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HIV Care Continuum

Los Angeles County Comprehensive HIV Plan (2017-2012)

REGION	West
PLAN TYPE	EMA, Integrated city/county-only prevention and care plan
JURISDICTIONS	Los Angeles County
HIV PREVALENCE	High

Los Angeles County's Part A's HIV Care Continuum provides detailed and clear charts and descriptions of HIV Care Continuum disparities in Los Angeles; discusses the evolution of the HIV Care Continuum from 2011 in Los Angeles and clinical quality improvement efforts; describes how the HIV Care Continuum was used in the development of the Integrated HIV Prevention and Care Plan strategies and activities, including engagement with the planning bodies; and includes use of HIV Care Continuum data for data to care re-engagement initiatives.

SELECTION CRITERIA: HIV CARE CONTINUUM

Exemplary HIV Care Continuum sections met the following criteria (based on the Integrated HIV Prevention and Care Plan Guidance):

- ☑ Description of diagnosed- or prevalence-based HIV Care Continuum, including the numbers with clear definitions of numerators and denominators, for each step in the HIV Care Continuum
- ☑ Clear visuals of the HIV Care Continuum
- ☑ Description of HIV Care Continuum disparities among key populations
- ☑ Description of how the HIV Care Continuum informs Integrated Plan activities and use of available resources in response to needs of people living with HIV (PLWH) in the jurisdiction
- ☑ Description of how the HIV Care Continuum is used to improve engagement and outcomes of PLWH

Additional exemplary plan sections are available online:
www.targetHIV.org/exemplary-integrated-plans

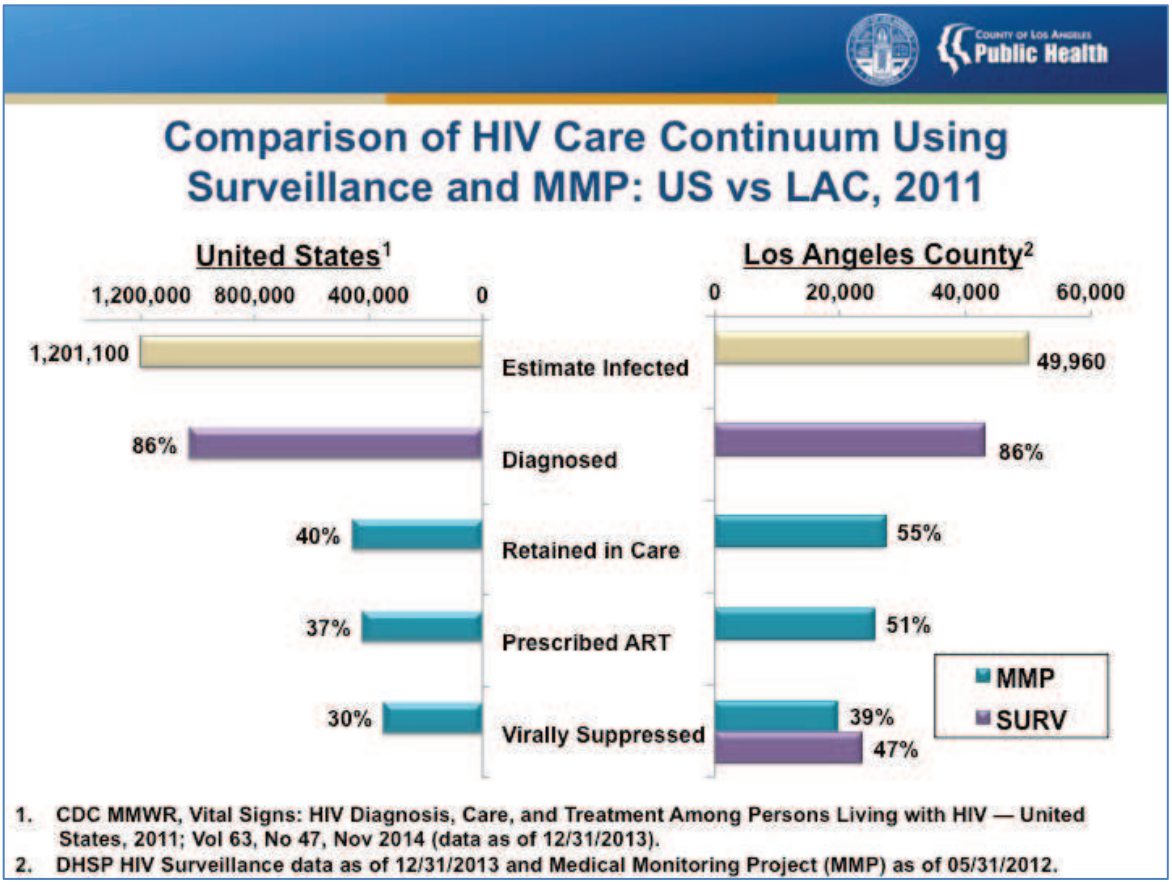
B. HIV Care Continuum in Los Angeles County

a. Description of Los Angeles County's HIV Care Continuum

Los Angeles County has been using the HIV Care Continuum, previously referred to as the "Treatment Cascade" as a framework for planning since 2011 [49]. Except for antiretroviral prescription (i.e., ART prescription), which is part of the national HIV Care Continuum, Los Angeles County has included the HIV Care Continuum indicators in its annual surveillance report since 2013, including both a prevalence-based and diagnosed-based continuum. For local planning, Los Angeles County also measures "engaged in care," which represents PLWH who have evidence of at least one care visit in the previous 12 months. Figure 23 below compares Los Angeles County's HIV care continuum in 2011 with the United States (U.S.).

As seen in 2011, Los Angeles County overall is doing much better than the U.S. in achieving improved health outcomes of persons living with HIV (PLWH). Both *retention in care* and *ART prescription* are substantially higher in Los Angeles County (55% and 51% respectively) than in the U.S. (40% and 37% respectively). Whether measured through its Medical Monitoring Project (MMP) data or HIV surveillance data, Los Angeles County is achieving higher viral suppression than the U.S. average. The county's HIV surveillance data, which provides data on all diagnosed PLWH, shows viral suppression of 47% compared to 30% in the U.S.

Figure 23. Comparison of Prevalence-Based HIV Care Continuum Using Surveillance and Medical Monitoring Project (MMP): United States (U.S.) vs. Los Angeles County (LAC), 2011



Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, April 2016

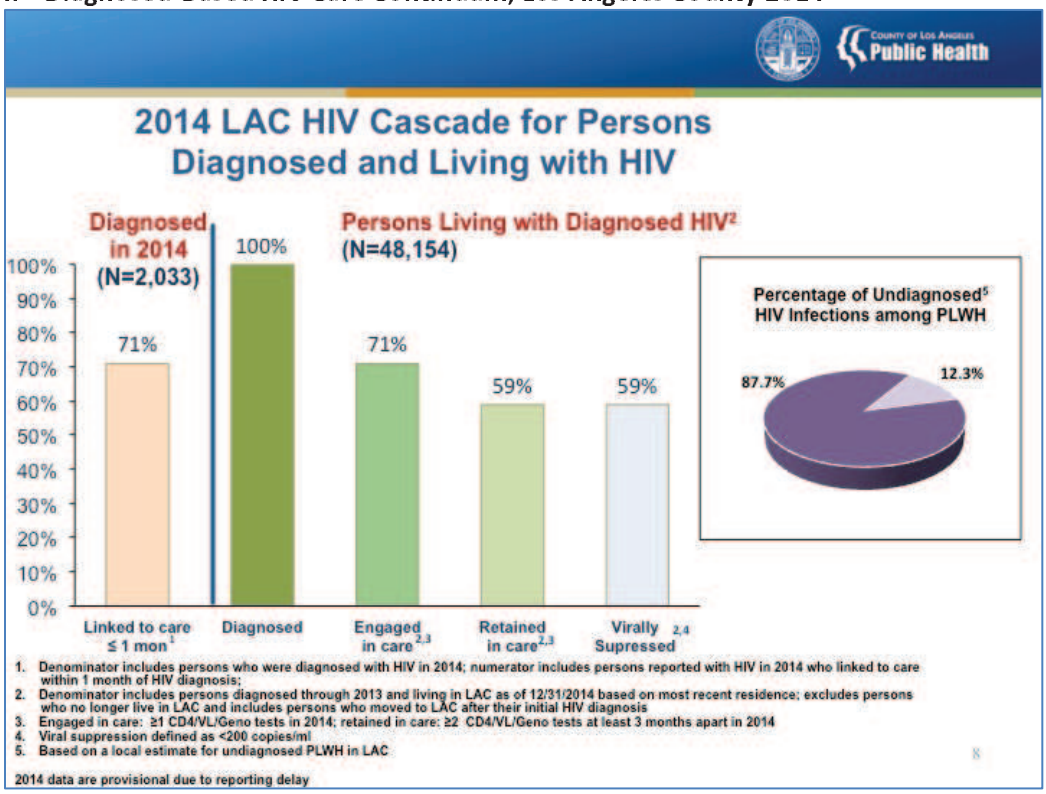
Table 18 presents the description of the numerator and denominator for each indicator presented.

Table 18. Explanation of Numerical Components for Calculation of Diagnosed Based HIV Care Continuum Percentages

Indicator	Numerator	Denominator
HIV Diagnosed	Number of people diagnosed with HIV, excludes individuals who are unaware of their HIV infection	Number of people diagnosed with HIV
Linkage to Care	Persons diagnosed with HIV in 2014 with at least 1 CD4/viral load/genotype test within 1 month of HIV diagnosis	Persons diagnosed with HIV in 2014
Engaged in Care	PLWH with ≥1 CD4/viral load/genotype test in 2014	Persons with diagnosed HIV in Los Angeles County through 12/31/2013 and living with HIV at the end of 2014 [Note: Includes over 6,300 persons who moved to Los Angeles County and excludes over 5,700 who moved from Los Angeles County]
Retained in Care	PLWH with ≥2 CD4/viral load/genotype tests at least 3 months apart in 2014	
Viral load (VL) suppression	PLWH among whom the last viral load in 2014 was <200 copies/ml	

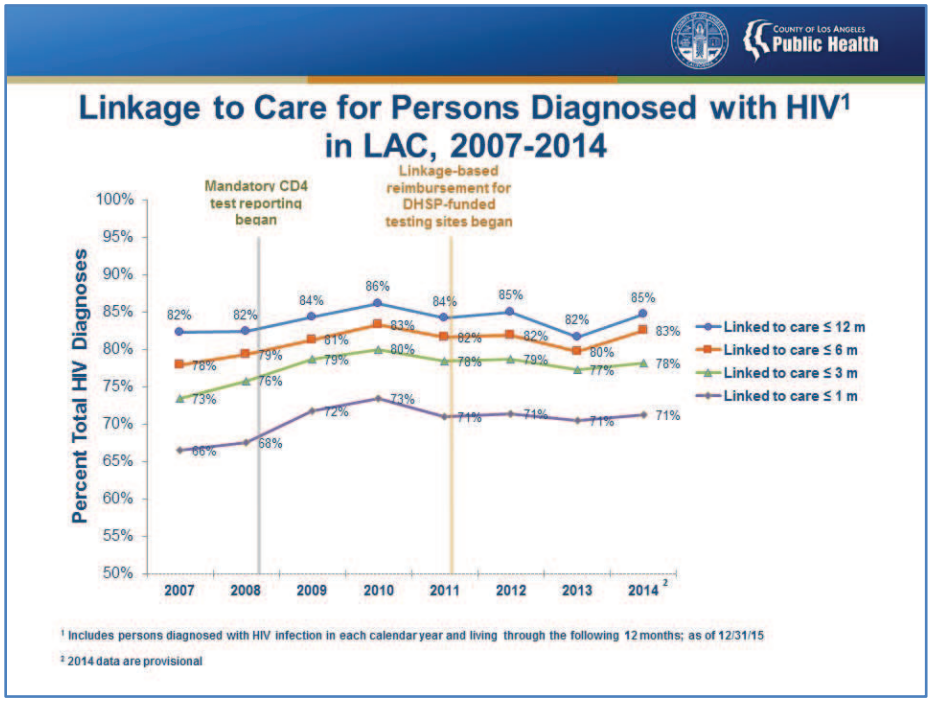
Figure 24 below presents Los Angeles County's 2014 HIV care continuum, which shows significant improvement in the 2011 health outcome measures in Figure 23. Figures 25 and 26 depict the trend in linkage, retention, and viral suppression over eight years from 2007 to 2014.

Figure 24. Diagnosed-Based HIV Care Continuum, Los Angeles County 2014



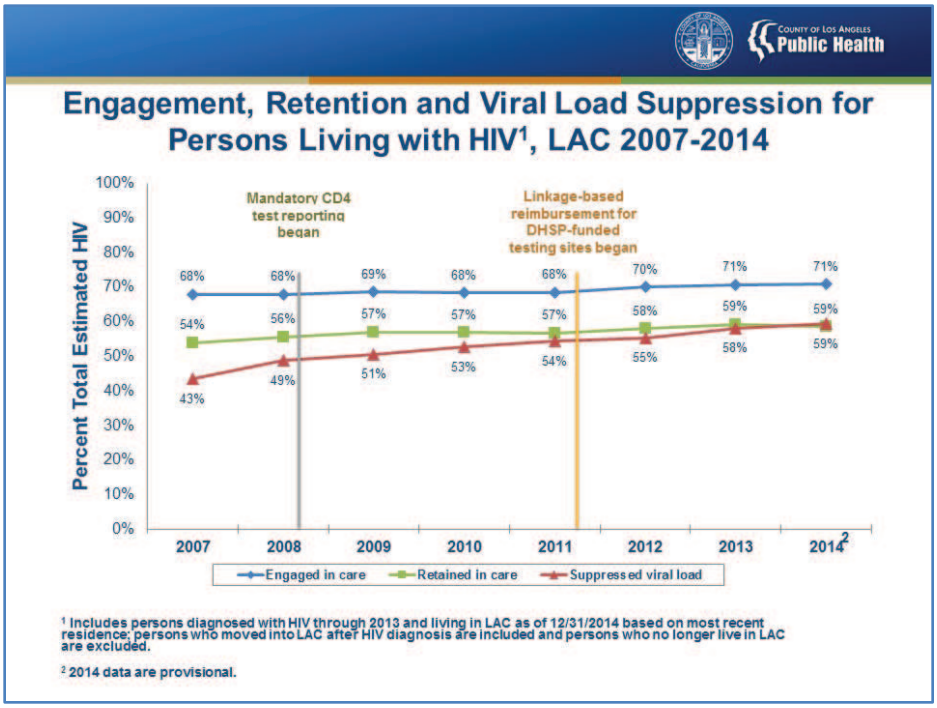
Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, April 2016

Figure 25. Linkage to Care for Persons Diagnosed with HIV in Los Angeles County, 2007-2014



Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, April 2016

Figure 26. Engagement, Retention, and Viral Suppression for Persons Living with HIV, Los Angeles County 2007-2014



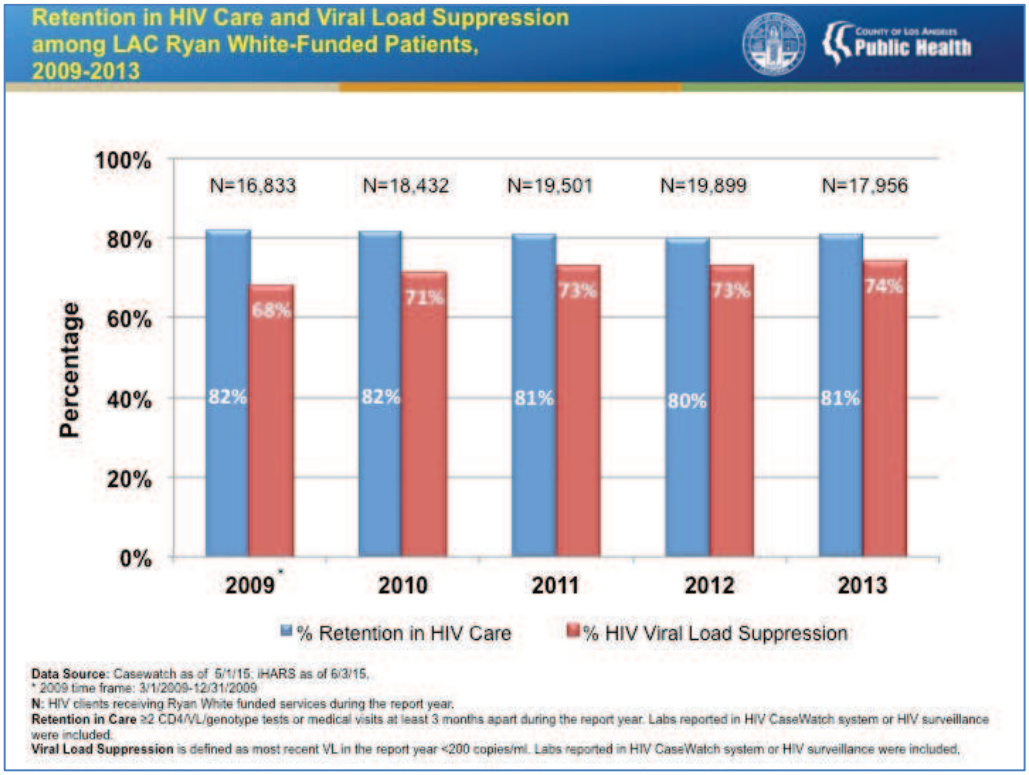
Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, April 2016

As seen in Figure 24, in 2014, 71% of all persons diagnosed with HIV were linked to care within one month of diagnosis. This has remained unchanged since 2011 after having dropped slightly from 73% in

2010 (Figure 25). However, over time, Los Angeles County's linkage to care progressively increases to 85% in 2014 within one year of diagnosis. Overall engagement in care in 2014 is 71% (Figure 24). This has remained relatively flat since 2012 when it was 70% (Figure 26). A similar pattern is seen in retention in care, which is 59% in 2014 (Figure 24). This has increased gradually since 2007 (54%) and remained relatively flat since 2012 (Figure 26). Los Angeles County has seen the most significant improvement in viral suppression, ranging from a low of 43% in 2007 to its current 59% in 2014 (Figure 26). This is an increase of 37 percentage points over eight years.

2010 was the peak year for all HIV Care Continuum indicators and they have all decreased only slightly from that peak. Although Los Angeles County is ahead of the U.S. in meeting the targets established by the National HIV/AIDS Strategy Update to 2020 (NHAS), the challenge to actually reach these targets remains. Figure 27 depicts the HIV Care Continuum measures for Ryan White Part A clients, demonstrating that the NHAS targets are within reach. As seen, in 2013, 81% of Los Angeles County Ryan White clients were retained in care and 74% achieved viral suppression, percentages just shy of the NHAS Update to 2020 targets of *90% retained in care* and *80% viral suppression* [4].

Figure 27. Retention in HIV Care and Viral Load Suppression among Los Angeles County Ryan White Part A Program Clients, 2009-2013

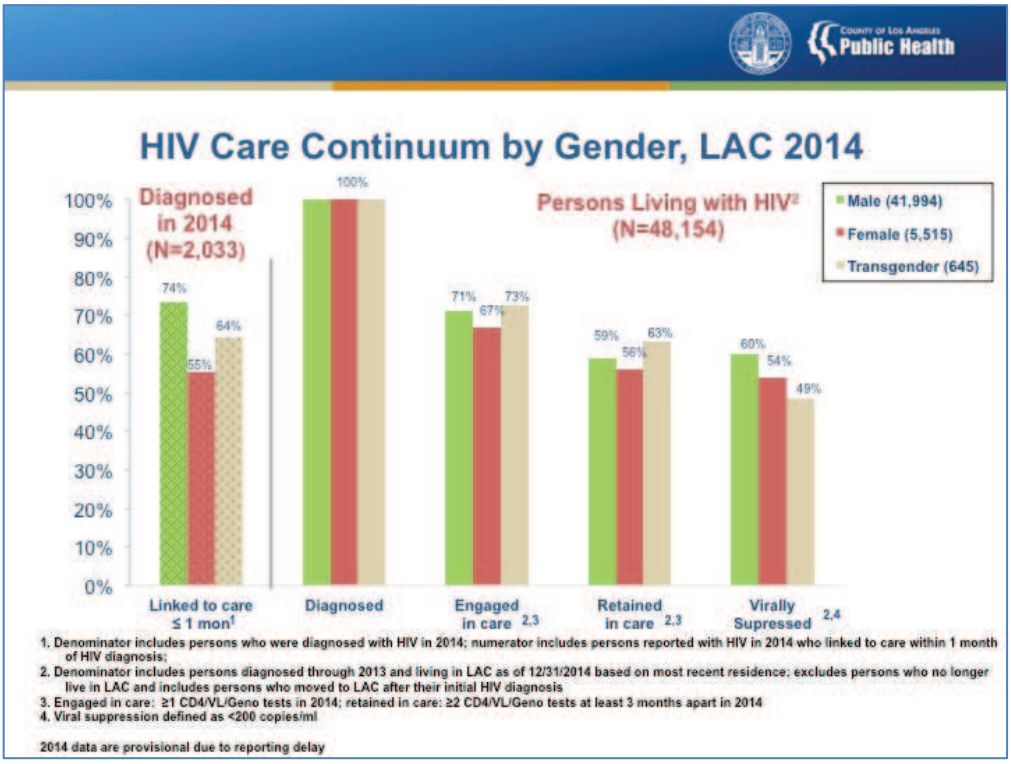


Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, April 2016

b. Disparities among key populations along Los Angeles County's HIV Care Continuum

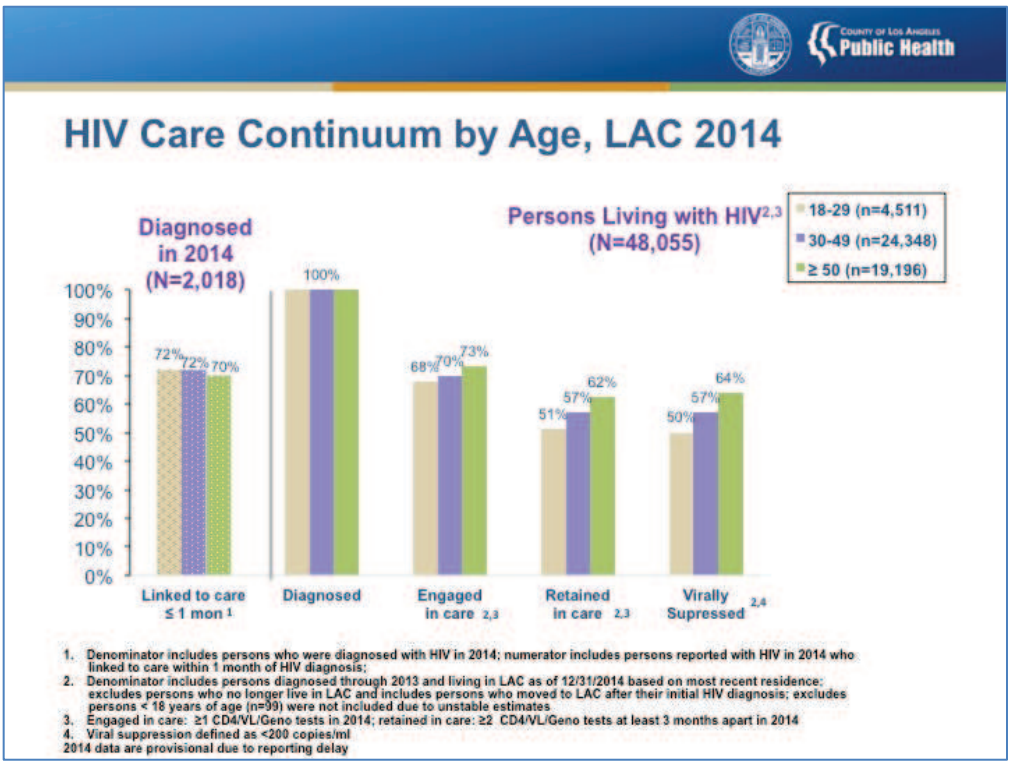
Figure 24 presents the local baseline for Los Angeles County's HIV Care Continuum measures. Figures 28-35 present the county's diagnosed HIV Care Continuum data by population group including: gender (Figure 28), age (Figure 29), race/ethnicity (Figure 30), 18-29 year olds (Figure 31), 18-29 year olds by race/ethnicity (Figure 32), Men who have Sex with Men (Figure 33), Men who have Sex with Men (MSM) by race/ethnicity (Figure 34), and Injection Drug Users (Figure 35).

Figure 28. Diagnosed HIV Care Continuum by Gender, Los Angeles County 2014



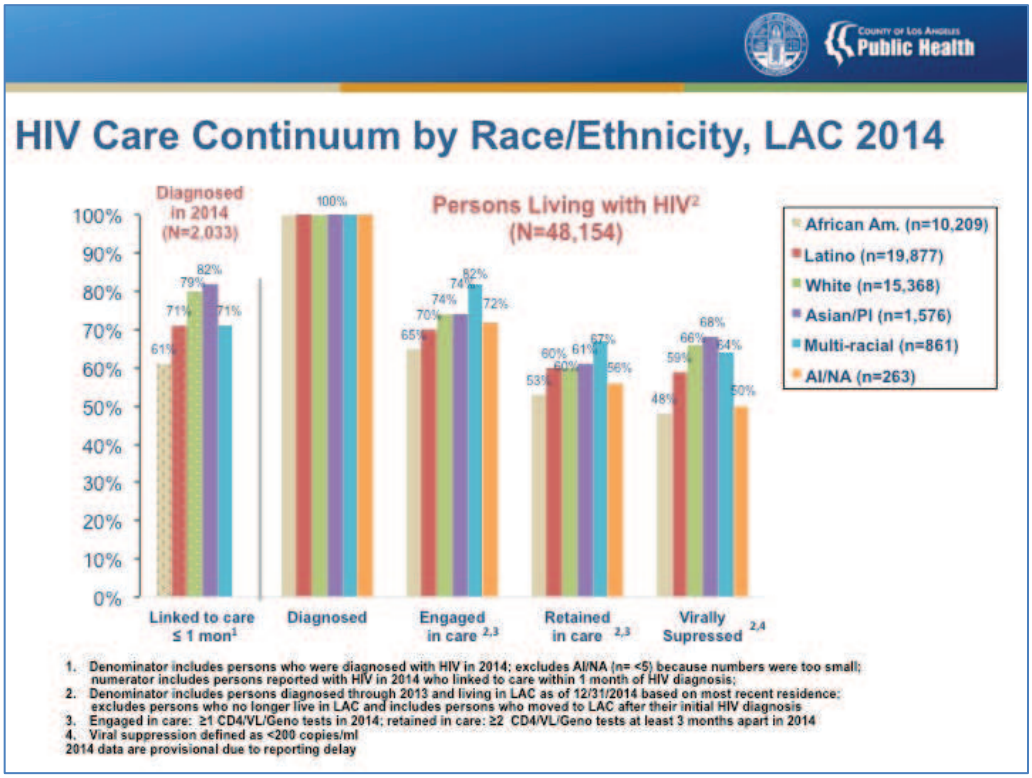
Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, April 2016

Figure 29. Diagnosed HIV Care Continuum by Age, Los Angeles County 2014



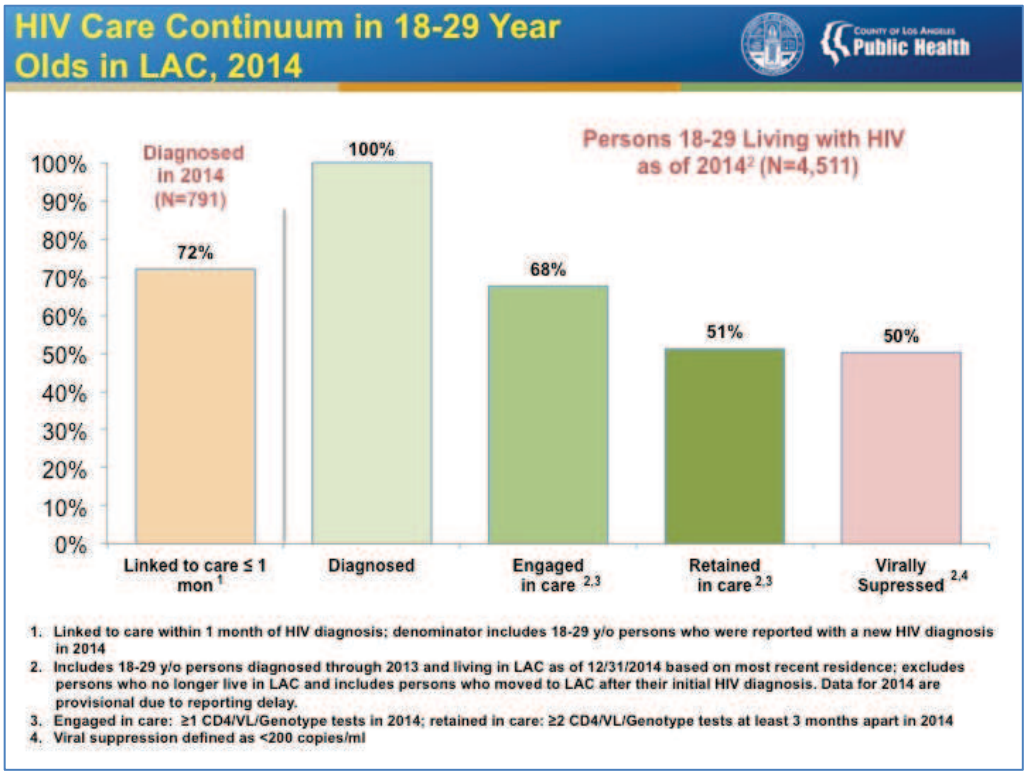
Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, April 2016

Figure 30. Diagnosed HIV Care Continuum by Race/Ethnicity in Los Angeles County, 2014



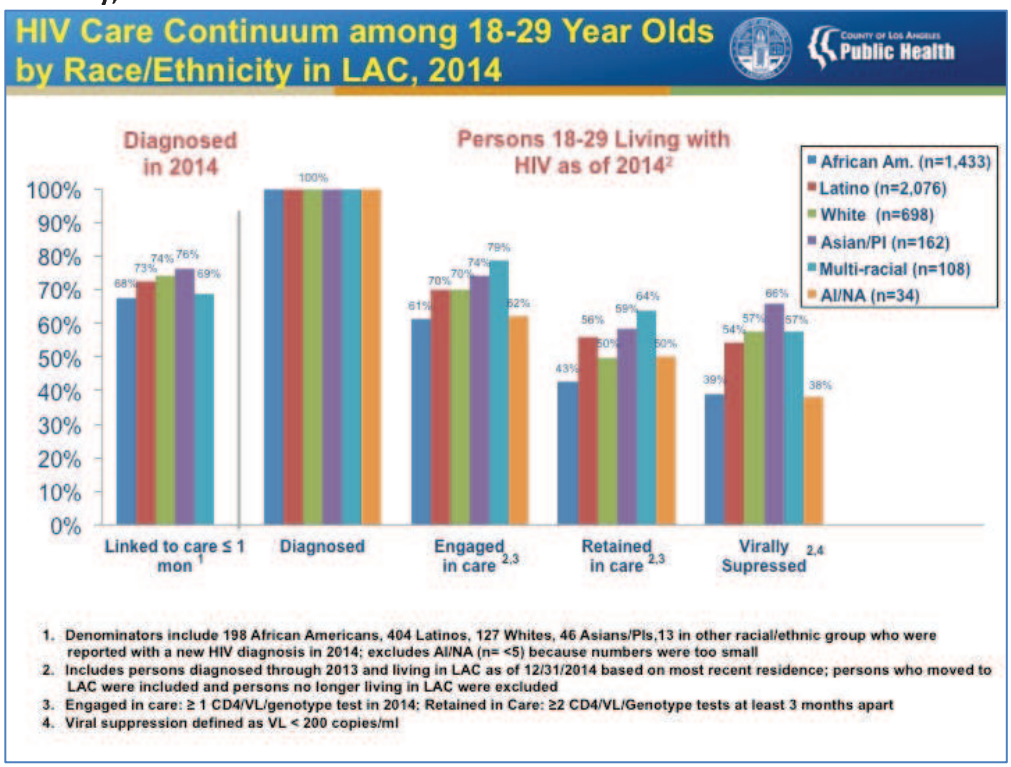
Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, April 2016

Figure 31. Diagnosed HIV Care Continuum for 18-29 Year Olds in Los Angeles County, 2014



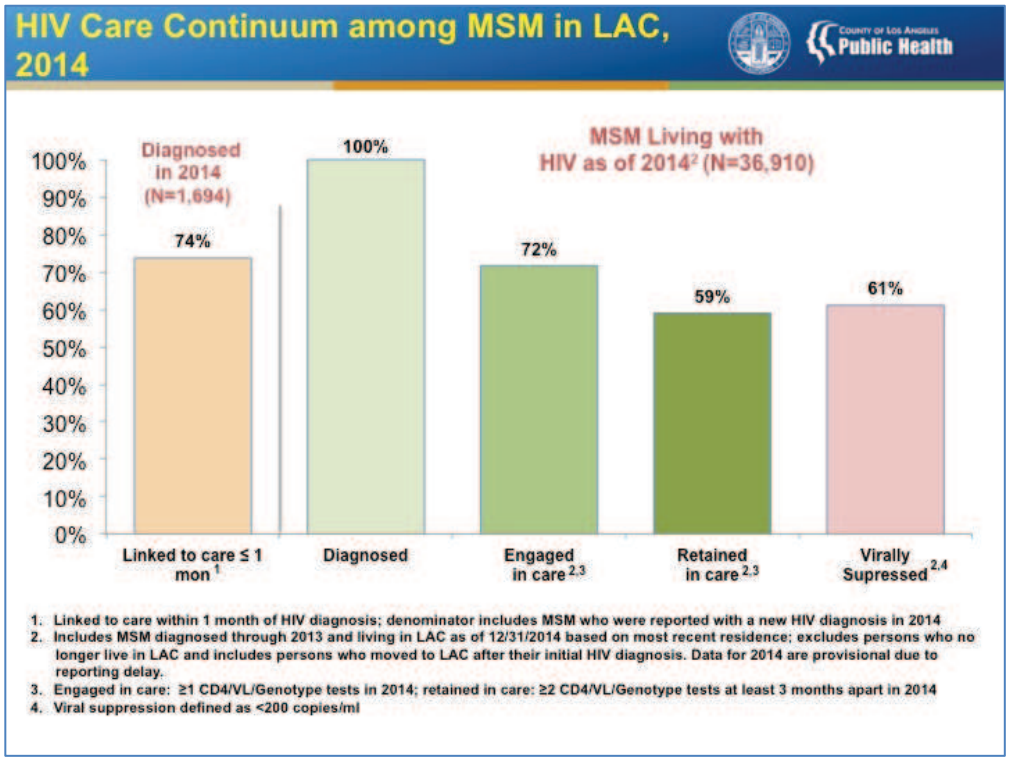
Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, April 2016

Figure 32. Diagnosed HIV Care Continuum for 18-29 Year Olds by Race/Ethnicity in Los Angeles County, 2014



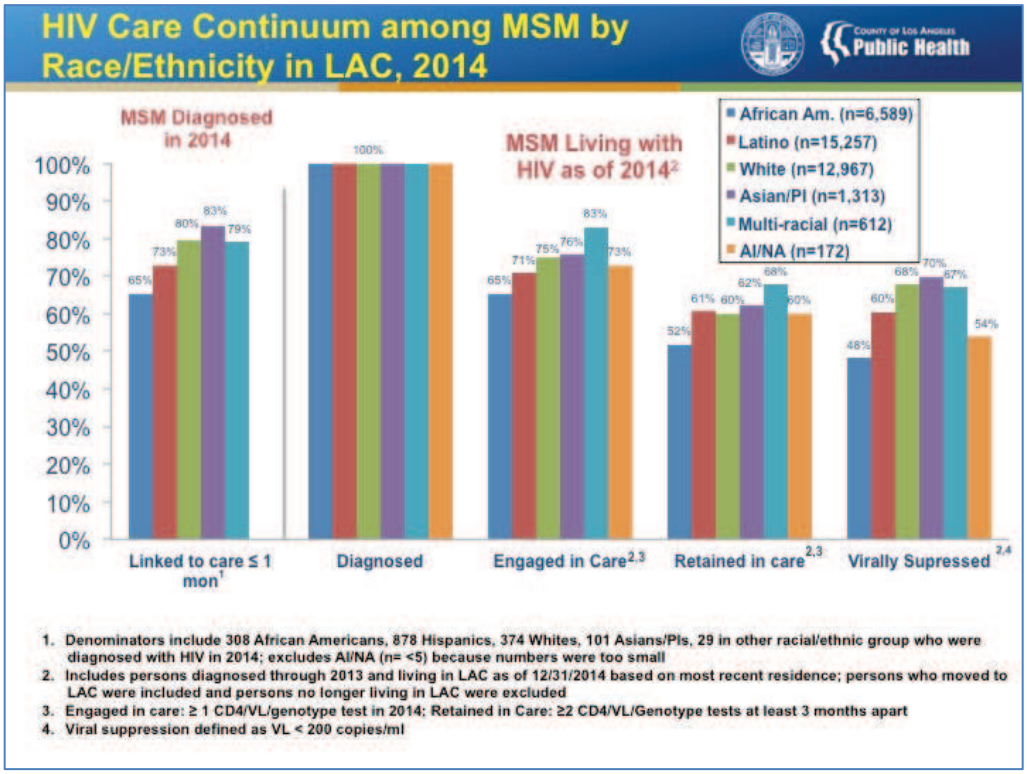
Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, April 2016

Figure 33. Diagnosed HIV Care Continuum for MSM in Los Angeles County, 2014



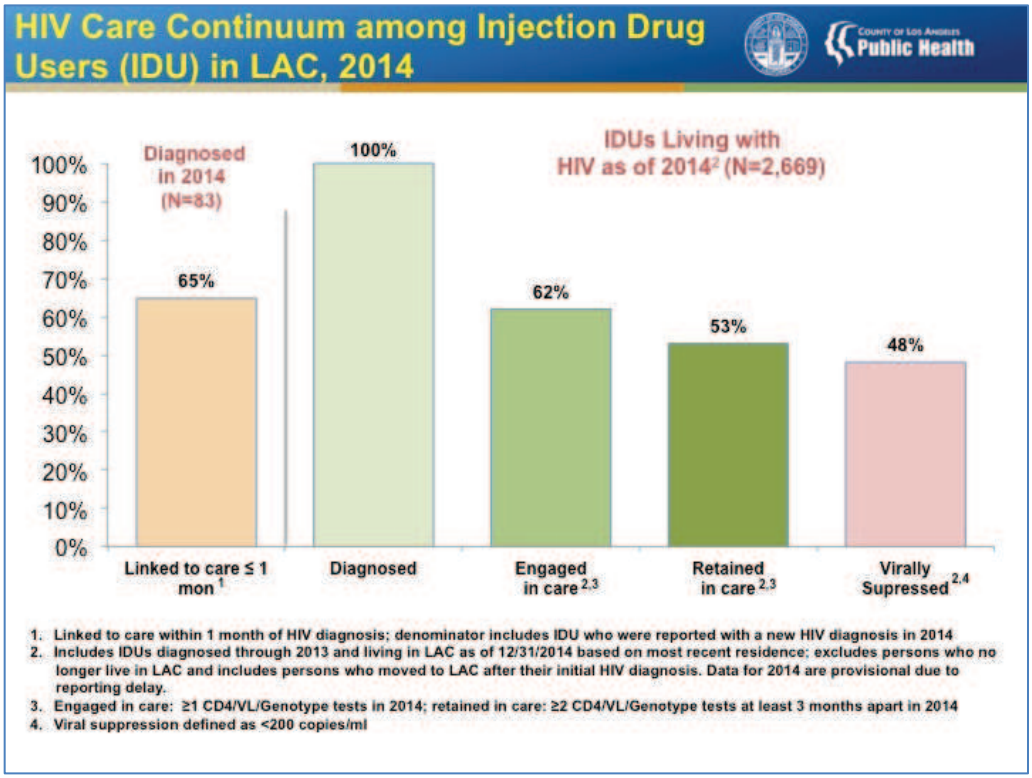
Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, April 2016

Figure 34. Diagnosed HIV Care Continuum for MSM by Race/Ethnicity in Los Angeles County, 2014



Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, April 2016

Figure 35. Diagnosed HIV Care Continuum for Injection Drug Users (IDU) in Los Angeles County, 2014



Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, April 2016

Table 19 summarizes much of the data presented above, with the exception of Figure 32 (Youth 18-29 years old by race/ethnicity) and Figure 34 (MSM by race/ethnicity). Also included in Table 19 is the *National HIV/AIDS Strategy Updated to 2020,* which presents aggressive national targets.

For the purposes of identifying populations with the most severe disparities, a population whose health outcomes are greater than or equal to five percentage points less than the county average is considered to have a severe disparity. Using Los Angeles County's average as the standard from which to compare various subpopulations, Table 19 reveals significant disparities in HIV-related outcomes across populations. These are highlighted in bold.

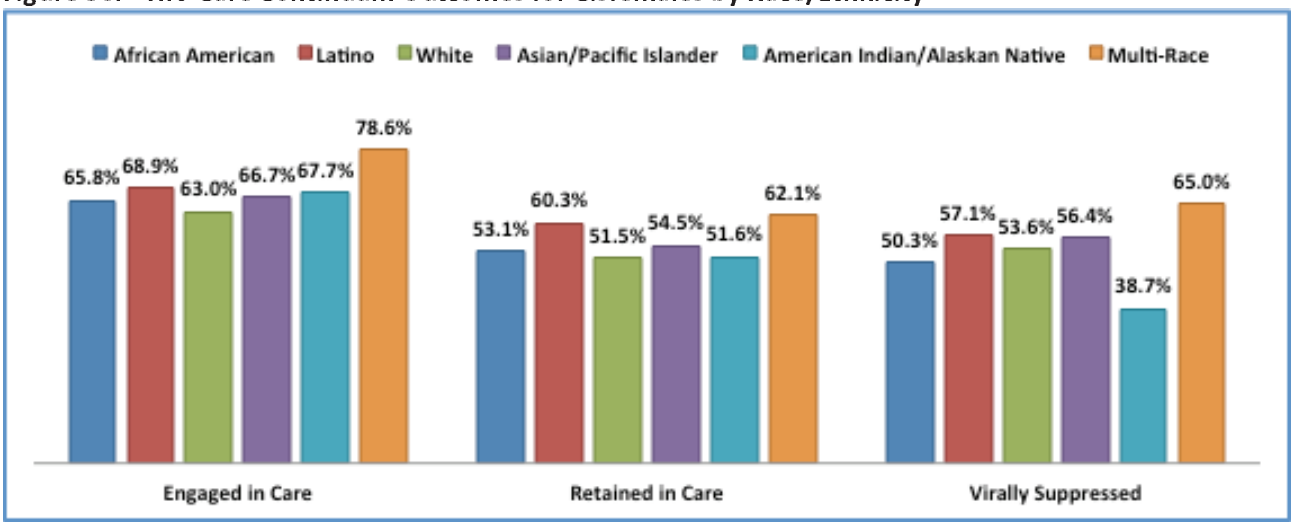
Table 19. Diagnosed HIV Care Continuum Indicators for Selected Populations of Persons Living with HIV, Los Angeles County 2014

Population Group	Linked to Care (30 days)	Engaged in Care	Retained in Care	Virally Suppressed
NHAS Updated to 2020 Target	*85%*	*N/A*	*90%*	*80%*
Total Los Angeles County	71%	71%	59%	59%
Gender Identity				
Cismale	74%	71%	59%	60%
Cisfemale	**55%**	**67%**	**56%**	**54%**
Transgender	**64%**	73%	63%	**49%**
Age Group				
18-29 years	72%	**68%**	**51%**	**50%**
30-49 years	72%	**70%**	**57%**	**57%**
≥ 50 years	70%	73%	62%	64%
Race				
Black/African American	**61%**	**65%**	**53%**	**48%**
Latino/Hispanic	71%	70%	60%	59%
White	79%	74%	60%	66%
Asian/Pacific Islander	82%	74%	61%	68%
Multiple Races	71%	82%	67%	64%
American Indian/Alaska Native[1]	-	72%	**56%**	**50%**
Transmission				
MSM	74%	72%	59%	61%
IDU	**65%**	**62%**	**53%**	**48%**

[1] Number of AI/AN were too small for linkage to care measure.
Bold indicates percentages lower than the overall county average.

Due to the smaller impact of HIV on cisfemales in Los Angeles County, specific data that shows the disparities within this population is often not depicted in routine data reporting. However, there are significant differences by race/ethnicity among cisfemales, including differences in HIV-related health outcomes. Figure 37 depicts three of Los Angeles County's HIV Care Continuum measures for cisfemales by race/ethnicity. As seen in Table 19, ciswomen have poorer outcomes in every HIV Care Continuum measure. African American and White cisfemales have even poorer engagement in care; African American, White, and American Indian/Alaska Native cisfemales have poorer retention in care; and African American and American Indian/Alaska Native cisfemales have the poorest viral suppression.

Figure 36. HIV Care Continuum Outcomes for Cisfemales by Race/Ethnicity



Source: Los Angeles County Department of Public Health Division of HIV and STD Programs, June 2016

From the HIV Continuum of Care data presented above, Table 20 presents a summary list of populations by step in the HIV Care Continuum that show evidence of having the most significant HIV-related disparities in Los Angeles County in one or more HIV Care Continuum categories. By definition, PLWH who are undiagnosed or who know their HIV status but are not in care are considered to have a disparity in every category and therefore are also included in this list.

As seen, Black/African Americans are the sole population, which experiences a severe disparity at every step along the HIV Care Continuum.

Table 20. HIV Care Continuum Disparity Populations by HIV Care Continuum Category

Linked to Care	Engaged in Care	Retained in Care	Virally Suppressed
• Undiagnosed PLWH • Out of Care PLWH	• Undiagnosed PLWH • Out of Care PLWH	• Undiagnosed PLWH • Out of Care PLWH	• Undiagnosed PLWH • Out of Care PLWH
• Black/African Americans	• Black/African Americans	• Black/African Americans • American Indians/ Alaska Natives (AI/AN)	• Black/African Americans • AI/AN
• Cisfemales • Transgender persons			• Cisfemales • Transgender persons
• Black/African American MSM • People Who Inject Drugs (PWIDs)/IDUs	• Black/African American MSM	• Black/African American MSM • People Who Inject Drugs (PWIDs)/IDUs	• Black/African American MSM • AI/AN MSM • People Who Inject Drugs (PWIDs)/IDUs
	• Black/African American Youth (18-29 yrs) • AI/AN Youth (18-29 yrs)	• Youth (18-29 yrs) • Black/African American Youth (18-29 yrs) • AI/AN Youth (18-29 yrs) • White Youth (18-29 yrs)	• Youth (18-29 yrs) • Black/African American Youth (18-29 yrs) • AI/AN Youth (18-29 yrs)

[Note: Disparity is defined as ≥ five percentage points less than Los Angeles County average for each measure.]

c. Los Angeles County's HIV Care Continuum and Planning

The Los Angeles County Department of Public Health Division of HIV and STD Programs (DHSP) and the Commission on HIV (Commission) have used the HIV Care Continuum model to improve its planning and related processes. In 2012, the Commission revised its own HIV Continuum of Care framework as part of its integrated prevention and care planning process that resulted in the development of the *Los Angeles County Five-Year Comprehensive Plan* (published March 2013). The planning process focused on the different populations along the continuum of prevention and care (i.e., HIV negative low-risk, HIV negative high-risk, HIV positive unaware of status, HIV positive aware but not accessing services, HIV positive accessing services, and HIV positive adherent to care plan). Interventions targeting these populations were designed to improve health outcomes and interrupt HIV transmission using Los Angeles County's TLC+ (i.e., testing, linkage to care, plus treatment) framework. This framework outlined the stages of the Gardner, et al. (2011) treatment cascade with a few modifications [49].

As part of its 2013 annual HIV surveillance report, Division of HIV and STD Programs (DHSP) incorporated diagnosed HIV Care Continuum data for the county as a whole, as well as for specific subpopulations to identify disparities. In its 2014 annual HIV/STD surveillance report, this expanded to include a prevalence-based care continuum for multiple subpopulations. Both efforts were designed to support the use of evidence-based planning. DHSP has provided HIV care continuum data in its annual Part A application to HRSA since 2015. In January 2016, DHSP has expanded the use of the HIV Care Continuum in planning through the development of its Outcomes Project. Key goals of this project include 1) outcomes-based program management, 2) systematic data collection and program evaluation, 3) evidence-based program planning, 4) collaborative quality improvement, and 5) innovative program development [49]. This project is specifically focused on improving measures along the HIV Care Continuum and will inform planning, prioritizing, targeting, and monitoring at all levels of service delivery.

As part of this current planning process, DHSP surveillance staff updated the HIV care continuum for the county overall, and numerous subpopulations already described, to include the one-month linkage to care measure set forth in the NHAS Updated to 2020. The Comprehensive HIV Plan Task Force and its Goals, Objectives, and Monitoring Work Group used this data in the development of the integrated plan, which is included in Section II of this document and detailed in full in Attachment C. The energy and conversation centered on the question: What strategies and activities are needed to improve outcomes along the HIV Care Continuum? This stimulated creative brainstorming to identify strategies and activities that would address the needs of populations with the greatest disparities. The Work Group also recognized the need to impact the whole population of PLWH in Los Angeles County, regardless of whether they received HIV medical care through the public or private sector.

C. Financial and Human Resources Inventory

a. Los Angeles County HIV Resources Inventory

Appendix A presents Los Angeles County's financial resources inventory. This inventory is organized by funder. Most of the data gathered is publicly available online through various websites (e.g., CDC, HRSA, SAMHSA, etc.). Additional follow-up with individual grantees was conducted to obtain information regarding funding amount, contract period, services delivered, and/or impact along the HIV continuum to complete missing data. Additional information was also obtained from the Cities of Los Angeles, West