

# 2020 County of Marin Fact Sheet: HIV/AIDS in Marin County



Since the first Marin County AIDS case was reported in 1982, 1,460 people have been diagnosed with HIV infection in the Marin community—617 of whom are still living (Table 1). At San Quentin State Prison (SQSP), 661 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, 2019 and were generated from the 2020 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 1981-2019**

	Total Reported*	Deaths <sup>#</sup>	Living Cases <sup>†</sup>
San Quentin	661	376	285
Community	1460	843	617
Combined	2121	1219	902

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

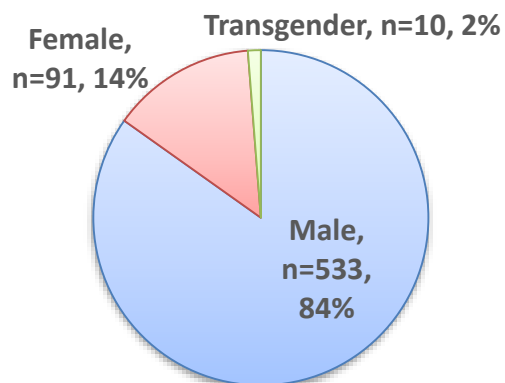
# Deaths from all causes

† Includes cases of unknown vital status

**Demographics of People Living with HIV Infection as of December 31, 2019, with a Current Residence in Marin County (Community only), n=634**

Six hundred thirty-four people living with HIV infection have a current residence in Marin County as of the end of 2019. Of these people, 84% 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.

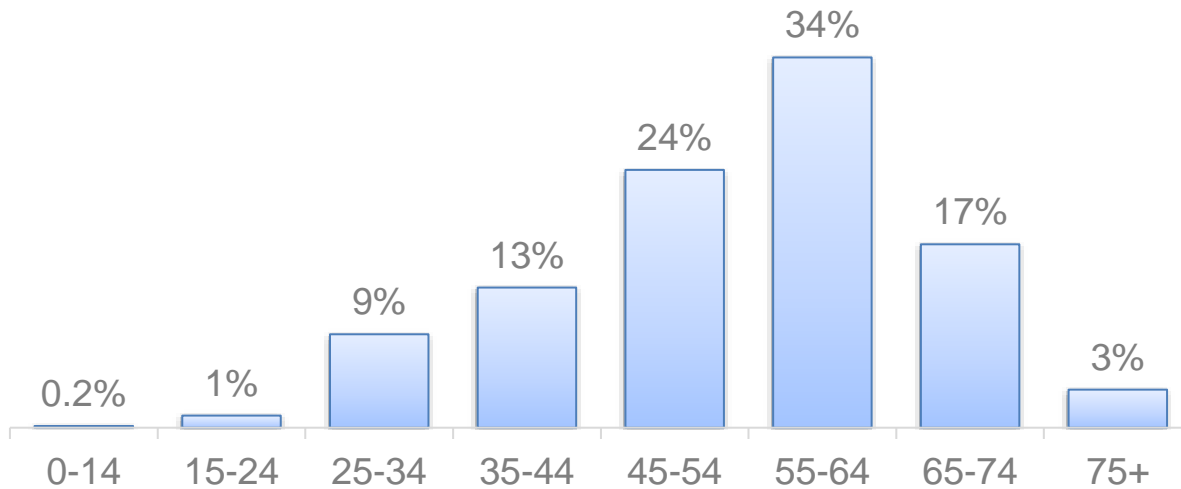
**Figure 1. Gender of People Living with HIV**



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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	400	63%
	Hispanic/Latino	150	24%
	African American/Black	45	7%
	Asian	16	3%
	Native Hawaiian/Pacific Islander & American Indian/Alaskan Native	4	1%
	Multiple races	19	3%
	Transmission Category	Male-Male Sexual Contact (MSM)	410
MSM & IDU		42	7%
Injection Drug Use (IDU)		42	7%
High-Risk Heterosexual Contact*		74	12%
Heterosexual Contact		48	8%
Medical** or Perinatal		5	1%
Risk Unknown/Not Reported		13	2%
<b>Total</b>		<b>634</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.

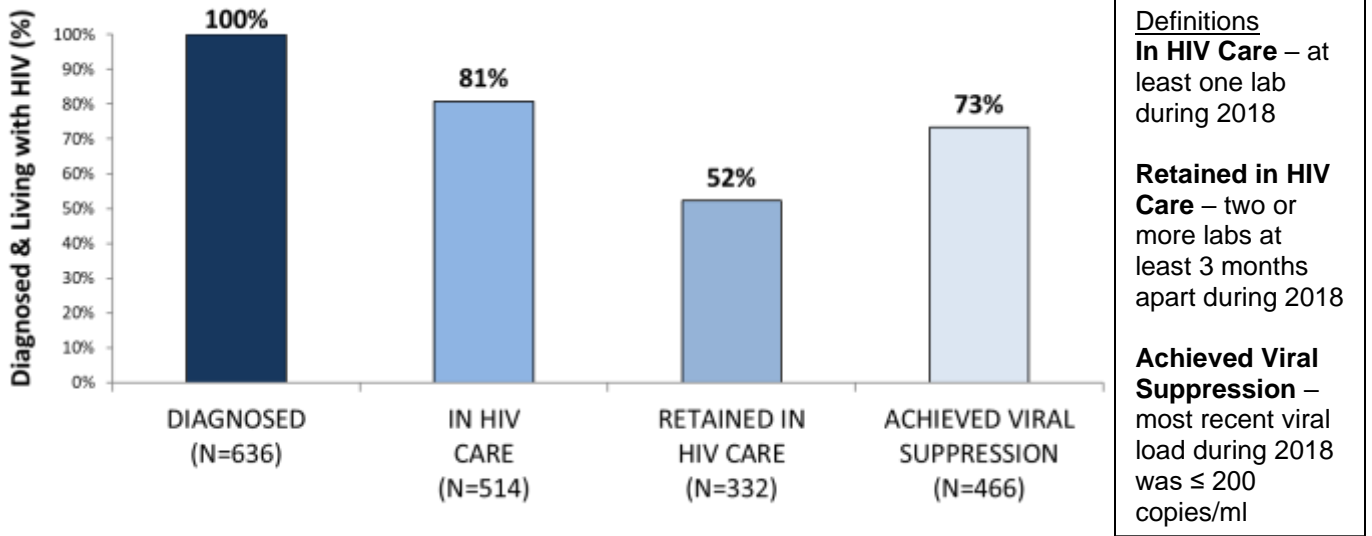
\*\* Receipt of clotting factor, transfusion of blood or blood products, tissue or organ transplant, or artificial insemination.



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**Figure 3. Continuum of HIV Care\*, Marin County Residents#, Diagnosed & Living with HIV, 2018**



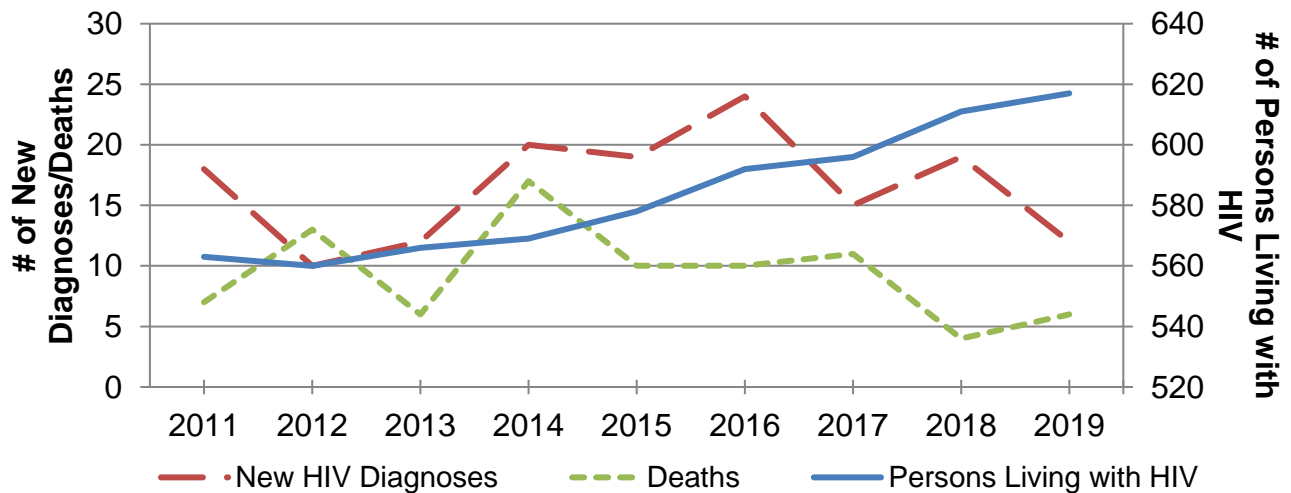
\* Data provided by Office of AIDS

# Residency based on 2018 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 nine years, Marin County averaged 17 new community HIV infection diagnoses per year. From 2011 to 2019, there was an average of 9 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 617 by the end of 2019. Due to the fluctuation of relatively small annual numbers, incidence data presented after Figure 4 have been grouped into 3-year increments.

**Figure 4. New HIV Diagnoses, Deaths\*, and Persons Living with HIV, Marin County, 2011-2019 (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	2011-13		2014-16		2017-19		Combined	
Gender	Male	36	90%	49	78%	37	80%	122	82%
	Female	4	10%	14	22%	8	17%	26	17%
	Transgender	0	-	0	-	1	2%	1	1%
Age at Diagnosis	0-14	0	-	1	2%	0	-	1	1%
	15-24	5	13%	10	16%	7	15%	22	15%
	25-39	18	45%	23	37%	23	50%	64	43%
	40-54	11	28%	17	27%	10	22%	38	26%
	55+	6	15%	12	19%	6	13%	24	16%
Race/Ethnicity	Non-Hispanic White	17	43%	26	41%	15	33%	58	39%
	Hispanic/Latino	14	35%	20	32%	24	52%	58	39%
	African American/Black	6	15%	7	11%	4	9%	17	11%
	Other/Multiple	3	8%	10	16%	3	7%	16	11%
Transmission Category	Male-Male Sexual Contact (MSM)	27	68%	33	52%	29	63%	89	60%
	MSM & IDU	2	5%	3	5%	1	2%	6	4%
	Injection Drug Use (IDU)	1	3%	2	3%	4	9%	7	5%
	High-Risk Heterosexual Contact*	1	3%	7	11%	4	9%	12	8%
	Heterosexual Contact	8	20%	15	24%	8	17%	31	21%
	Unknown/Not Reported	1	3%	3	5%	0	-	4	3%
Total		40	100%	63	100%	46	100%	149	100%

\* 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**

- There has been a decrease of new HIV diagnoses among females in recent years.
- One of every 6 new HIV diagnoses occurred in adolescents/young adults aged 15-24.
- In recent years, the number of Latinos diagnosed with HIV surpassed the number of Non-Hispanic Whites diagnosed with HIV.
- For 2011-2019 data combined, 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.
- Male-male sexual contact remains the most common risk factor.
- Nine percent of people newly diagnosed with HIV report injection drug use as a risk factor.
- Heterosexual contact is a relatively 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=185), 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 2019 for individuals to receive updates from The Spahr Center and Marin Community Clinics, learn about nutrition resources, and to participate in a community input exercise.

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 and HIV service provider membership. The Care Council meetings are open to the public. Meeting minutes and agendas are posted and downloadable from the County website:

<https://www.marinhhs.org/boards/marin-hiv-aids-care-council>

**Table 4. Demographic Composition of Marin HIV/AIDS Care Council through September 2020**

		Number	%
Race/Ethnicity	Non-Hispanic White	8	67%
	Hispanic/Latino	3	25%
	African American/Black	1	8%
	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	42%
	Female	7	58%
	Transgender	0	0%
Age	13-24	0	0%
	25-49	1	8%
	50+	8	67%
	Decline	3	25%
HIV Status	Positive	6	50%
	Negative	6	50%
	Undisclosed	0	0%
<b>Total Council Membership</b>		<b>12</b>	<b>100%</b>

## **Marin County's 2021-2022 Prioritization and Allocation Process**

The Marin HIV/AIDS Care Council held meetings in July to conduct prioritization and allocation for 2021-2022. The allocation meeting took place on July 22, 2020.

### ***Preparation***

The Council received data from the following sources for review:

- 2019/20 Ryan White Annual Client Satisfaction Survey results
- 2019/20 Service Category Summary Sheets
- 2019/20 ARIES Data
- 2019 HIV/AIDS surveillance and epidemiology data in Marin County provided by Deborah Gallagher, HIV/AIDS Surveillance Epidemiologist for Marin County

### ***Key Decisions***

All but two members were present for the prioritization and allocation meeting.

- In its July meeting, the Council made some changes in its prioritization rankings. A few of the service categories moved up or down one ranking; a few moved up or down two rankings; and a few stayed the same. Notable changes in ranking include the following: Housing Services moved up six rankings, Emergency Financial Assistance moved up three rankings, and Oral Health Care moved down three rankings.
- There were some changes to the allocations from the previous year. Marin has been very fortunate to receive additional Part B funds from the State. Unfortunately, there are no supplemental Part B funds from the State for 2020/21.
- In order to address the impacts of the COVID-19 pandemic, the Council supported increasing the allocation to Housing Services.
- The 2021/22 budget was approved unanimously.

**Marin Ryan White Part A 2021/22 Allocation (07/22/20)**

<b>Service Category</b>	<b>Previous Priority</b>	<b>New Priority Rank</b>	<b>21/22 Part A Allocation</b>	<b>% of Total Award</b>	<b>21/22 Part B Award</b>
<b>CORE SERVICES</b>					
Mental Health	2	3	\$50,000	9.4%	
Medical Case Management	3	1	\$102,000	19.2%	\$53,800
Health Insurance Premium and Cost-Sharing Assistance	5	6	\$51,000	9.6%	
Oral Health Care	4	7			\$35,700
Outpatient/Ambulatory Health Services	8	8			\$20,500
Medical Nutrition Therapy	12	12			
<b>SUPPORT SERVICES</b>					
Non-Medical Case Management	1	2	\$118,000	22.3%	
Food Bank/Home-Delivered Meals	7	9	\$99,311	18.7%	\$20,843
Emergency Financial Assistance	8	5	\$42,000	7.9%	
Housing <sup>1</sup>	9	3	\$42,000	7.9%	
Medical Transportation	10	10	\$10,000	1.9%	
Psychosocial Support Services	11	11	\$15,000	2.8%	
Early Intervention Services <sup>1</sup>	Not ranked	Not Ranked			\$47,168
<b>Core Services</b>			<b>\$203,000</b>	<b>38%</b>	
<b>Support Services</b>			<b>\$326,311</b>	<b>62%</b>	
<b>TOTALS<sup>2</sup></b>			<b>\$530,311<sup>2</sup></b>	<b>100%</b>	<b>\$178,011<sup>3</sup></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> Does not include a portion for administrative expenses

**Ryan White Part A Funding Allocation, 2016/17 through 2019/20**

<b>Service Category</b>	<b>2016-2017</b>	<b>2017-2018</b>	<b>2018-2019</b>	<b>2019-2020</b>	<b>2020-2021</b>
<b>CORE SERVICES</b>					
Outpatient/Ambulatory Health Services*	\$0	\$0	\$0	\$0	\$0
Mental Health	\$90,600	\$85,000	\$85,000	\$72,000	\$30,000**
Medical Case Management	\$156,200	\$153,000	\$93,000**	\$103,000**	\$105,000**
Oral Health Care*	\$0	\$0	\$0	\$0	\$0
Health Insurance Premium and Cost-Sharing Assistance	\$35,008	\$40,000	\$40,000	\$46,000	\$52,250
<b>SUPPORT SERVICES</b>					
Non-Medical Case Management	\$116,000	\$124,530	\$118,000	\$122,000	\$118,000
Emergency Financial Assistance	\$59,400	\$42,000	\$40,000	\$42,000	\$43,250
Food Vouchers**	\$3,200	\$0	\$50,000	\$78,491	\$78,491
Food Bank/Home-Delivered Meals				\$35,000	\$40,000
Psychosocial Support Services	\$0	\$16,000**	\$25,000	\$22,000	\$25,000
Medical Transportation	\$15,000	\$14,000	\$14,000	\$18,000	\$18,250
Housing					\$28,250
<b>TOTAL ***</b>	<b>\$475,977</b>	<b>\$474,780</b>	<b>\$461,427</b>	<b>\$539,491</b>	<b>\$539,491</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