

**An Analysis of the San Francisco  
Eligible Metropolitan Area (EMA)  
All Ryan White Parts, SFPDH HHS General Funds,  
and EHE funds for the 2023 Calendar Year**

**Presented to the HIV Community Planning Council July 2024**

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# What is ARIES? What is it used for?

- ARIES (AIDS Regional Information Evaluation System) data is used for:
  - evaluation of quality indicators of health and coordinated QI activities
  - measurement of certain program performance objectives
  - data pulled for Ryan White grant application and annual federal reporting

# Facts on the Data reporting

**Reporting Period:** 1/1/2023-12/31/2023

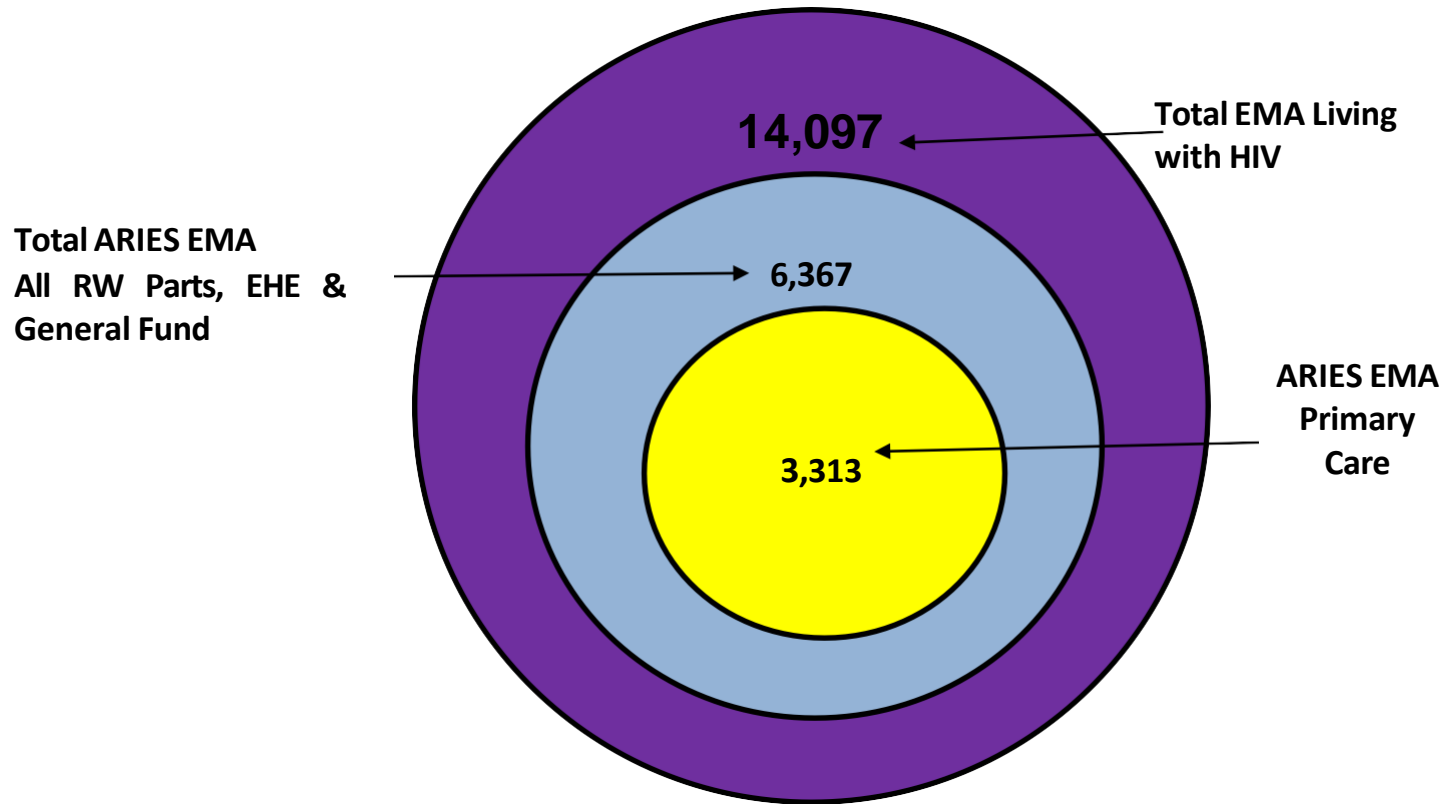
**Funding Source:** Ryan White Part A,B,C,D and SFDPH HHS General Funds, and EHE funds

**Date of Data:** Information is solely based on the data in ARIES as of June 17, 2024 and is **not reflective of** all epidemiological data from EMA.

**Total EMA Unduplicated Client Count (UDC):**

N = 6,367 (clients received a service in ARIES under the above funding sources)

# Ways to look at Total EMA UDC vs. ARIES UDC's and Primary Care



2023 DATA

SF EMA ARIES CY 2023

## Notes on the Data (1 of 2)

- ❖ Many data elements responses are based upon client self-report.
- ❖ Medical data is based on actual medical records/lab results.
- ❖ “New” in ARIES refers to clients receiving HHS Ryan White/GF/EHE services in the new contract fiscal year not necessarily “newly” diagnosed.

## Notes on the Data (2 of 2)

- ❖ “Unknown” is a value selected by the ARIES user, which means there was an attempt to collect the data but the client was unable to provide it.
- ❖ Unknown may also mean user did not ask or select any option and data element was left blank.
- ❖ Unknown #/%’s will be stated but removed from graphs/pie charts for comparative analysis.

# EMA Total UDC Breakouts

**EMA-Wide** – The Unduplicated Client (UDC) is 6,367

- 517 or 8.12% of clients served in the EMA were “new” in ARIES
- or 1.01% **are shared clients** across counties within the EMA.

**Marin County** – UDC is 261 or 4% of total EMA UDC

- 19 or 7.28 % clients served in Marin were “new” in ARIES

**San Francisco County** – UDC is 5,658 or 88.8% of total EMA UDC

- 462 or 8.17% clients served in San Francisco were “new” in ARIES

**San Mateo County** –UDC is 563 or 8.8% of total EMA UDC

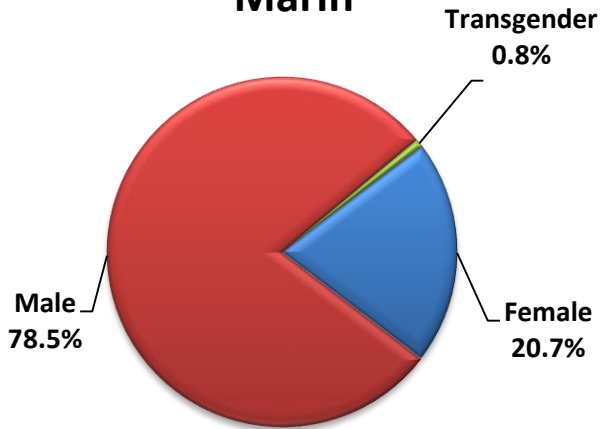
- 73 or 12.97% clients served in San Mateo were “new” in ARIES

# Current Gender for EMA

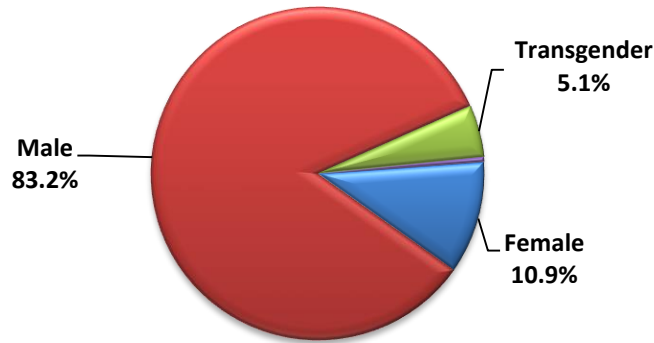
Unknown UDC is 25 or 0.3% has been removed

Female	Male	Transgender
N=740	N=5297	N=305
11.6%	83.19%	4.79%

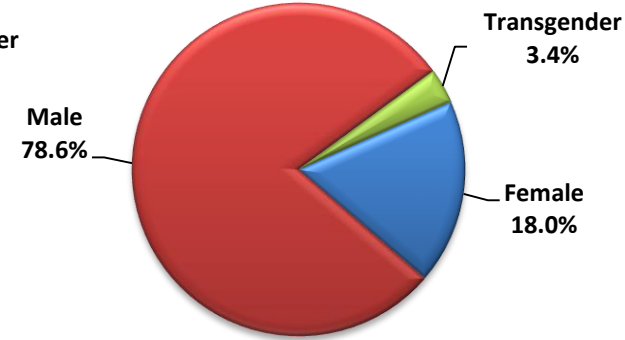
### Marin



### San Francisco

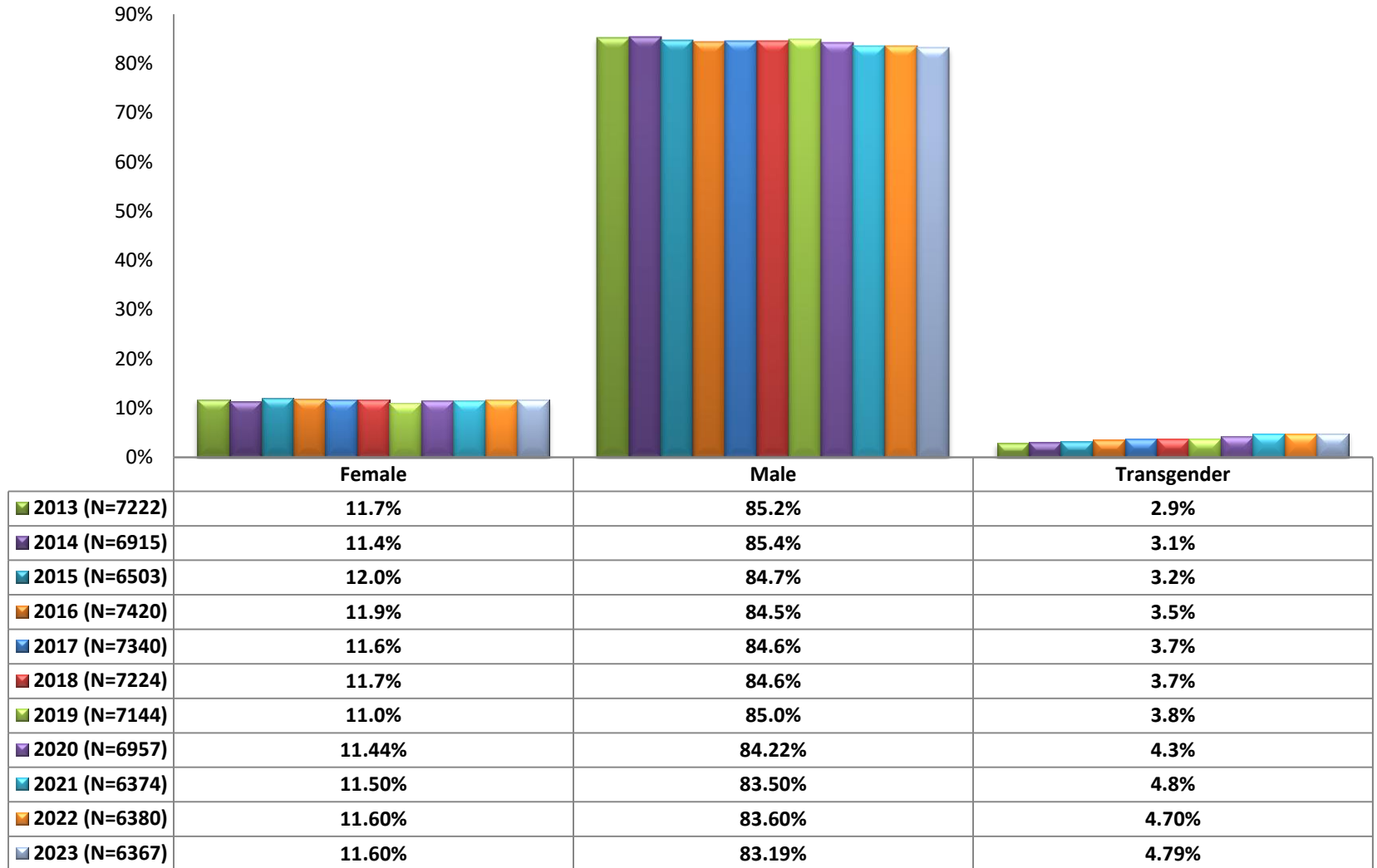


### San Mateo





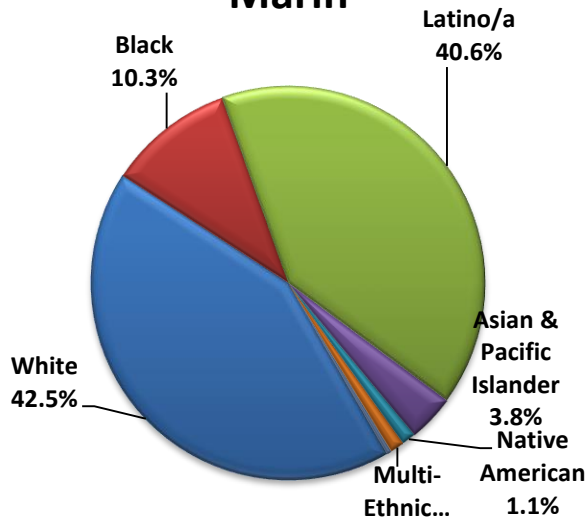
# EMA by Current Gender 2013-2023



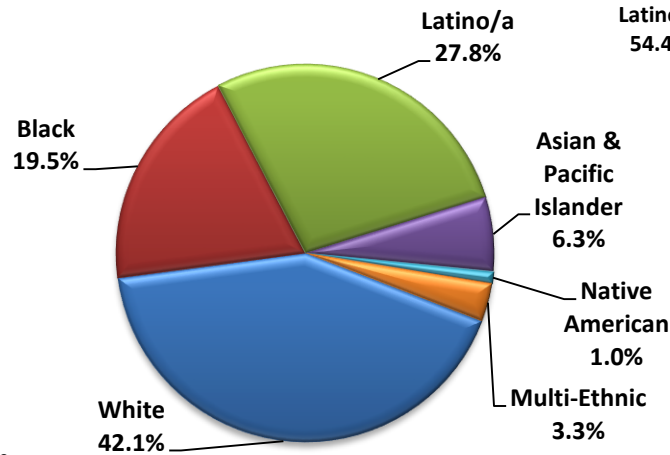
# Race for EMA

White	Black	Latino	Asian & Pacific Islander	Native American	Multi-Ethnic	Unknown
n=2545	n=1134	n=1769	n=337	n=106	n=207	n=282
39.9%	17.8%	27.7%	5.3%	1.7%	3.2%	4.4%

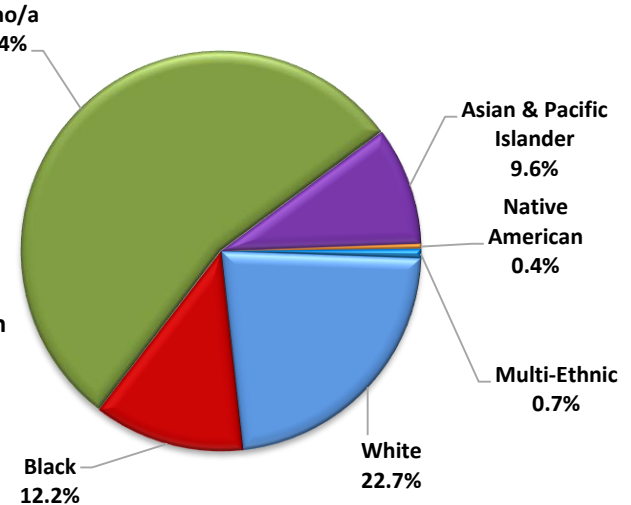
## Marin



## San Francisco



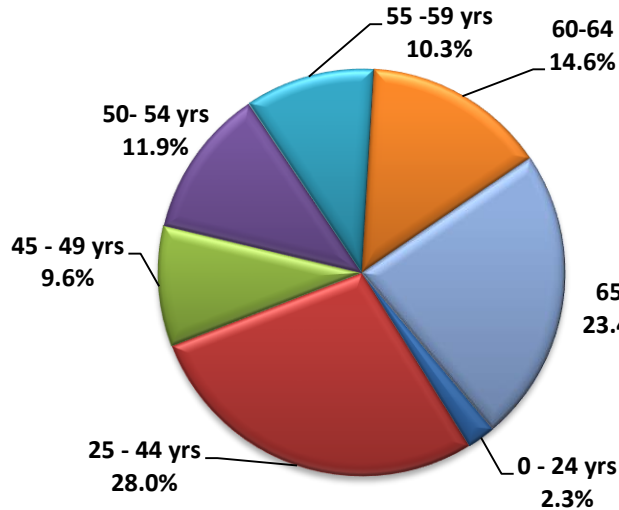
## San Mateo



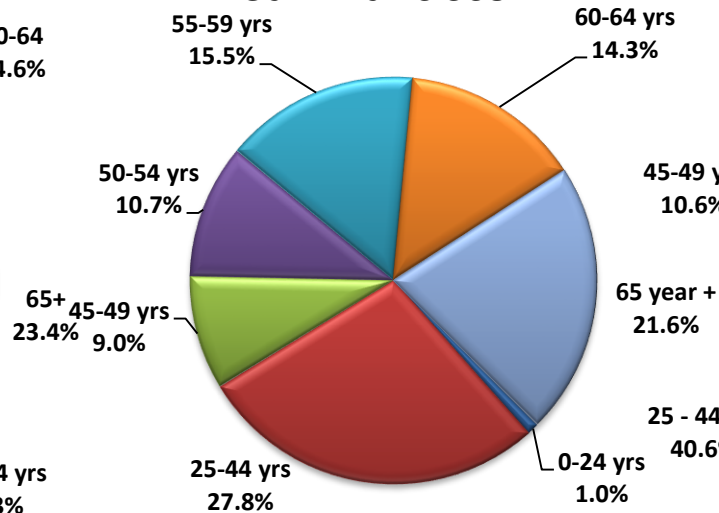
# AGE for EMA

0 – 24 years	25 – 44 years	45 - 49 years	50-54 years	55-59 years	60-64 years	65 years & older
n = 58	n = 1811	n = 574	n = 748	n = 1,035	n = 901	n = 1253
0.9%	28.4%	9.0%	11.7%	16.2%	14.1%	19.6%

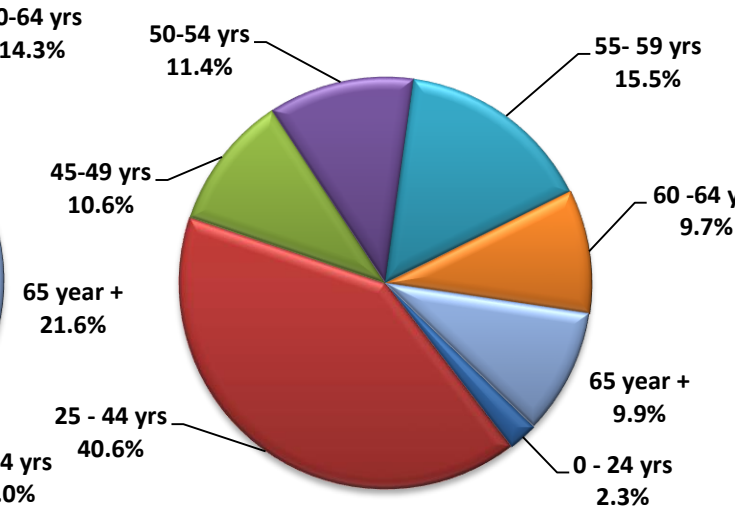
**Marin**



**San Francisco**



**San Mateo**

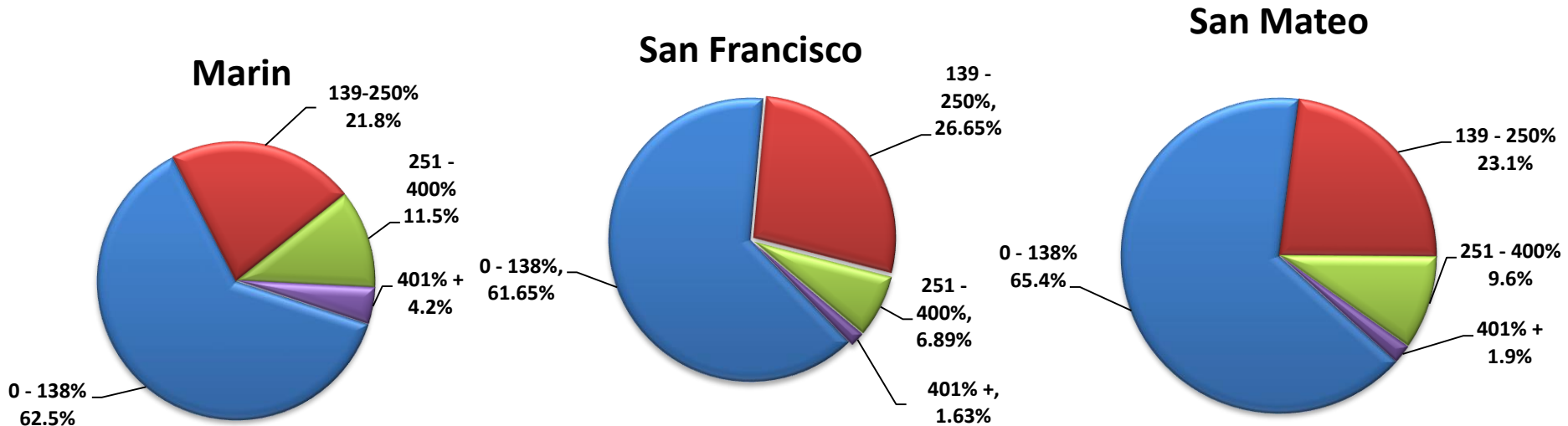


# Federal Poverty Level Percentage for EMA

**\*FPL is based on household income and size**

Unknown 185 or 2.9% has been removed

<b>0 - 138%</b>	<b>139 - 250%</b>	<b>251 - 400%</b>	<b>401% +</b>
<b>n=4150</b>	<b>n=1478</b>	<b>n=448</b>	<b>n=119</b>
<b>65.0%</b>	<b>23.1%</b>	<b>7.1%</b>	<b>1.9%</b>

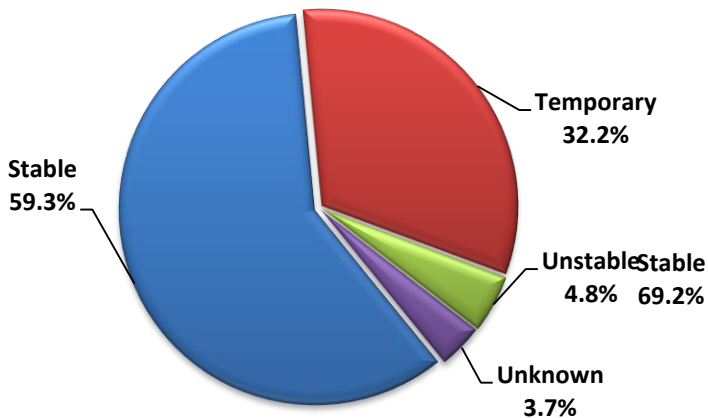


# Current Living Situation for EMA

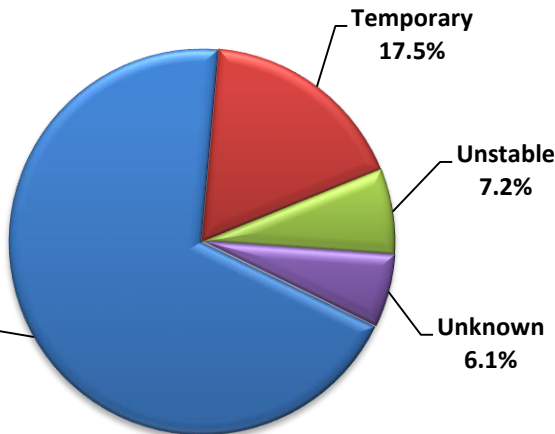
408 or 3.8% are unknown

Stable	Temporary	Unstable
n=4327	n=1357	n=388
67.8%	21.3%	6.1%

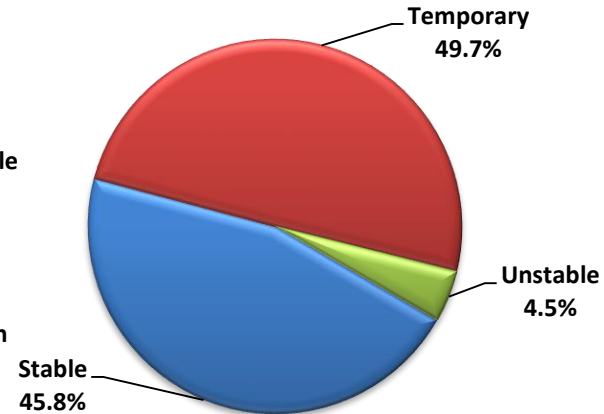
Marin



San Francisco



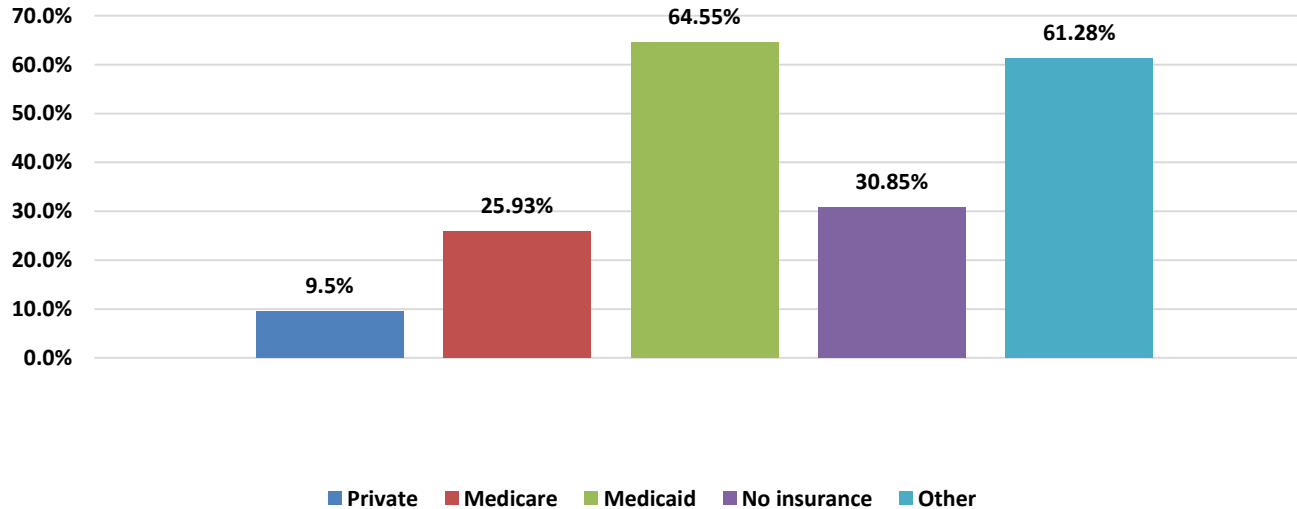
San Mateo



# Insurance Status for EMA

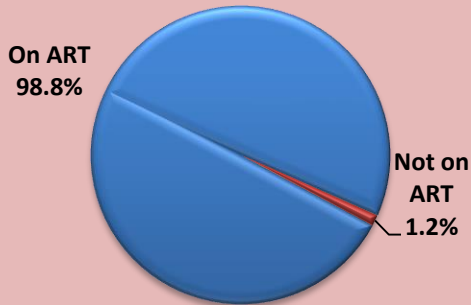
Unknown 3.6% has been removed

Private	Medicare	Medicaid	No insurance	Other
9.5%	25.93%	64.55%	30.85%	61.28%

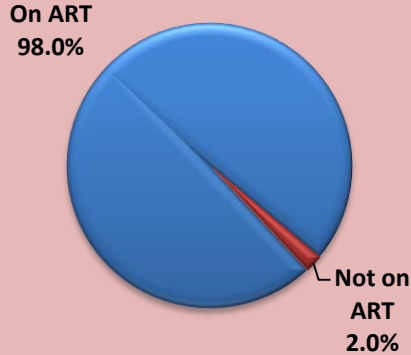


# EMA ART By Race\*

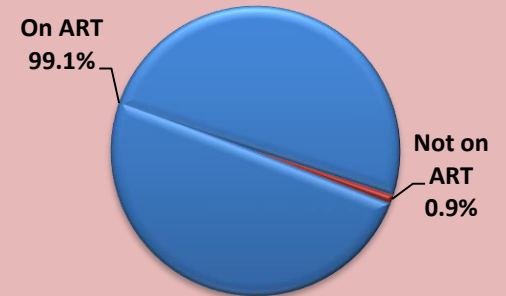
**White**  
N=1549



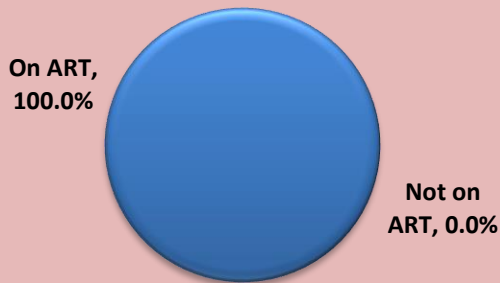
**Black**  
N=645



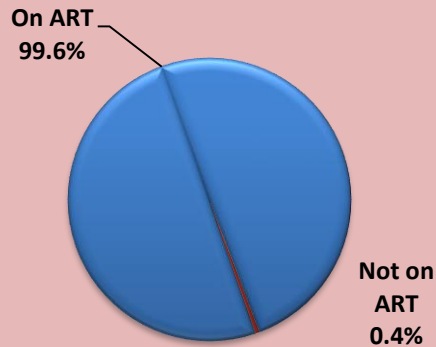
**Latino(a)**  
N=1003



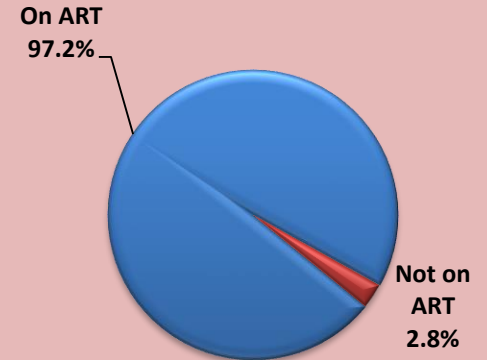
**Native American**  
N=75



**Asian & PI**  
N=229



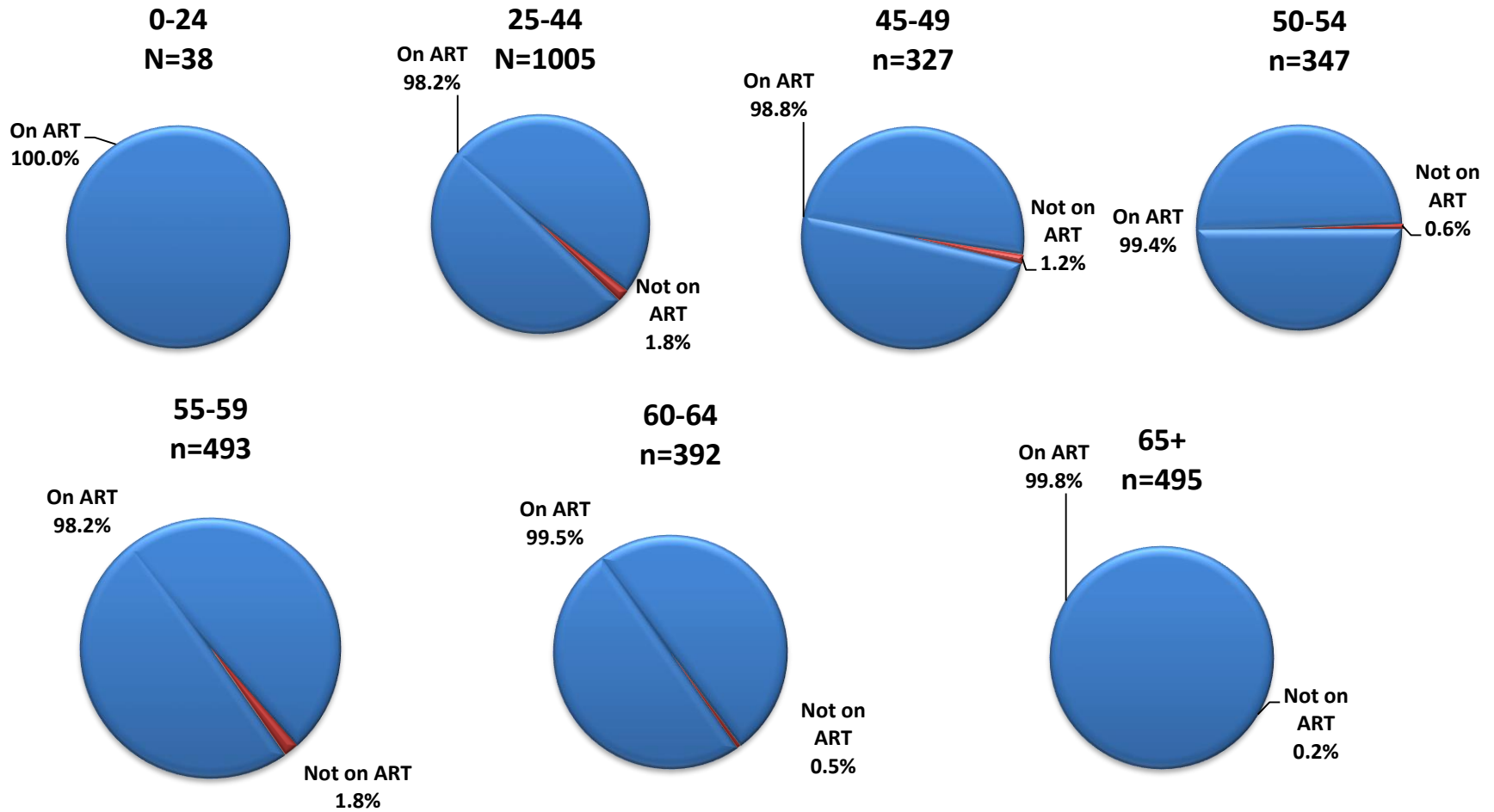
**Multi-Ethnic**  
N=144



\* Filtered by UDC who received Primary Care Service. Unknown has been removed.

SF EMA ARIES CY 2023

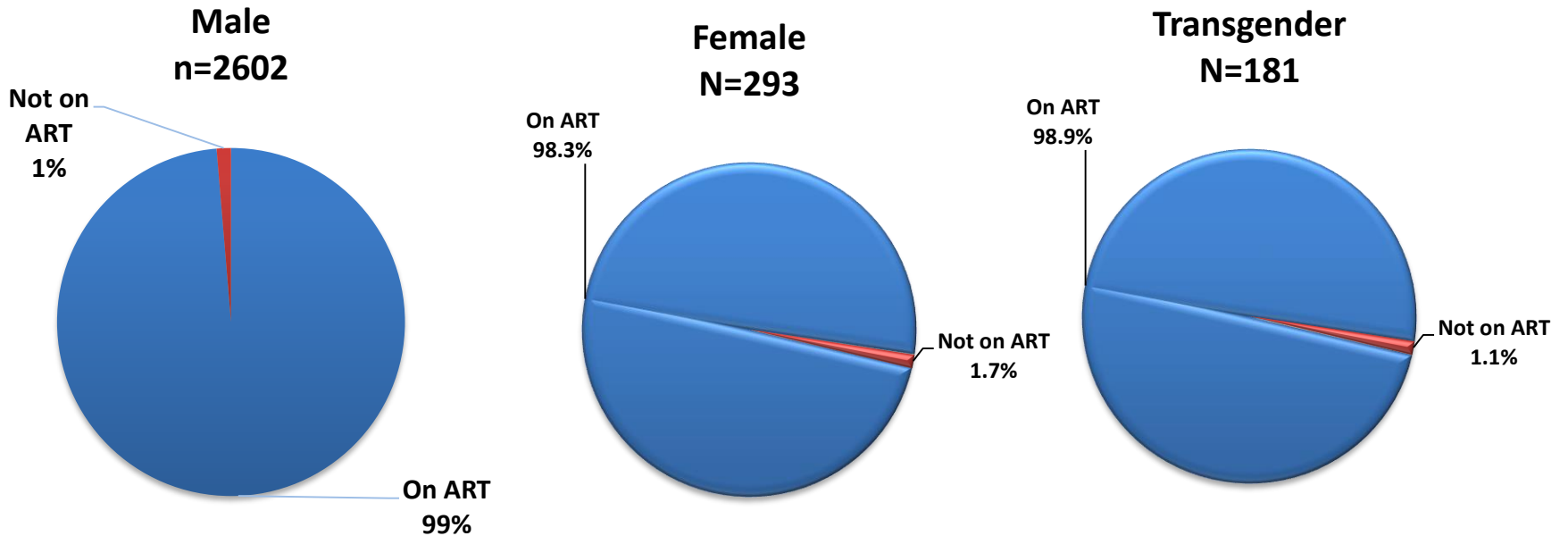
# EMA ART by Age\*



\* Filtered by UDC who received Primary Care Service. Unknown has been removed

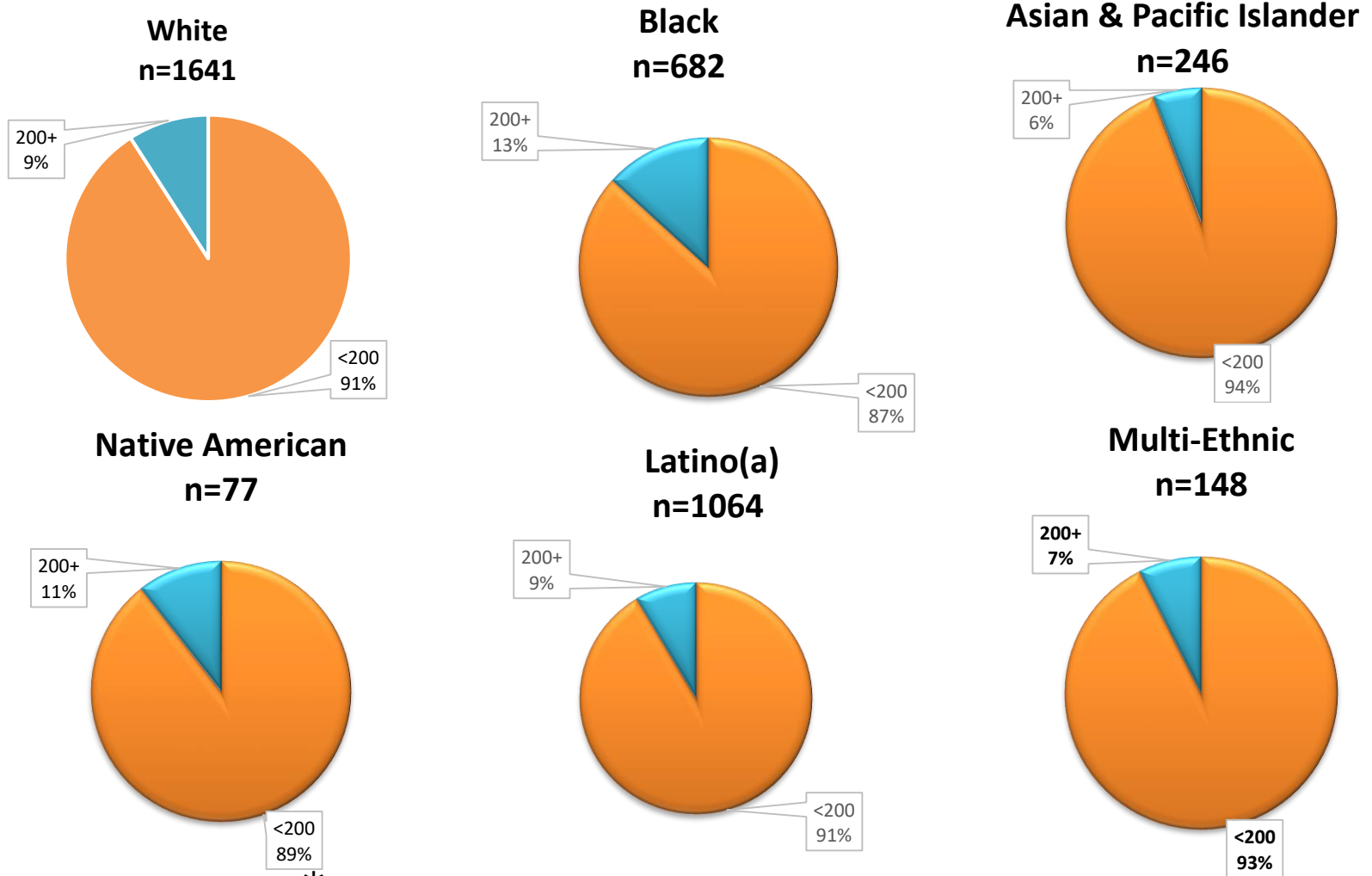


# EMA ART by Gender\*



\* Filtered by UDC who received Primary Care Service  
Unknown has been removed

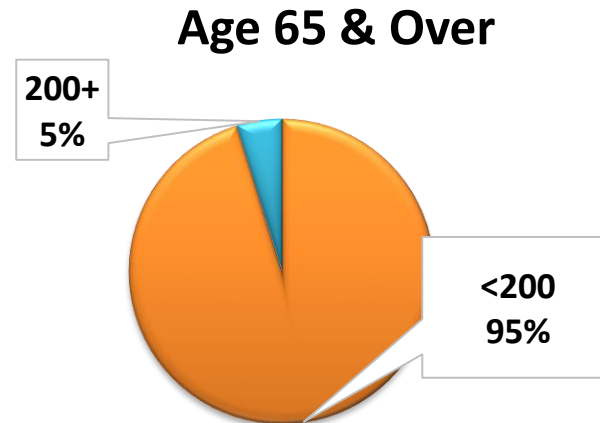
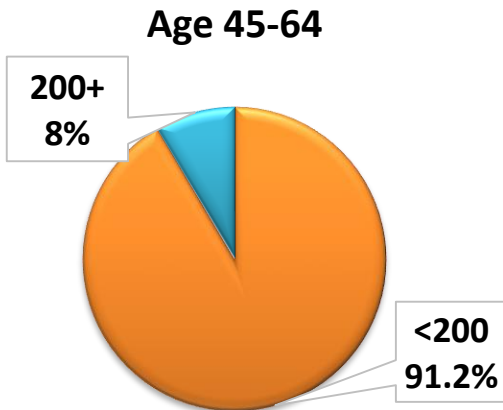
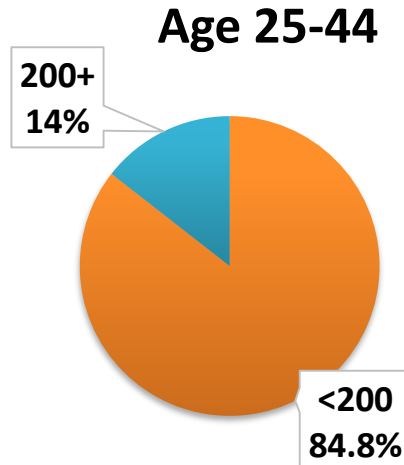
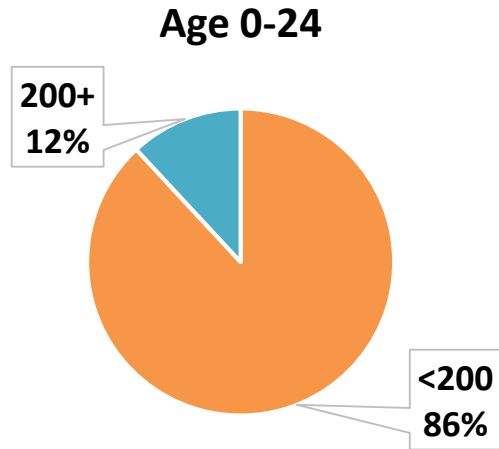
# EMA Viral Load by Race\*



\* Filtered by UDC who received Primary Care Service Unknown has been removed

# EMA Viral Load by Age\*

\*unknown viral load has been removed

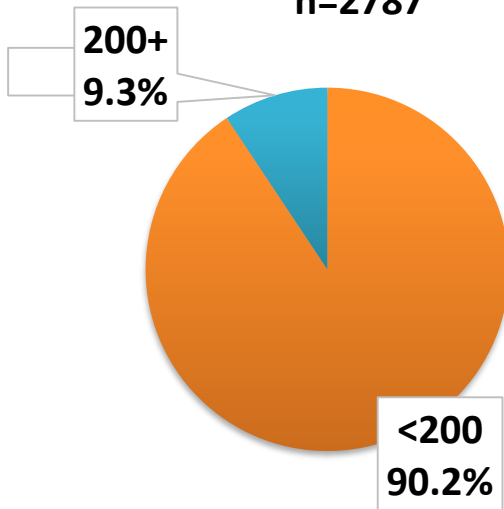


\* Filtered by UDC who received Primary Care Service Unknown has been removed

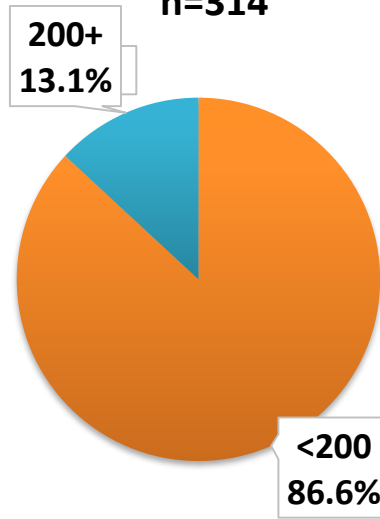
# EMA Viral Load by Gender\*

\*unknown has been removed

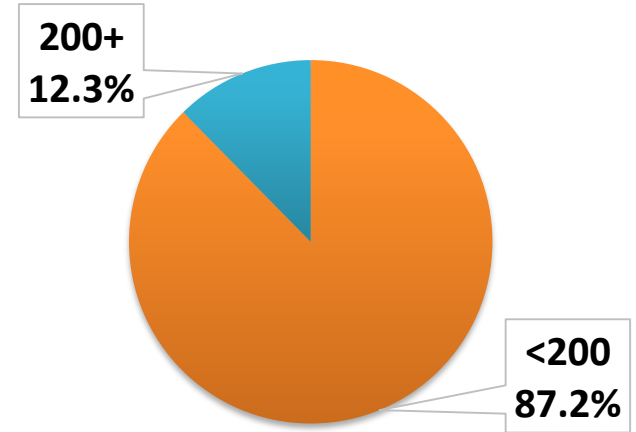
Male  
n=2787



Female  
n=314



Transgender  
n=187



# FAQ'S

**Is this data reflecting everyone who is living with HIV in SF, Marin and San Mateo?**

A: No, this data is only reflecting clients that receive services through Ryan White, EHE, and General Fund HHS funding.

**Why is the ART and viral load only based on the clients that received primary care?**

A: ARIES requires primary care providers to enter viral load from a verified lab for their clients. Other providers who do not have access to a client's labs can't enter this data. Similarly, medical providers also collect ART information on all their clients.

**Why do the insurance percentages add up to more than 100%?**

A: The reason this data field does not equal to 100% is because clients can report more than one type of insurance during the reporting period.

# HIV Care Connect

## **When will HIV Care Connect go live?**

The new system is currently pushed back and we have no given date at the moment.

## **Why was go-live postponed?**

CDPH Office of AIDS has decided to postpone the go-live date for HIV Care Connect (HCC) based on requests from service providers to accommodate the following factors:

- Start using HCC after completing the 2023 Ryan White HIV/AIDS Program Services Report (RSR) report in ARIES to avoid disruptions to the reporting process.

- Accommodate HCC Import functionality changes and allow providers to setup their internal systems to meet HCC Import requirements before go-live.

- Additional bugs were discovered, and another round of User Acceptance Testing (UAT) was needed.

# HIV Care Connect

## **What is different about HIV Care Connect?**

HCC will provide a modern user interface with more intuitive screens and easier navigation. HCC will be web-based and no digital certificates will be necessary. Users will have access to selected ADAP and lab data to help coordinate care. EMR (electronic medical record) data upload will be simpler to reduce duplicate entry.

## **Will the clients and services data be available in HCC?**

Yes, data for clients in ARIES who have received services from January 1, 2017 to the present will be available in the new system.

## **Will HCC have reporting capabilities?**

Yes, HCC will have reporting capabilities including aggregate reports and client detail reports.

# HIV Care Connect

## **What training opportunities will there be for HIV Care Connect?**

The State Office of AIDS will handle the initial trainings for HCC. All current end users that are actively using ARIES since 2024, will be offered an opportunity to be trained. It is possible that HHS will offer additional trainings for UOS entry and reports training.

## **What if I don't have current access to ARIES but will need HIV Care Connect?**

Please contact the local HHS ARIES helpdesk at 628-206-7691 if you would like to sign up for access to HIV Care Connect and trainings.



# Any questions?

Please contact Flor Roman ([Flor.Roman@sfdph.org](mailto:Flor.Roman@sfdph.org)), Vilma Molina ([vilma.molina@sfdph.org](mailto:vilma.molina@sfdph.org)), or Beth Neary ([Beth.Neary@sfdph.org](mailto:Beth.Neary@sfdph.org)) if you have any questions related to this presentation.

Thank you for your time and dedication to the planning council.