



Integrated Plan: Review, Concurrence

San Francisco HIV Community
Planning Council

May 18, 2026

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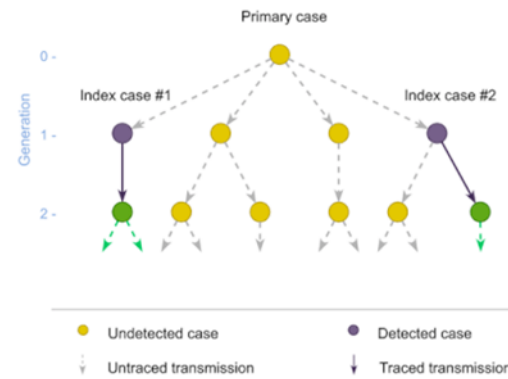
Overview

- **Integrated Plan:**
 - Approach
 - Priority Populations
 - Feedback
- **Q and A**
- **Concurrence Vote**

Successes



(A) Forward contact tracing only




(B) Forward + backward contact tracing



- Undetected case
- Detected case
- Quarantined case
- ⋈ Untraced transmission
- ↓ Traced transmission
- ⋈ Transmission prevented

The Integrated Plan:

- Collaboration for a Collective Impact
- Syndemic Focus
- Social Justice/SDH Lens
 - Racial equity
 - Housing first
 - Health access for all
 - Mental health and substance use
 - Economic justice
 - Stigma free



ENDING THE EPIDEMICS:

Addressing Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California

Integrated Statewide Strategic Plan 2027–2031

California Department of Public Health

ENDING THE EPIDEMICS

Integrated Statewide Strategic Plan 2027–2031

Addressing the **Syndemic** of Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California

CDPH
California Department of Public Health

Key Elements of the Integrated Plan: Approach

- Extension of our sydemic focus
- Social determinants of health lens: a long-term investment, shift in thinking
- Revision: People who are aging with HIV, older adults with HIV
- Leverage existing community engagement
- High-level-not proscribe work but to leave room for local activities, needs and innovation
- Flexibility to manage the risk of the shifting policy and funding environment



ENDING THE EPIDEMICS

STI·HIV·HEPC



RACIAL EQUITY

- 1 Leadership & Workforce Development
- 2 Racial/ Ethnic Data Collection & Stratification
- 3 Equitable Distribution of Funding & Resources
- 4 Community Engagement
- 5 Racial & Social Justice Training

HOUSING FIRST

- 1 Data Collection & Use
- 2 Infrastructure Changes
- 3 New Models of Housing Access
- 4 Street Medicine Strategies
- 5 Low-barrier Housing Options

HEALTH ACCESS FOR ALL

- 1 Redesigned Care Delivery
- 2 Trauma-Informed & Responsive Services
- 3 Fewer Hurdles to Healthcare Coverage
- 4 Culturally & Linguistically Relevant Services
- 5 Collaboration & Streamlining

MENTAL HEALTH & SUBSTANCE USE

- 1 Overdose Prevention in Correctional Settings
- 2 Mental Health & Substance Use Disorder Treatment Through Telehealth
- 3 Build Harm Reduction Infrastructure
- 4 Expand Low-Threshold SUD Treatment Options
- 5 Cross-Sector Collaboration

ECONOMIC JUSTICE

- 1 Workforce Development
- 2 Employment for People with Lived Experience
- 3 Equitable Hiring Practices & Fair Pay
- 4 Leadership Development
- 5 Universal Hiring & Housing Policies

STIGMA FREE

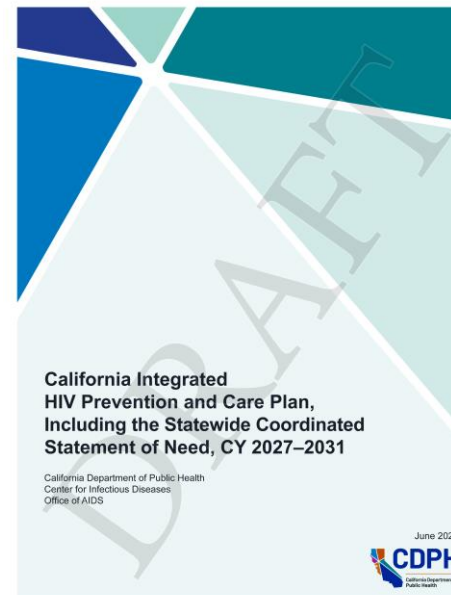
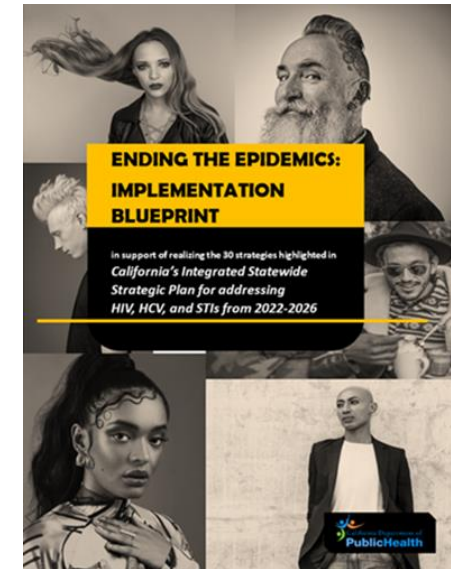
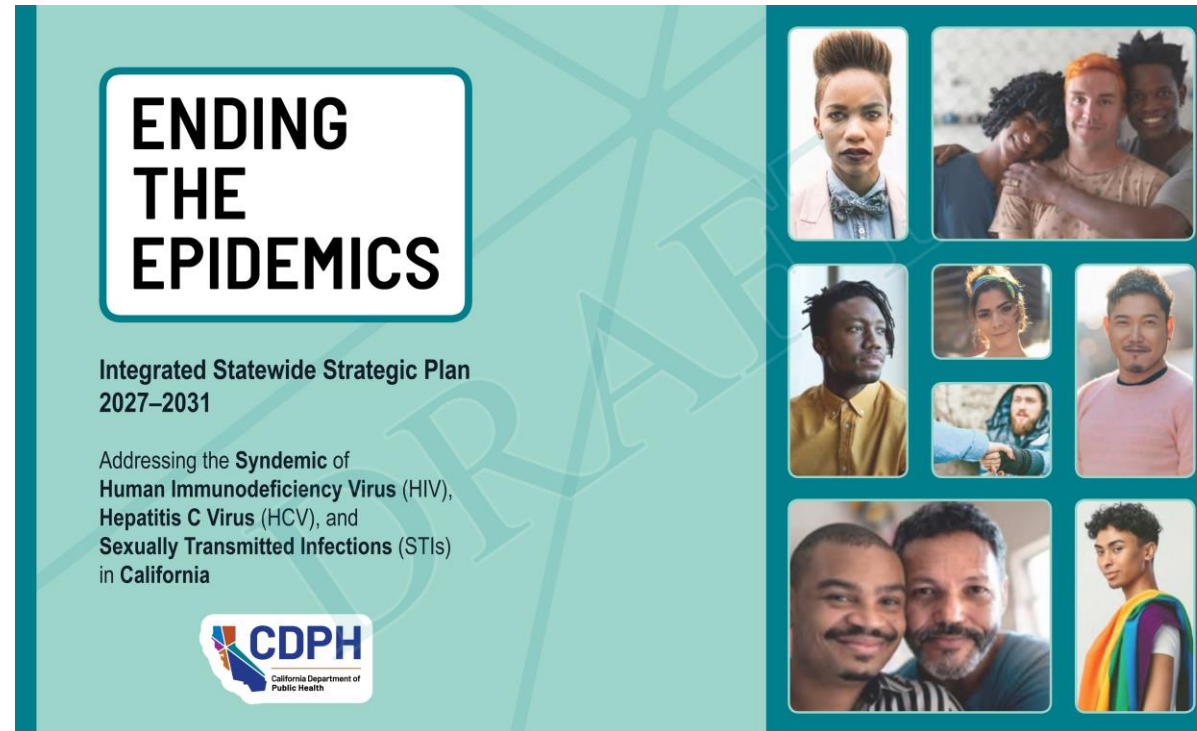
- 1 Nothing About Us Without Us
- 2 Reframe Policies & Messaging
- 3 Positive, Accurate Information
- 4 Acknowledge Medical Mistrust
- 5 Ongoing Partnerships

The People: Priority Populations

- People of Color, especially Blacks/African Americans, Latine, & Indigenous people
- Young people (ages 15-29 years)
- Gay and bisexual men, and other men who have sex with men
- People who are trans or gender non-conforming
- People who use drugs, including people who inject drugs
- People experiencing homelessness
- People who are incarcerated or who are justice involved
- People who exchange sex for drugs, housing, and/or other resources
- Cis-gender women and people who can become pregnant
- Migrant and immigrant communities, including people who are undocumented
- People who are aging with HIV, especially older adults with HIV

Tools for Communication and Planning: California Statewide Integrated Strategic Plan and Implementation Blueprint

- Ending the Epidemics Integrated Statewide Plan 2027-2031 (Internal)
- Implementation Blueprint (Internal)



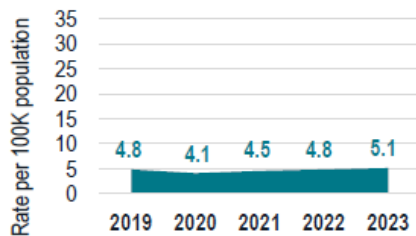
Key Elements of the Integrated Plan: Community Engagement

- PrEP gap analysis listening sessions (CPG) (2025, 2026)
- Annual Ending the Syndemic Symposium (CPG): 200-500 registrants per year (2022, 2023, 2024, 2025, 2026)
- Provider survey (n=130) (2022)
- Regional listening sessions (CPG) (n=17, 300) (2022)
- Local community engagement (2025-2026)
 - Local Planning Council meetings and events

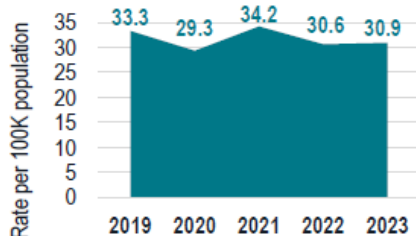
THE DATA

Human Immunodeficiency Virus (HIV)

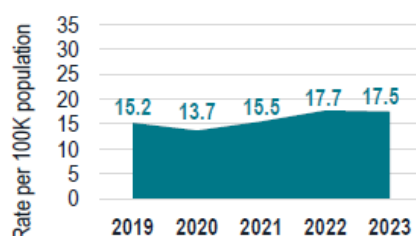
Asian



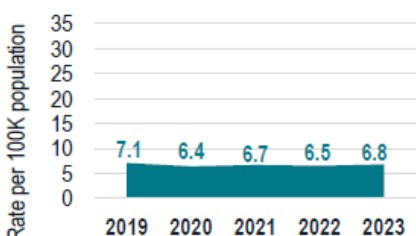
Black/African American



Latine



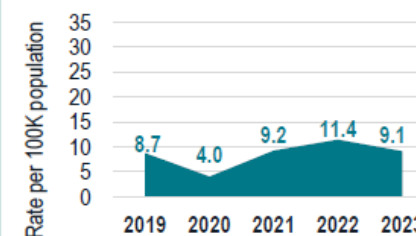
White



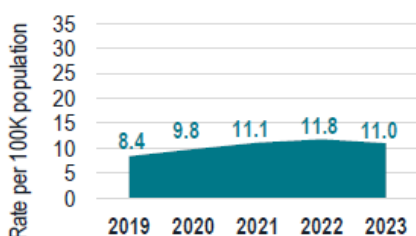
Latine and White people make up most new HIV diagnoses, while Latine and Black/African American people are most overrepresented in new HIV diagnoses.

In 2023, Black/African American people were 4.5x more likely and Latine people were 2.6x more likely to be diagnosed with HIV than White people.

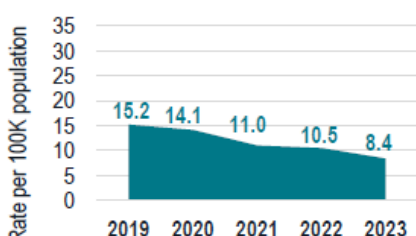
American Indian/Alaska Native



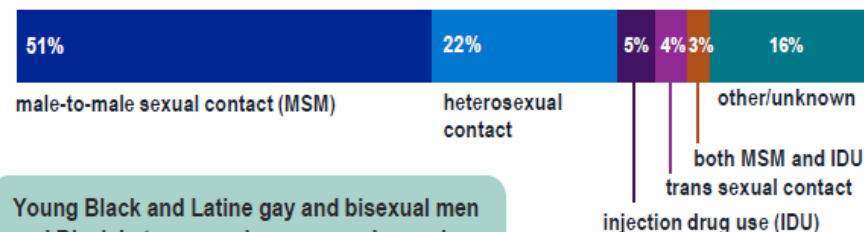
Native Hawaiian/Pacific Islander



Multiple races



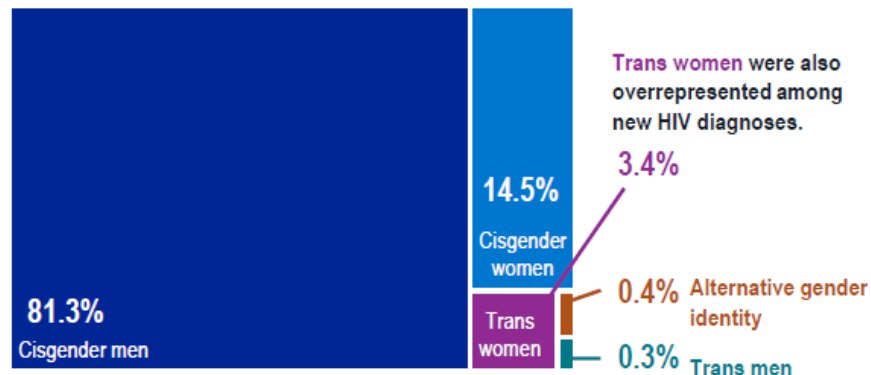
Male-to-male and heterosexual contact continue to be the most common transmission categories for people newly diagnosed with HIV (2023).



Young Black and Latine gay and bisexual men and Black heterosexual women are becoming infected with HIV at especially high rates.

Perinatal cases (ages <12 years) made up <0.1% of new diagnoses.

Cisgender men continue to make up most new HIV diagnoses (2023).⁴



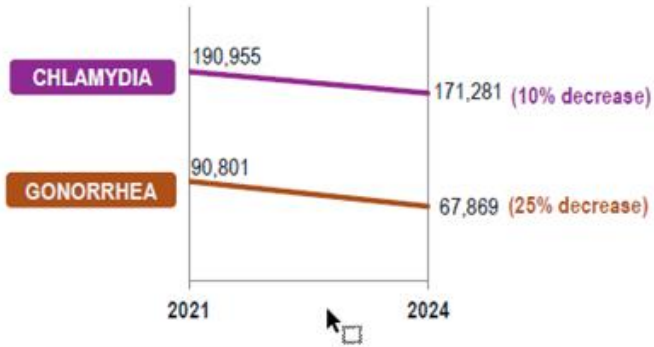
Trans women were also overrepresented among new HIV diagnoses.

4. Data are for people ages 12+ (non-perinatal cases).

THE DATA

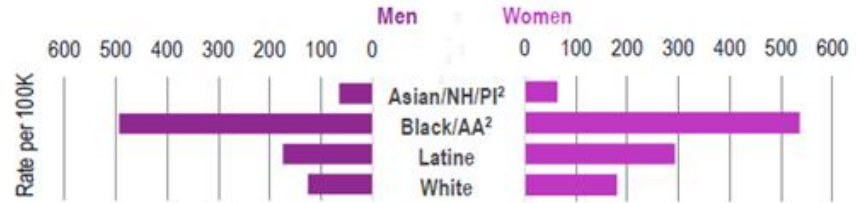
Sexually Transmitted Infections (STIs)

The number of **chlamydia** and **gonorrhea** cases in California have consistently decreased for the last three years between 2021 – 2024.

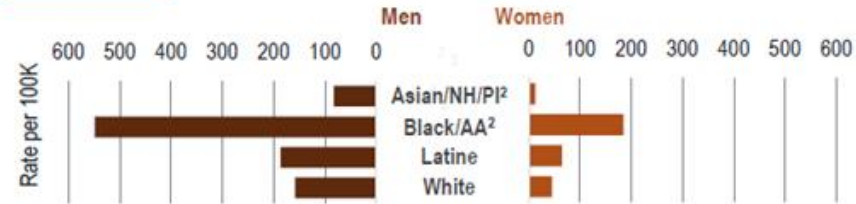


Chlamydia continues to be more commonly diagnosed among women, while **gonorrhea** and **syphilis** continue to be more common among men.¹

CHLAMYDIA Rate of chlamydia cases per 100K people in CA, 2024



GONORRHEA Rate of gonorrhea cases per 100K people in CA, 2024



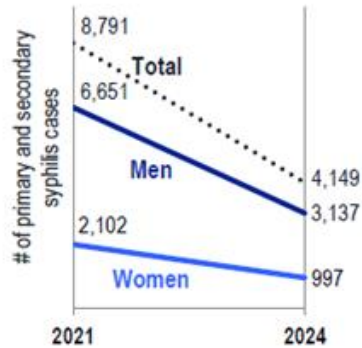
SYPHILIS Rate of primary and secondary syphilis cases per 100K people in CA, 2024



For all three STIs, people who are Black or African American bear the most disproportionate burden of disease relative to their population size.

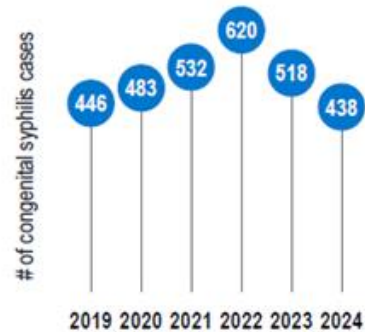
SYPHILIS

Syphilis decreased for both men and women by 53% between 2021 and 2024.¹



CONGENITAL SYPHILIS

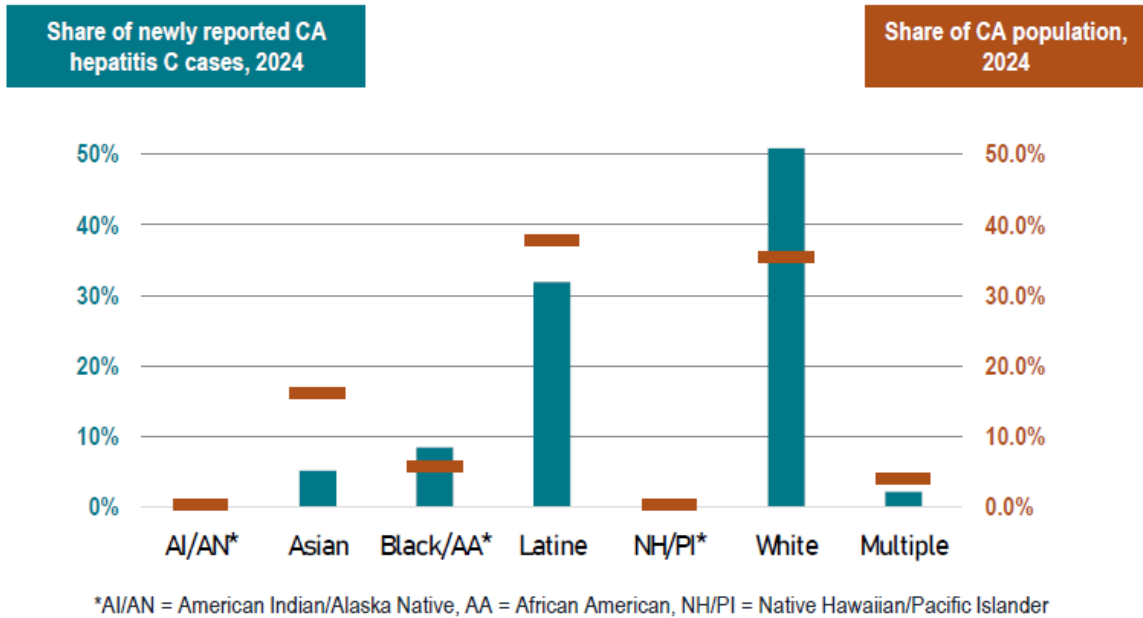
Congenital syphilis cases peaked in 2022 and have been declining since, but remain high overall.



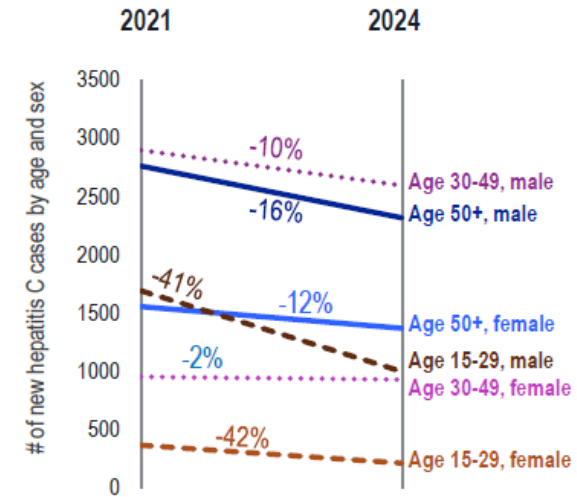
1. Per data regulations, the following categories are not shown to protect data confidentiality due to small numbers: rates and counts of all STIs for trans women and trans men, chlamydia rates for American Indian/Alaska Native populations, gonorrhea rates for American Indian/Alaska Native populations, and primary and secondary syphilis rates for American Indian/Alaska Native and Asian populations.
 2. NH/PI = Native Hawaiian/Pacific Islander; AA = African American

THE DATA Hepatitis C Virus (HCV)

American Indian/Alaska Native, Black/African American, and White people in California continue to be overrepresented in newly reported hepatitis C cases relative to their population size.



Newly reported chronic HCV cases decreased among both men and women from 2021-2024.³ This decrease is notable given that cases were increasing from 2014 – 2018, when the last strategic plan for ending the epidemics was published.



With respect to gender,³ there were:

- 31** new cases of chronic hepatitis C for every 100,000 males in CA in 2024.
- 13** new cases of chronic hepatitis C for every 100,000 females in CA in 2024.

People in prison make up 11% of chronic hepatitis C cases but <1% of the California population.

Prison-based hepatitis C viral testing and treatment is addressing this disparity.

Viral testing for hepatitis C virus



Clearance/cure of hepatitis C virus



While great strides have been made in prison, in the general population only 1 in 3 people with active hepatitis C infection achieves cure or clearance. More work is needed to close this gap!

3. In 2024, two cases reported a gender identity not listed in these figures, such as transgender man, transgender woman, non-binary, or identity not listed. 11 newly reported chronic hepatitis C cases were missing gender information altogether.

Key Action Items and Timeline

- Process presentations to HIV Councils/Commissions, Groups; invitations to LHJs (Jun/Jul/Aug 2025)
- Data Collection/Consultation/Community Engagement (Sep.2025-Feb.2026)
- Initial Draft Complete (April 2026)
- 2-Week Review/Comment Period (April 2026)
- Revisions and language edits (May 2026)
- Concurrence Presentations (May 2026)
- Due to HRSA/HAB/CDC (June 30, 2026)
- Plan Activities Begin (January 2027)
 - Ending the Syndemic Symposium 2027 (CDPH, CPG, Co-author EMAs/TGAs)
 - Final PrEP Gap Analysis Report (2027) (CDPH)
 - Final ADAP Gap Analysis Report (2027) (CDPH)
 - Five-year Retrospective Surveillance Report (2027) (CDPH)
 - Local Implementation Activities for EMAs/TGAs- Community Engagement, Review Reports (2027-2031)

HIV Planning Councils, Groups and Commissions: Roles

- Review the plan
- Concurrence Letter
- Advise implementation
- Communicate with community partners about the plan
- Help monitor the plan by reviewing updates and making suggestions to improve implementation
- Reference the plan in your planning and implementation activities throughout the year
- **Continue your great work!**



Feedback

Methods: Verbal comments at monthly meetings updates to Planning Councils, 2-week comment period, survey link, direct emails

Positive- support for syndemic focus, through a social determinants of health lens, support succinct statements, support list of priority populations

Critique/Suggestions- more information on metrics and outcomes measures, revise concurrence letter to make more specific, improve cover art

Other- general suggestions for interventions that work, language refinements to how priority populations are named, social media strategies to reach hardly-reached

Key Elements of the Integrated Plan: Concurrence

- Yes, I have reviewed the plan
- Yes, I have had an opportunity to provide input to the plan
- Yes, concur (agree) with the general approach of the plan
- Yes, I agree to help inform the implementation of the plan by receiving regular reports and providing suggestions to help improve the ongoing work

Options: Concur, concur with reservations, do not concur

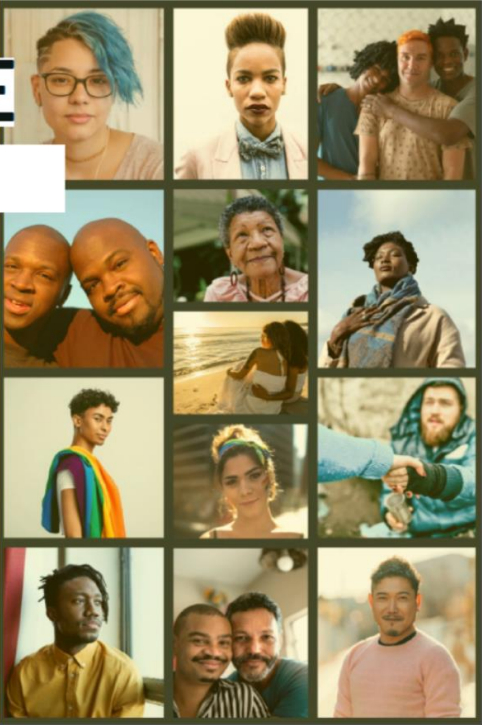
Thank you! Questions?

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Integrated Statewide Strategic Plan Overview 2022-2026



California Department of Public Health



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Resources

- [Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2027-2031](#)
- [California HIV Surveillance Report – 2023](#)
- [HIV/AIDS Epidemiology and Health Disparities in California - 2023](#)
- [CA-Epi-Profile-2017-2021.pdf](#)
- [America's HIV Epidemic Analysis Dashboard | AHEAD](#)
- [CDPH_StratPlan2021_FINAL_ADA.pdf \(ca.gov\)](#)
- [Implementation-Blueprint.pdf](#)
- [California Consortium EHE Plan](#)
- <https://facenteconsulting.com/cdph-technical-assistance-request-portal/> (planning support to use the Implementation Blueprint)

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