

Attachment D

Zero Together Plan

ZERO
NEW HIV INFECTIONS
TOGETHER

2016 – 2021

Strategic Plan



End New HIV Infections in the Sacramento Area

ZERO TOGETHER Coalition Members:

Cares Community Health
Harm Reduction Services
Golden Rule Services
Gender Health Center
Sierra Foothills AIDS Foundation
Sacramento LGBT Center
Sacramento County HIV/STD Prevention, Surveillance, and
Ryan White Staff
AIDS Education & Training Center

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Sacramento County HIV/AIDS Prevention
Ryan White Care Act
Cares Community Health

EXECUTIVE SUMMARY

This plan embraces the National HIV/AIDS Strategy and the California Integrated HIV Surveillance, Prevention and Care Plan, and integrates local needs of the Sacramento area.

The primary components of the plan include: testing of high risk people, aggressive linkage and retention in care, use of Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP), syringe exchange and widespread condom distribution.

While we all support universal testing, the practice has not been adopted by a sufficient number of practitioners to make a significant impact. Instead the focus must be on testing those most likely to have acquired HIV based on current testing

data. In the Sacramento area that data supports increased testing among young Black and Latino men who have sex with men.

Equally important is the focus on linkage and retention in care. Linkage means getting newly positive people into care as soon as possible- even the same day if that is feasible. Research has shown that the newly diagnosed should get on antiretroviral medication as soon as possible without even waiting for a viral load test. Retention in care means doing everything necessary to keep a person engaged in their medical care. The overall goal of both linkage and retention in care is getting viral loads suppressed since those with undetectable viral loads do not spread HIV to others.

PrEP and PEP are important prevention tools. PEP is used after a potential exposure to HIV either from a needle stick or from sexual exposure from someone who has a high likelihood to be HIV positive. PrEP is used for those who want to protect themselves from acquiring HIV through sexual contact or needle sharing. PrEP is a proven way to reduce HIV infection in a community and is widely understood to be a valuable tool in ending the spread of HIV.

The Sacramento area has an extremely high STD rate, ranking first among other counties in Chlamydia and within the top five in gonorrhea and syphilis. People with STD's are more likely to get HIV than people without STD's. Because of this, widespread condom distribution is an important activity is both STD and HIV prevention.

Finally, the Sacramento area has been fortunate to have had strong syringe exchange programs for the last twenty years and for that reason, HIV among injection drug users is relatively low. To keep that trend from reversing we need to continue and even expand syringe exchange programs.

Goals & Objectives for the Sacramento Area

1. Reduce new HIV infections

A. Increase the estimated percentage of people with HIV who know their serostatus to at least 95%.

Actions:

- Increase testing among high risk gay men and heterosexuals by marketing all testing sites in Sacramento area.
- Increase testing among young black and Latino men who have sex with men by determining where and how those young men hook up and marketing accordingly

Measurement:

- Increase percentage by 1% per year based on estimates. Latest TGA estimates are 86% in 2014.

| | | |
|------------|------------|------------|
| 2016 – 88% | 2017 – 89% | 2018 – 90% |
| 2019 – 91% | 2020 – 93% | 2021 – 95% |

B. Expand PrEP use to at least 3,100 people.

Actions:

- Implement a wide spread media campaign to educate the public about PrEP beginning in 2016 and annually as needed.
- Conduct provider education efforts using PrEP toolkit each year as needed.

Measurements:

| | | |
|--------------------|-------------|-------------|
| 2016 – 600 on PrEP | 2017 – 1100 | 2018 – 1600 |
| 2019 – 2100 | 2020 – 2600 | 2021 – 3100 |

C. Increase the number of people with HIV who are tested at least annually for STD's to at least 75%

Actions:

- Work with Cares Community Health, Kaiser, and VA Medical Center to track STD testing rates of patients with HIV.

Measurements:

- Develop baseline measures and set annual improvement goals.

D. Increase the percentage of newly diagnosed people with HIV who are linked to medical care within one month of their diagnosis to at least 85%

Actions:

- Develop MOU's between all testing sites and providers.
- Work with Kaiser and VA Medical Center to improve linkage to care.

Measurements:

2014 – TGA 77%, RW Patients 99%. Increase overall TGA rate by 2% per year

| | | |
|------------|------------|------------|
| 2016 – 79% | 2017 – 81% | 2018 – 83% |
| 2019 – 85% | 2020 – 85% | 2021 – 85% |

F. Increase the percentage of HIV+ people who are virally suppressed to at

least 83%.

Actions:

- Work with Kaiser, VA Medical Center and others to track viral load suppression.

Measurements:

2015 - TGA 62%, RW Patients 83%. Increase overall TGA rate by 3.5% per year beginning in 2016.

| | | |
|--------------|--------------|--------------|
| 2016 – 65.5% | 2017 – 69% | 2018 – 72.5% |
| 2019 – 76% | 2020 – 79.5% | 2021 – 83% |

2. Reduce HIV related disparities and health inequities

A. Decrease new HIV diagnoses among all groups by 50% by 2021

Actions:

- Increase testing in each subgroup

Measurements:

| | | |
|-------------------------|-----------|-----------|
| African Americans | 2014 – 42 | 2021 – 21 |
| Hispanic | 2014 – 37 | 2021 – 19 |
| 13-24 years old | 2014 – 30 | 2021 – 14 |
| High risk heterosexuals | 2014 – 47 | 2021 – 24 |
| Men having sex with men | 2014 – 80 | 2021 – 40 |

B. Continue to increase public awareness and fight the stigma of HIV through increased media attention to progress toward ending HIV.