EBGTZ HIV strategic plan: key communities and references

Updated 5/22/2024

East Bay HIV data, epidemiology and disparities can be found on these websites:

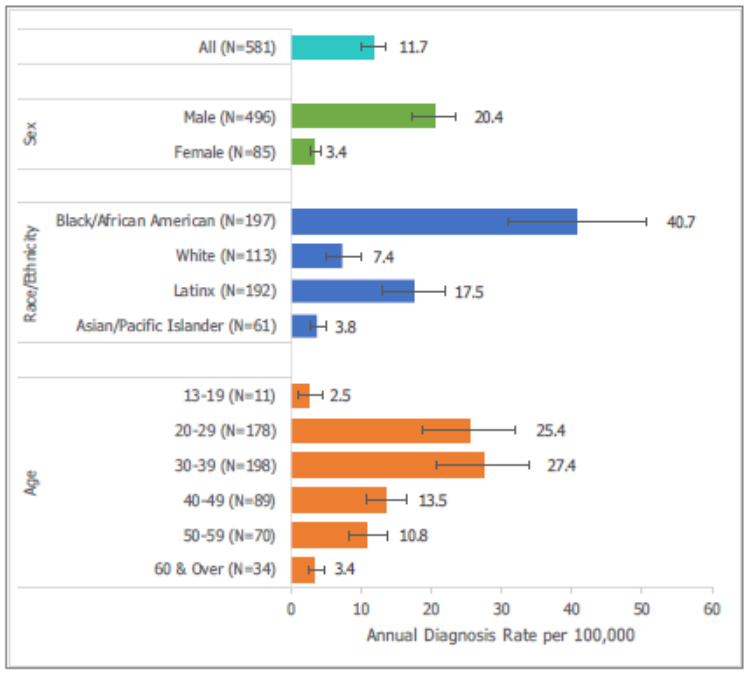
- US Ending the HIV Epidemic AHEAD Dashboard for Alameda County
- AIDSVu local HIV/AIDS data including PrEP estimates
- Alameda County Public Health Department HIV epidemiology reports
- EBGTZ data page and strategic plan in English (on pages 2-4) and en Español (en las páginas 2-4)

The following key communities have been identified as facing a disproportionate number of HIV diagnoses or late diagnoses. The disparity summary and references are listed below.

Disproportionate HIV diagnoses:

- Black/African American people, including women (5.5-6.9x)
    - Alameda County: 5.5x the HIV diagnosis rate of White people (from *HIV in Alameda County, 2019-2021*; ACPHD HIV Epidemiology and Surveillance Unit, February 2023.)
    - Contra Costa County: 6.9x the rate of new diagnoses compared to White people in 2018 (CCHS 10/2020)
    - Preliminary data analyzed at the end of 2023 shows similar disparities.

Figure 5: Rates of New Diagnoses, Alameda County, 2019-2021



- Latinx people (2.3-2.4x)
    - Alameda County: the proportion of newly diagnosed PLWH who identify as Latinx increased 2020-2022 from 33% to 39%. (ACPHD 11/2023) 2.4x the HIV diagnosis rate of White people. (ACPHD 2/2023)
    - Latinx people ages 20-29 had a 4.3% annual increase in diagnosis rate from 2006 to 2019. (ACPHD 12/2021)
    - Contra Costa County: 2.3x the rate of new diagnoses compared to White people in 2018. (CCHS 10/2020)
    - Preliminary data analyzed at the end of 2023 suggests a disproportionate increase in diagnoses among Latinx people in both Alameda and Contra Costa Counties from 2017 to 2022.
- Youth/young adults ages 20-39 (7.5-8.1x)
    - People ages 20-29 have 7.5x the HIV diagnosis rate of people ages 60+.
    - People ages 30-39 had 8.1x the rate of people ages 60+. (ACPHD 2/2023)
- Transgender people
    - CDC: A 2019 systematic review and meta-analysis found that an estimated 14% of transgender women have HIV. (35x the overall % for Alameda County.) By race/ethnicity, an estimated 44% of black/African American transgender women, 26% of Hispanic/Latina transgender women, and 7% of white transgender women have HIV.

    - Among the 125 people living with HIV identified as transgender in Alameda County as of 2020, 92% identified as transwomen, and 8% identified as transmen. (ACPHD 12/2021)
- Men who have sex with men (~28x)
    - 67% of new diagnoses were among MSM 2020-2022, down from 73% in 2019-2021 (ACPHD 11/2023).
    - About 1 in every 10 MSM (11.1%) nationwide are living with diagnosed HIV (AIDSVu), compared to the 0.4% overall diagnosis rate in Alameda County.
- People who use drugs (~33x)
    - Avert.org: It is thought that there are approximately 11.8 million people who inject drugs worldwide, and 13.1% of them are thought to be living with HIV. (reference) Three countries account for nearly half of all people who inject drugs globally - China, Russia and the United States. (reference)
- People who are incarcerated (3x)
    - Overall, the HIV seroprevalence among incarcerated individuals is 1.5%, approximately 3 times greater than among the general U.S. population. (reference)
- People experiencing homelessness (5x)
    - 2% of people experiencing homelessness in Alameda County reported an HIV diagnosis during the 2022 homeless point-in-time count, which is 5x the rate of HIV diagnosis in Alameda County overall. The 2% rate of HIV diagnosis is a decrease from the 5% people experiencing homelessness in Alameda County who reported an HIV diagnosis during the 2019 homeless point-in-time count though it's unclear how the self-reported HIV rates compare between these two cross-sectional surveys.

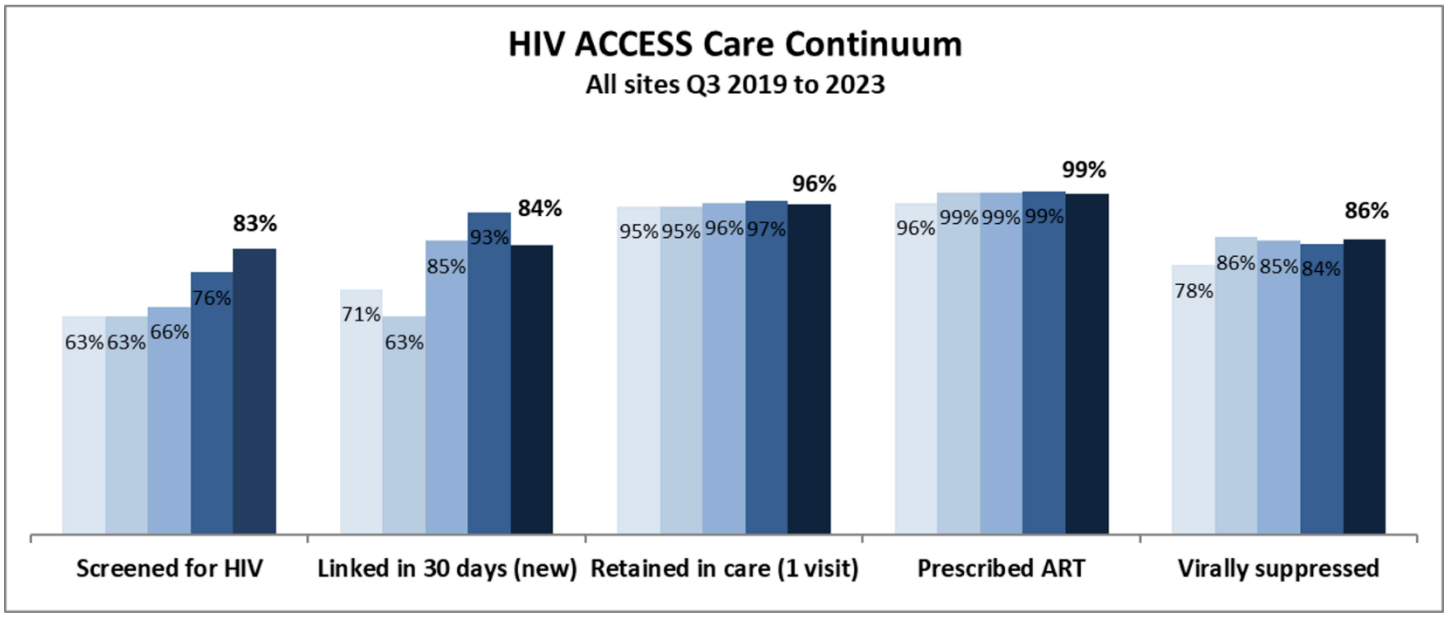
Disproportionate late diagnoses:

- Older adults ages 50+
    - 30% people ages 60+ had AIDS diagnoses within the same year of their HIV diagnosis, down from 38% in 2019, compared to 22% overall. (ACPHD 12/2021)
- Latinx people
    - Latinx people have the highest rate of late diagnoses of the race/ethnic groups at 24% compared to 22% overall.
    - Latinx women have highest rate of late diagnosis of any age/ethnicity group measured at 36%, with Latinx women 50 and older with the highest of all at 70% with late diagnoses. (ACPHD 12/2021)
- Asian and Pacific Islander people
    - Asian and Pacific Islander people ages 25-29 had a late diagnosis rate of 35% compared to 22% overall.
- Young people of color (POC) ages 13-29, especially those who are non-US-born
    - Young people of color (POC) ages 13-29 had a late diagnosis rate of 14% compared to 11% for young white people ages 13-29. (ACPHD 12/2021)

Disparities in linkages for newly diagnosed people

- Public hospital vs. community clinics (HIV ACCESS QI data for year ending September 30, 2023)
    - 63% of people linked to care at the Highland Adult Immunology Clinic within 30 days, down from 88% in 2022 and 73% in 2021. This is thought to be due to significant staff turnover the past year.
    - 93% of people linked within 30 days at the 4 HIV ACCESS community health centers, down from 94% linked within 30 days in 2022 and 97% in 2021.
    - Highland ED: 36 newly diagnosed people were given same-day rapid ART in 2022 in a new rapid ART initiative. (Highland ED HIV program data from February 2023.)
- People who use drugs
    - 86% of the people not linked to care from the Highland ED have documented substance use, including alcohol and other drugs; not including marijuana. (Highland ED Oct-Nov 2020 analysis)
- People without phones
    - 56% of the people not linked to care from the Highland ED did not have functioning phones at the time of diagnosis. (Highland ED Oct-Nov 2020 analysis)
- People with mental health conditions, not including depression or anxiety
    - 24% of people not linked from the Highland ED, and 20% of those not linked within 30 days to the Highland AIC had a mental health diagnosis (not including depression or anxiety) in their medical chart. (Highland ED and AIC analysis, Oct-Nov 2020 analysis)

- People experiencing homelessness
    - 12% of people not linked from the Highland ED, and 22% of those not linked within 30 days to the Highland AIC were documented to have unstable or no housing at the time of diagnosis. (Highland ED and AIC analysis, Oct-Nov 2020 analysis)



Summary of overall trends seen in HIV ACCESS data from 2017 to 2023:

Overall, HIV ACCESS retention rates for 2 visits have been similar over the past 5 years (86-89%) and while the viral load suppression rate dropped during the first year of the pandemic to 80%, it is now back up to 86%. Nearly half of the people without viral load suppression are taking ART but don't have lab results in the past year, often due to difficulty accessing lab services, so it is likely that viral suppression rates are higher.

- Gender identity: Retention and suppression rates for transgender people improved in the past five years.
- Race/ethnicity:
    - While Black/African American PLWH still have disproportionate new diagnoses, viral load suppression rates among Black/African American HIV ACCESS clients have improved significantly. The viral suppression disparity gap closed from 2017 to 2022.
    - Latinx PLWH, however, are increasing in proportion and are less likely to be retained in care compared to other races and ethnicities.
- Age: Age disparities are similar from 2017 to 2022, with clients ages 20-49 less likely to be retained and/or virally suppressed, though viral suppression has improved for youth ages 13-24.
- Exposure: People who inject drugs (PWID) were less likely to be retained in care compared to other groups, and retention has trended downward over the past five years.
- Insurance: Similar disparities among insurance status were seen 2019 to 2022 with Medi-Cal clients less likely to be virally suppressed and Ryan White (uninsured) clients are less likely to be retained in care.
- Housing status: Our proportion of unhoused/not stably housed clients increased from 4% to 7% from 2020 to 2022. While retention and suppression rates went down from 2019 to 2022, viral suppression rates increased significantly from 2020 to 2022 from 43% to 77%, reducing the disparity gap between housed and unhoused people.
- Key populations: Viral suppression rates among transgender clients and youth ages 13-24 have improved while retention in care for MSM of color has trended downward from 2019 to 2022.

Disparities in retention in care for people living with HIV
(HIV ACCESS disparities analysis using data through December 2022 and completed August 2023)

- Transgender people (transwomen and transmen)
    - 81% retention in care compared to 86% overall retention
- People ages 20-29
    - 2.3x less likely to be retained in care compared to overall retention rates
    - Young white people ages 13-29 in Alameda County had a lower retention rate of 42% compared to 58% for young POC ages 13-29 in 2019. (ACPHD 12/2021)
- People ages 30-39
    - 1.7x less likely to be retained in care compared to overall retention rates
- People who inject drugs (increased gap)
    - 1.4x less likely to be retained in care compared to overall retention rates
- Uninsured people
    - 1.7x less likely to be retained in care compared to overall retention rates
- MSM of color (new gap)
    - 1.3x less likely to be retained in care compared to other clients

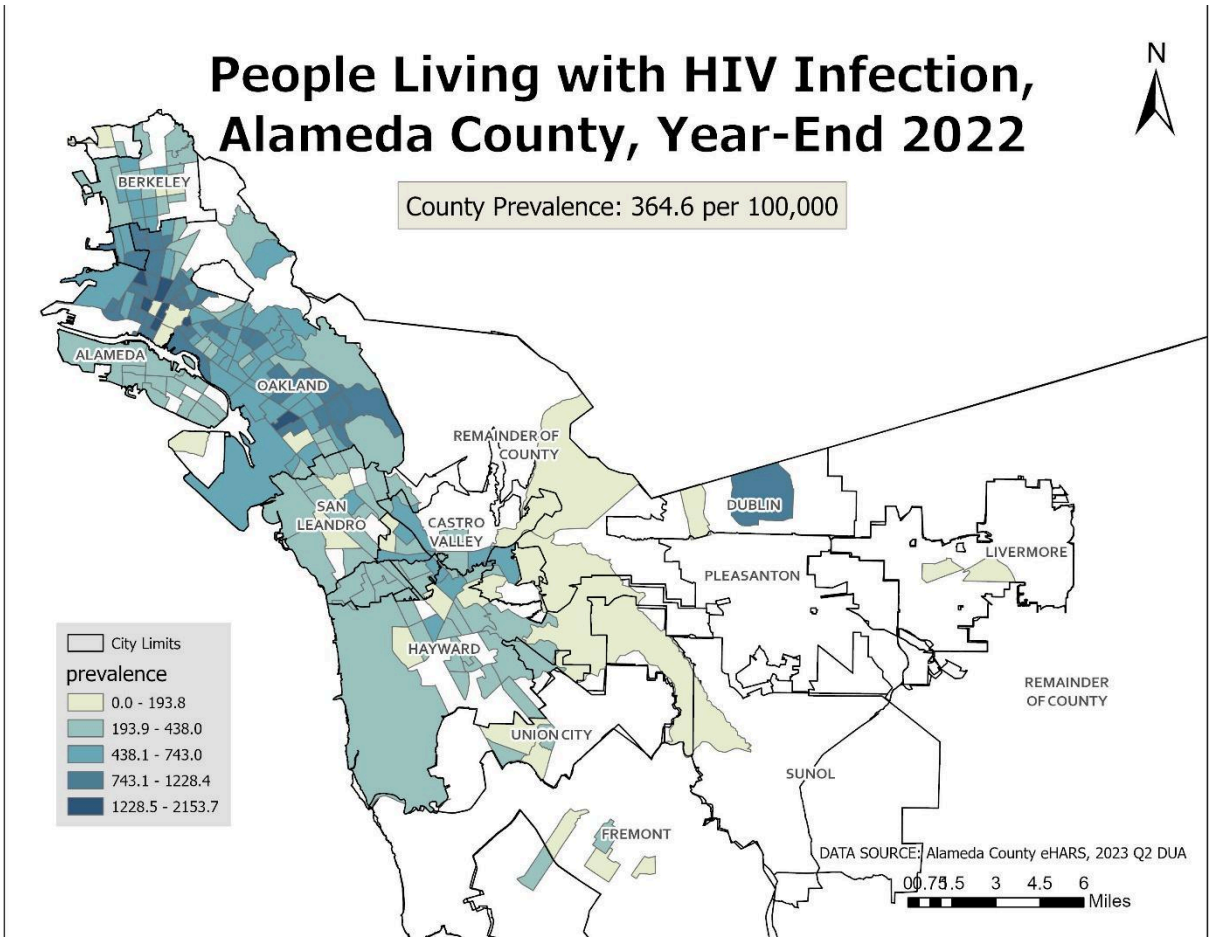
Disparities in viral load suppression (viral loads <200 copies/mL) for people living with HIV
(HIV ACCESS disparities analysis using data through December 2020 and completed July 2021; will be updated in 2023)

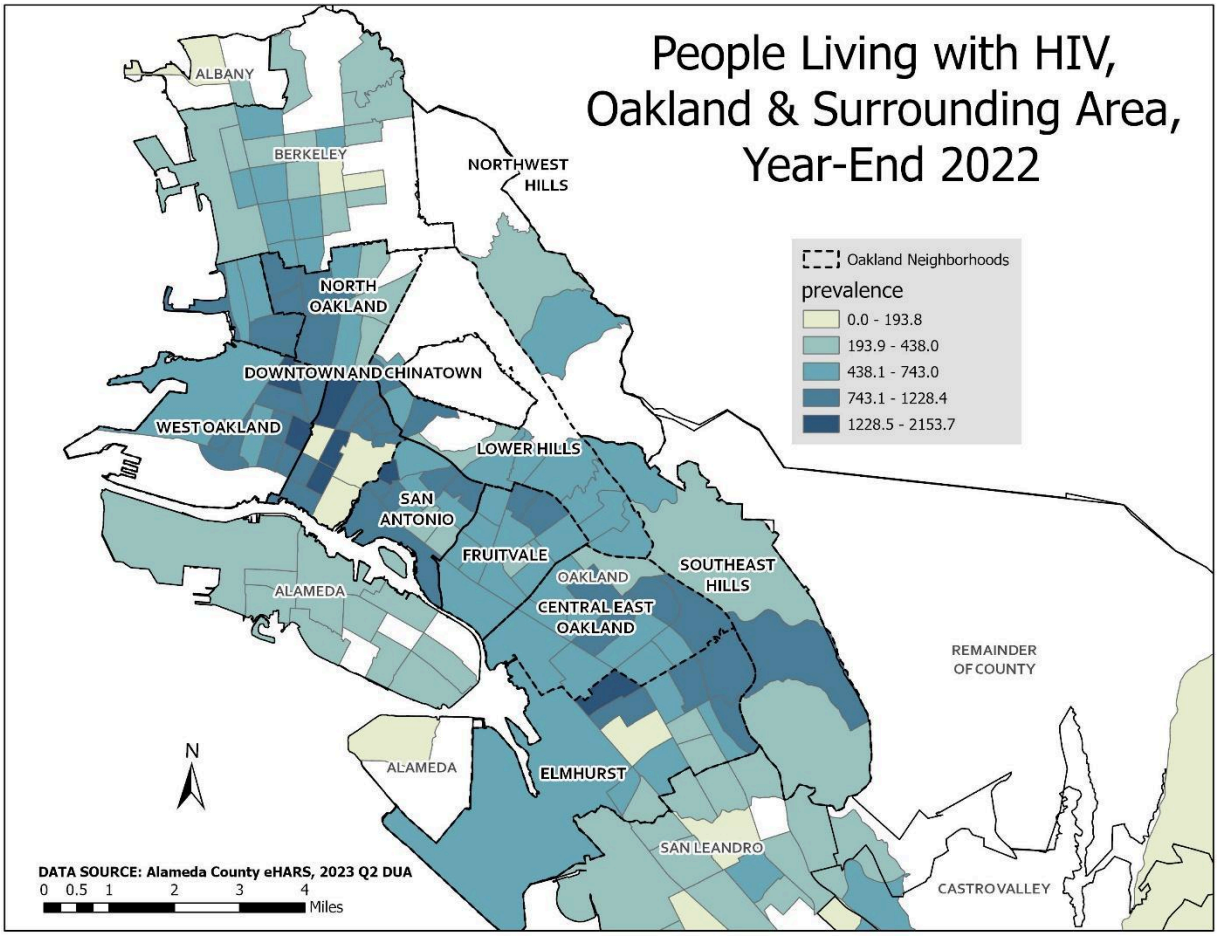
- Black/African American people (gap closed): disparities gap seen in 2020 is no longer present in 2022 data.
- MSM and transwomen who inject drugs (gap closed): disparities gap seen in 2020 is no longer present in 2022 data.
- Clients whose primary language is English (new demographic group analysis) were 1.6x less likely to be virally suppressed than clients with other primary languages.
- Young adults ages 20-29 (decreased gap)
    - 1.7x less likely to be virally suppressed compared to overall viral load suppression rates
    - Young white people ages 13-29 in Alameda County had a lower viral load suppression rate of 80% compared to 88% for young POC ages 13-29 in 2019. (ACPHD 12/2021)
- People ages 40-49 (new gap)
    - 1.3x less likely to be virally suppressed compared to overall viral load suppression rates
- People who are unstably housed (decreased gap)
    - 3.8x less likely to be virally suppressed compared to overall viral load suppression rates

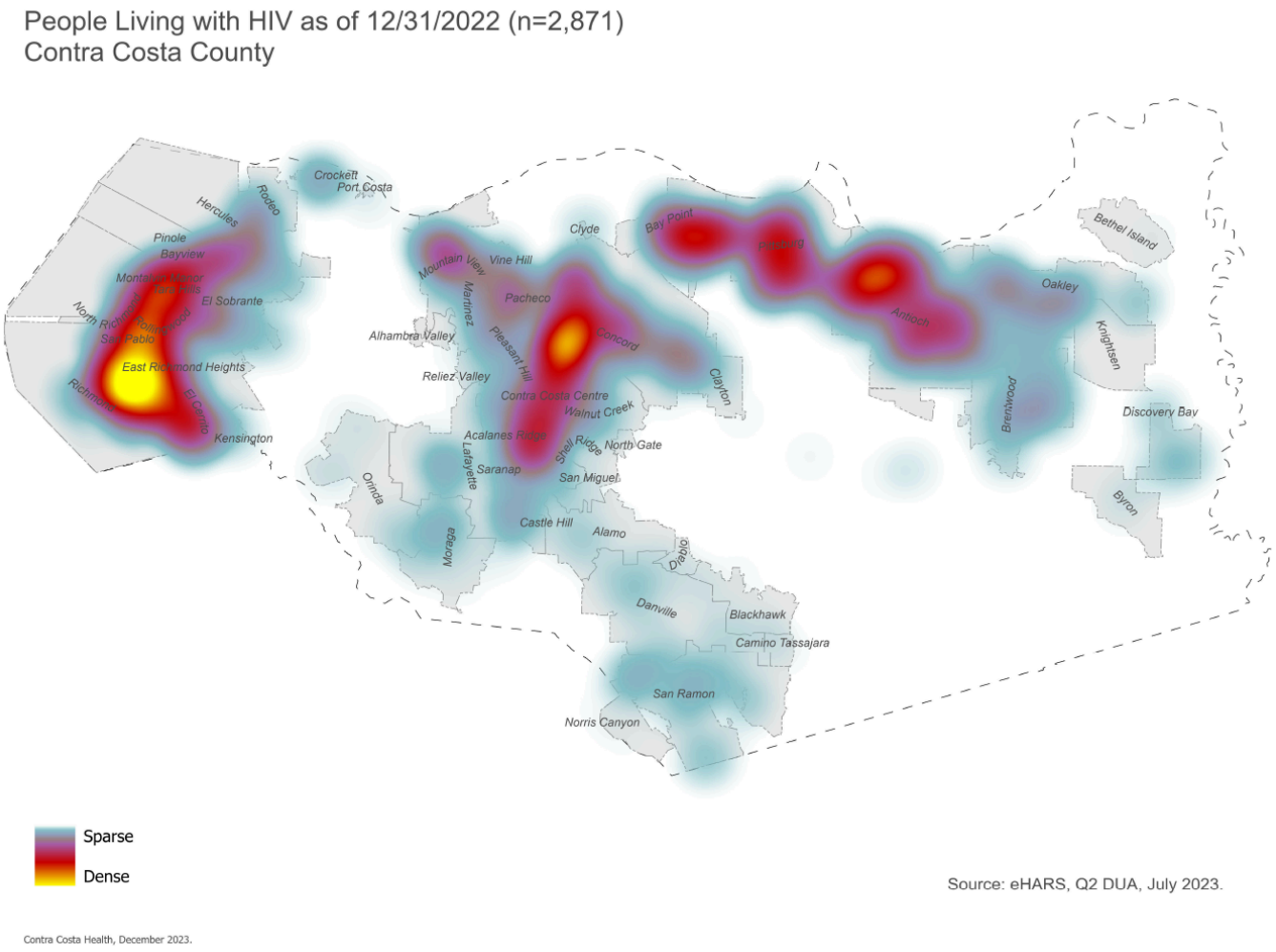
Geographic location (heat maps) of where PLWH live in Alameda and Contra Costa Counties:

- Alameda County maps are from the Alameda County Public Health Department, HIV Epidemiology and Surveillance Unit, March 2024.

- The Contra Costa County map is from the Contra Costa Health Epidemiology team, January 2024. Source: eHARS, Q2 DUA, July 2023.


People Living with HIV Infection, Alameda County, Year-End 2022
N
County Prevalence: 364.6 per 100,000
BERKELEY
ALAMEDA
OAKLAND
REMAINDER OF COUNTY
SAN LEANDRO
CASTRO VALLEY
DUBLIN
LIVERMORE
PLEASANTON
HAYWARD
REMAINDER OF COUNTY
UNION CITY
SUNOL
FREMONT
City Limits
prevalence
0.0 - 193.8
193.9 - 438.0
438.1 - 743.0
743.1 - 1228.4
1228.5 - 2153.7
DATA SOURCE: Alameda County eHARS, 2023 Q2 DUA
0 0.75 1.5 3 4.5 6
Miles


People Living with HIV, Oakland & Surrounding Area, Year-End 2022
Oakland Neighborhoods
prevalence
0.0 - 193.8
193.9 - 438.0
438.1 - 743.0
743.1 - 1228.4
1228.5 - 2153.7
ALBANY
BERKELEY
NORTHWEST HILLS
NORTH OAKLAND
DOWNTOWN AND CHINATOWN
WEST OAKLAND
LOWER HILLS
SAN ANTONIO
FRUITVALE
OAKLAND
SOUTHEAST HILLS
ALAMEDA
CENTRAL EAST OAKLAND
REMAINDER OF COUNTY
ALAMEDA
ELMHURST
SAN LEANDRO
CASTRO VALLEY
N
DATA SOURCE: Alameda County eHARS, 2023 Q2 DUA
0 0.5 1 2 3 4
Miles



HIV ACCESS client focus groups conducted December 2023, summary of findings:

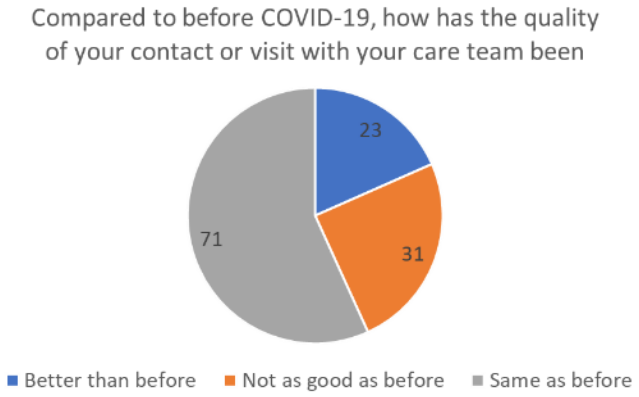
- Participants expressed appreciation for the care they receive, especially being listened to, attentiveness to concerns, receiving high quality and efficient care, reaching the care team directly and scheduling appointments quickly, receiving responses from providers within 1-2 days, receiving timely care even while PCP is away.
- Preferred communication: direct text message, email or conversation with case manager.
- Needs/requests:
    - One-stop shop: having providers, case managers, labs, vaccines, medications all at one location.
    - Providers and staff who speak the same language (e.g. Spanish).
    - Increased access to dental care.
    - Extended clinic, pharmacy and lab hours: evenings and weekends.
    - Online scheduling and ability to choose between in-person, phone or video visits.
    - All-staff training on pronouns and how to handle discrimination, safety and security issues for LGBTQ+ and especially transgender clients.

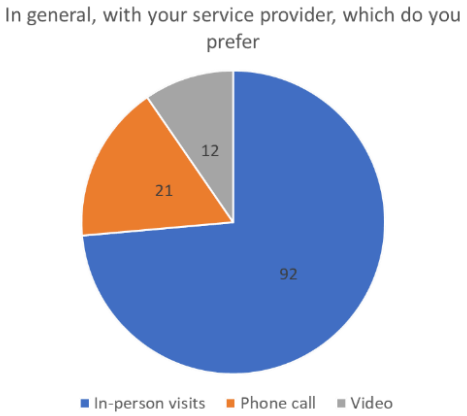
Ryan White Client Survey results (input from people living with HIV in Alameda County), November 10, 2020:

- **Care:** Most people feel that their contact of visit with care teams was the same (57%) as before the COVID-19 pandemic. 25% felt that it was worse. 28% felt it was better.
    - About half (48%) liked phone or video visits less than in-person visits.
    - Most people (74%) would prefer in-person visits over phone/video visits in the future.
    - Respondents were overwhelmingly satisfied or very satisfied with the way they were treated by HIV agencies, how agencies protected safety and privacy, variety of services offered, hours for appointments. Most people were also satisfied with referrals/resources but slightly less so.

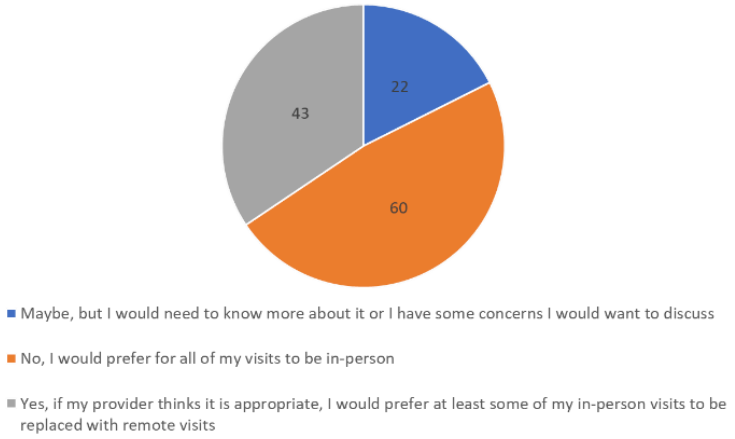
- **Discrimination:** 18 people reported experiencing discrimination, including:
  - housemates not observing precautions,
  - workplace and housing discrimination,
  - messages from the president,
  - racial discrimination (some named discrimination against Black and Chinese people),
  - not being believed by a medical provider, and
  - people sharing housing complexes or in grocery stores not masking.
  - Many people reported feeling unsafe in shared housing complexes where people were not observing precautions.

- **Transportation:** 75% said it would be easier to attend appointments if Lyft or Uber vouchers were available.
- **Cell phone access:** 18% said they don't have a cell phone for video visits.
- **Cell phone costs:** 42% said they need help paying for cell phone costs.

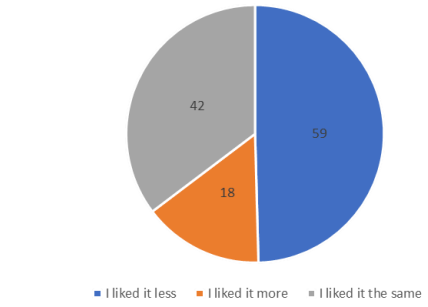




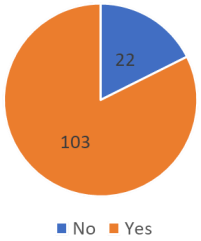
In the future, would you be interested in replacing some of your in-person visits with remote visits (your preference of phone or video)



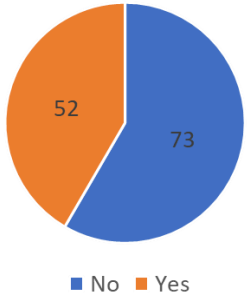
If you had a phone or video visit: Compared to a regular in-person visit, how did you like the visit



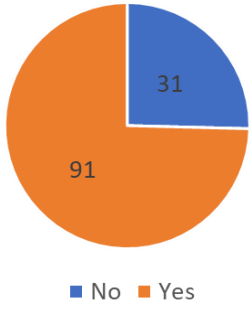
Do you have data on your cell phone that would allow you to have a video appointment with your doctor



Do you need emergency assistance to pay for your cell phone?



Would it be easier for you to attend your appointments if vouchers for Lyft or Uber were available



Have you experienced any form of descrimination?