity calls for staff to continue commencing annual regional planning meetings to provide information about the current state of HIV and solicit input on additional strategies and resources that will help achieve the goal of ending the epidemic.

Activity 5.2 recognizes that stigma related to HIV continues to be a major factor in the continuation of the epidemic. Stigma prevents people from seeking out risk-based HIV testing or from seeking HIV treatment. Other parts of this implementation plan, including activity 1.4 and 2.1, seek to reduce the impact of stigma through media campaigns and through making HIV testing a routine part of health care. This activity will ask staff to identify additional strategies that will also reduce HIV-related stigma.

Activity 5.3 asks staff to create an action plan that provides baseline data for populations experiencing disproportionalities along with 10-year targets for reducing those disproportionalities. The plan will incorporate the input of the community engagement process described in activity 5.1. Populations for this action plan include women of all ethnicities; young adults, particularly African-American and Latino; African-American and Latino men who have sex with men; transgender persons; Native Americans; and gay, bisexual and other men who have sex with men who are over 50 years of age.

Activity 5.4 recognizes that HIV disproportionality is linked to the social determinants of health and that reducing HIV risk in disproportionally impacted populations will require linking high-risk individuals to services and programs that address these co-factors, including mental health and substance abuse treatment services, employment development programs, insurance programs, housing programs and food programs. This activity does not necessarily call for the creation of additional resources but for refinement of assessment and referral mechanisms so that individuals who have need of additional services can be linked successfully to those services.

Activity 5.5 further recognizes that poverty is a common factor among disproportionately impacted populations and that individuals at high-risk for HIV will require assistance in navigating the health care system. This activity calls for staff to identify and implement strategies that will improve access to health care and benefits for these populations, including individuals living with HIV as well as those who are at high risk for infection.

6. Pursuing policies that will help achieve Getting to Zero.

Many of the Task Force's specific recommendations related to #6 are addressed elsewhere in the implementation plan. These include convening a Getting to Zero summit for the local health care system, which is addressed under recommendation #2, and full implementation of PrEP and PEP, which is addressed by recommendation #3.

The implementation plan includes four additional activities:

6.1 Explore options for enhancing coordination of County HIV services across departments;

6.2 Explore options for adding statements to the County's Legislative Program in support of items related to Getting to Zero;

6.3 Advocate for continuation of funding of the Ryan White Treatment Extension Act at 2016 levels or above; and

6.4 Advocate for increases in funding for conducting HIV education and prevention activities.

Activity 6.1 recognizes that the County provides HIV services through several departments and calls for staff to develop systems to coordinate planning and implementation of services to achieve the goal of Getting to Zero.

Activity 6.2 calls for staff to recommend adding additional statements to the County's legislative program. This activity will be conducted annually.

Activity 6.3 focuses on the continuing and vital role that Ryan White funding plays in addressing the needs of individuals and families in San Diego County who are living with or impacted by HIV. It also recognizes the significant and robust health outcomes achieved by individuals who receive Ryan White-funded services and calls for the County to advocate for continuation of Ryan White funding and 2016 levels or higher.

Finally, activity 6.4 identifies the continuing need to increase funding for HIV education and prevention activities, particularly in light of the development of PrEP as an effective intervention for the prevention of HIV in high-risk individuals.

Partnerships

The HIV service delivery system in San Diego County has always relied upon close partnerships among the County, research institutions, federally qualified health centers, community-based organizations, and advocates. Each of these partners has a long and impressive history of dedicated, compassionate and culturally responsive service delivery to the diverse communities disproportionately impacted by HIV. Moreover, new partners will emerge, and they will be welcomed into this service delivery system. The energy and expertise of all of these partners, whether existing or emerging, will be essential for Getting to Zero.

Evaluation

Staff are developing the evaluation framework for Getting to Zero in San Diego County. The framework will be informed by several national models, including:

- The HIV Care Continuum, which provides a simple, visual display of the success in identifying individuals living with HIV, linking them to care, and supporting optimum health outcomes;
- The National HIV/AIDS Strategy, which provides specific national targets for ending the epidemic and leading indicators of success; and
- Healthy People 2020 goals, which provides specific objectives related to halting the HIV epidemic.

From these national models, measures and objectives that are most relevant to the local HIV epidemic will be selected. At the broadest level, these objectives will include reductions in the number of new HIV diagnoses and new AIDS diagnoses and increases in the percentage of persons living with HIV who are identified, linked to care, retained in care, and who achieve viral suppression. Additional measures will focus on the success of HIV prevention efforts, including identification of individuals at high risk for HIV infection and implementation of PrEP and PEP. Finally, these objectives will be examined for each of the populations that is disproportionately impacted by HIV.

Stakeholder input will be sought, as well as the input of the County's citizen advisory boards, including the HIV Planning Group and the Health Services Advisory Board. We will also seek the input of key stakeholders and the communities that are impacted by HIV to build an evaluation framework that will be meaningful for San Diego County's diverse region.

Implementation Plan

The check marks below indicate when the activity will first start and/or be implemented.

Goals	Timeframe		
	FY15-16 Through FY 17-18	FY 18-19 Through FY 20-21	FY 21-22 Through FY 25-26
1. Increase awareness of HIV as a continuing public health priority			
1.1 Develop and implement campaign to promote awareness of pre-exposure prophylaxis (PrEP) among high-risk populations ***(in progress)***	✓		
1.2 Expand current HIV prevention social media activities to promote HIV awareness throughout the County ***(in progress)***	✓		
1.3 Identify additional funding sources to support ongoing media activities	✓		
1.4 Explore potential partnerships with national HIV campaigns, such as Greater Than AIDS, to normalize testing, diagnosis and treatment of HIV and to decrease stigma related to HIV	✓		
2. Engage public and private health care systems in Getting to Zero			
2.1 Work with healthcare systems and providers to increase adoption of recommendations of the Centers for Disease Control and Prevention and the U.S. Preventive Services Task Force with regard to routine HIV testing in health care settings	✓		
2.2 Educate health care systems and providers about County and community resources that support linkage to and retention in care for persons living with HIV as well as resources for persons at high risk for infection	✓		
2.3 Develop systems to ensure all individuals newly diagnosed with HIV are linked to care and commence treatment within 30 days		✓	
2.4 Convene biennial Getting to Zero Summits focused on the local HIV service delivery system and providers	✓		
3. Promote and support availability of PEP & PrEP to reduce HIV infection among high-risk individuals			
3.1 Incorporate PEP and PrEP education into County HIV prevention and HIV testing programs ***(in progress)***	✓		

Goals	Timeframe		
	FY15-16 Through FY 17-18	FY 18-19 Through FY 20-21	FY 21-22 Through FY 25-26
3.2 Develop and implement media campaigns to educate populations at high risk for HIV infection about PEP and PrEP and how to access them ***(in progress)***	✓		
3.3 Develop systems to immediately link individuals who have had a high-risk HIV exposure to PEP	✓		
3.4 Explore providing access to PEP through County STD Clinics for individuals who are uninsured or underinsured	✓		
3.5 Provide PrEP education to all HIV-negative individuals seeking services at the County's STD Clinics, and provide referrals to PrEP navigation assistance for individuals who are seeking PrEP ***(in progress)***	✓		
4. Use data to improve outcomes			
4.1 Implement Data to Care program, which utilizes HIV surveillance data to identify individuals who have been diagnosed with HIV but who are not currently receiving HIV care so that they can be re-engaged in care ***(in progress)***	✓		
4.2 Implement use of HIV surveillance data to identify all individuals who are newly diagnosed with HIV in San Diego County so that they can receive HIV Partner Services, linkage to care, and referrals to support services ***(in progress)***	✓		
4.3 Implement use of STD surveillance data to identify individuals at high risk for HIV infection so that they can be encouraged to obtain HIV testing and can be provided with referrals to services ***(in progress)***	✓		
5. Address disproportionality			
5.1 Convene regional planning meetings to assess key factors in 1) encouraging HIV testing among high-risk populations; 2) ensuring that HIV-positive individuals are retained in care; and 3) linking high-risk, HIV-negative individuals to HIV prevention services, including PrEP	✓		
5.2 Reduce stigma associated with HIV so that individuals at risk can seek testing and fully engage in treatment		✓	

Goals	Timeframe		
	FY15-16 Through FY 17-18	FY 18-19 Through FY 20-21	FY 21-22 Through FY 25-26
5.3 Develop an action plan outlining current disproportionalities among identified populations with recommended 10-year targets for reductions in those disproportionalities and strategies for achieving those reductions		✓	
5.4 Refine referral and linkage services to address co-factors that lead to disparate outcomes, such as mental illness, substance abuse, unemployment/underemployement, lack of insurance, unstable housing, and food scarcity		✓	
5.5 Refine programs that provide assistance in navigating the health care system, including benefits access		✓	
6. Pursue policies that promote Getting to Zero			
6.1 Explore options for enhancing coordination of County HIV services across departments	✓		
6.2 Explore options for adding statements to the County's Legislative Program in support of items related to Getting to Zero	✓		
6.3 Advocate for continuation of funding of the Ryan White Treatment Extension Act at 2016 levels or above	✓		
6.4 Advocate for increases in funding for conducting HIV education and prevention activities	✓		