

Executive Summary

The California Integrated HIV Surveillance, Prevention and Care Plan outlines the strategies and objectives to be implemented in order to enable California to “Get to Zero.”

Getting to zero means getting to a time when there are:

- **Zero** new HIV infections
- **Zero** AIDS-related deaths
- **Zero** stigma and discrimination against people living with HIV (PLWH)

The Integrated Plan was developed by the California Department of Public Health, Center for Infectious Diseases, Office of AIDS in collaboration with local health jurisdictions and HIV planning bodies throughout California, other state programs that serve PLWH including Medi-Cal, Covered California, and the California Department of Corrections and Rehabilitation, and key stakeholders in the private sector, with input and review by a broad array of community stakeholders. The Integrated Plan establishes a blueprint to guide the work of the state and local health departments from 2017 to 2021 as we strive to finally get to zero.

The four goals of California's Integrated HIV Surveillance, Prevention, and Care Plan align closely with the goals of the National HIV/AIDS Strategy.

Our California-specific goals are to:

- 1 - Reduce new HIV infections in California
- 2 - Increase access to care and improve health outcomes for PLWH in California
- 3 - Reduce HIV-related disparities and health inequities in California
- 4 - Achieve a more coordinated statewide response to the HIV epidemic

With input from community stakeholders, local health jurisdictions and HIV planning bodies throughout California, fifteen strategies were identified to be implemented by 2021, all of which will contribute to realizing the goals needed to make getting to zero possible.

The strategies to achieve the goals include:

- Improve pre-exposure prophylaxis (PrEP) utilization
- Increase and improve HIV testing
- Expand partner services
- Improve linkage to care
- Improve retention in care
- Improve overall quality of HIV-related care
- Improve availability of HIV care
- Improve integration of HIV services with sexually transmitted disease, tuberculosis, dental, and other health services
- Improve case management for PLWH with high need
- Increase rates of insurance/benefits coverage for PLWH and people on PrEP
- Increase and improve HIV prevention and support services for people who use drugs
- Increase general HIV education and awareness and reduce stigma around HIV, sexual orientation, and gender identity
- Improve usability of collected data
- Enhance collaborations and community involvement
- Further leverage existing resources to better meet the needs of people at risk for and living with HIV in California

We will measure our progress towards these goals by monitoring twelve objectives to be achieved by December 2021.

The objectives include:

- Increase the estimated percentage of Californians living with HIV who know their serostatus to at least 95 percent
- Reduce the number of new HIV diagnoses in California by at least 50 percent, to fewer than 2,500 per year
- Increase the number of Californians at high risk for HIV infection who are on PrEP to 60,000
- Decrease the percentage of persons with new HIV diagnoses in California that are diagnosed with Stage 3 (AIDS) within twelve months of diagnosis (i.e., late diagnosis) to less than 17 percent
- Increase the percentage of sexually active PLWH in care who are tested at least once in a year for gonorrhea, syphilis, and chlamydia to at least 75 percent
- Increase the percentage of newly diagnosed persons in California linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent
- Increase the percentage of Californians newly diagnosed with HIV who are virally suppressed within six months of diagnosis to at least 75 percent
- Increase the percentage of Californians with diagnosed HIV infection who are virally suppressed to at least 80 percent
- Increase the percentage of Californians with diagnosed HIV infection who are in HIV medical care (at least one visit per year) to at least 90 percent
- Increase the percentage of California AIDS Drug Assistance Program clients with public or private health insurance to at least 85 percent
- Reduce the percentage of Californians with diagnosed HIV infection who are homeless to less than 5 percent
- Reduce the age-adjusted death rate among Californians with diagnosed HIV infection to less than 650 per 100,000 persons per year

The Integrated Plan is meant to give a voice to all Californians at risk for and living with HIV, and to implement strategies that recognize the interplay between biological, behavioral, psychosocial, and structural factors that affect the health and well-being of those most profoundly affected by the epidemic. In California, gay, bisexual, and other men who have sex with men represent the majority of those living with HIV, as well as those newly infected with the virus. Persons who inject drugs, transgender women, and other high-risk heterosexuals, including sex workers and persons with HIV-positive sex partners, represent smaller but significant HIV-infected populations. To ensure that communities disproportionately affected by HIV are addressed in the Integrated Plan, the Integrated Plan describes the relationship between social and health inequities and defines specific sub-objectives to be achieved to address health disparities.

The Office of AIDS will release data annually summarizing statewide and local health jurisdiction progress on each objective in the Integrated Plan, supporting ongoing monitoring of progress toward achieving the goals.

This Integrated Plan demonstrates the State of California's commitment to collaboration, efficiency, and innovation to achieve a more coordinated response to HIV. It does this while clearly establishing the blueprint for achieving HIV prevention, care, and treatment goals. It is our intent that many entities throughout California will continue to work together, taking responsibility for our respective roles in Getting to Zero. With this guiding principle, we set forth this Integrated Plan to guide our combined work from 2017 to 2021.

For more information, please see the entire Integrated Plan at http://www.cdph.ca.gov/programs/AIDS/documents/IP_2016_Final.pdf.