

“Getting to Zero” in San Francisco Consortium

Zero new HIV infections

Zero HIV deaths

Zero stigma and discrimination



Photo by Jim Herd



Photo by Rich Niewoski

Agenda

1. Welcome, Background and Re-Cap
2. Community Advisory Board Report back
3. San Francisco New Data
4. Legislative and advocacy update
5. Committee report backs on progress and proposed budgets
6. Consortium dialogue with committees

How it began....

World AIDS Day Forum

Monday, December 2, 2013

Getting to Zero in San Francisco: How Close Are We?

6:30–8:30 PM

Rainbow Room, LGBT Community Center

1800 Market St., San Francisco

**“This is all interesting,
but are you working
together?”**

--Community member



Getting to Zero SF: What are we?

- Multi-sector independent consortium— operates under principles of collective impact:

“Commitment of groups from different sectors to a common agenda to solve a specific problem.”

- Vision
 - Become the first municipal jurisdiction in the United States to achieve the UNAIDS vision of “*Getting to Zero*”



90% reduction in new HIV infections by 2020

Strategic Plan: Signature Initiatives

1. City wide coordinated PrEP program
2. Rapid ART start with treatment hubs
3. Patient centered linkage, engagement, retention in care

Committee for each initiative + cross cutting stigma committee has action plan, metrics and milestones.

Strategic priorities

- Improve HIV for persons living with disease and at risk in San Francisco
 - Maintain funding for existing efforts
 - Achieve success in signature initiatives
- Secure funding and broad city/private sector support
- Create innovative programs
- Exchange best practices with other cities

Update on GTZ Reach since last meeting

Government meetings

- San Francisco Health Commission
- California Ending AIDS hearing
- Douglas Brooks/White House Office of AIDS

- International
 - UNAIDS/ IAPAC Fast Track Cities Initiative
 - Amsterdam
 - Paris

- Conferences-Community and Scientific
 - USCA
 - AIDS Impact Conference, Amsterdam
 - International AIDS Conference, Vancouver
 - North America Housing and HIV/AIDS Research Summit

Update on Funding

- For activities 2015-6, Budget submitted to DPH (total \$2 million), DPH funded \$1.1 million
- MAC AIDS funded \$500,000 for retention
- Funding Gaps for this year
 - Meetings, Web maintenance, travel for speakers
 - Central operations coordination support
 - Some committee needs gaps
- Continued meetings with for profit and not for profit stakeholders partners
- Budget planning with city submission for 2016-7 starting

CAB report back

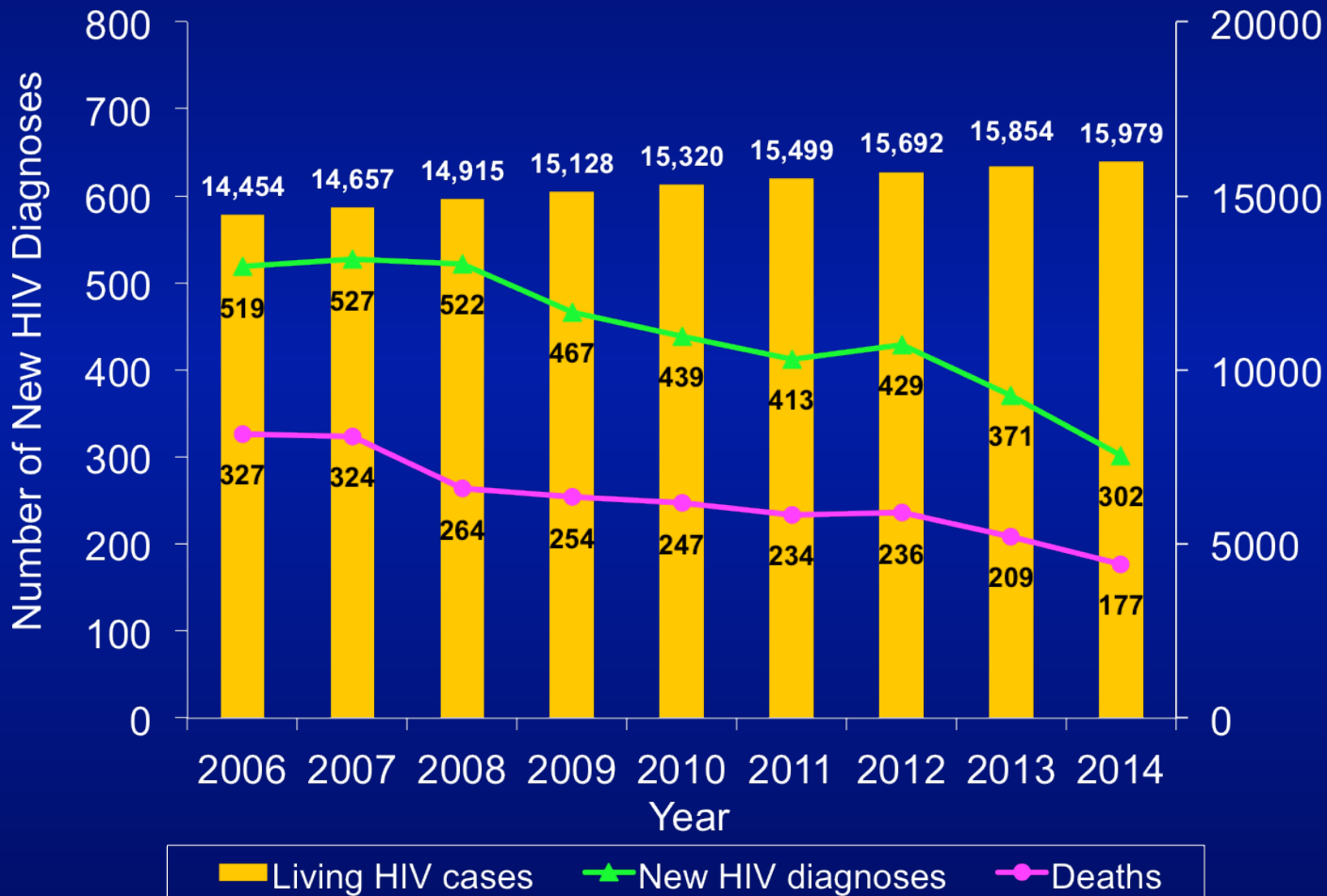
HIV Epidemiology Annual Report: What HIV surveillance data can tell us about progress along the HIV care continuum and Getting to Zero

September 22, 2015
Susan Scheer, PhD, MPH
Applied Research, Community Health
Epidemiology and Surveillance Branch



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

New HIV diagnoses, deaths, and prevalence, 2006-2014, San Francisco



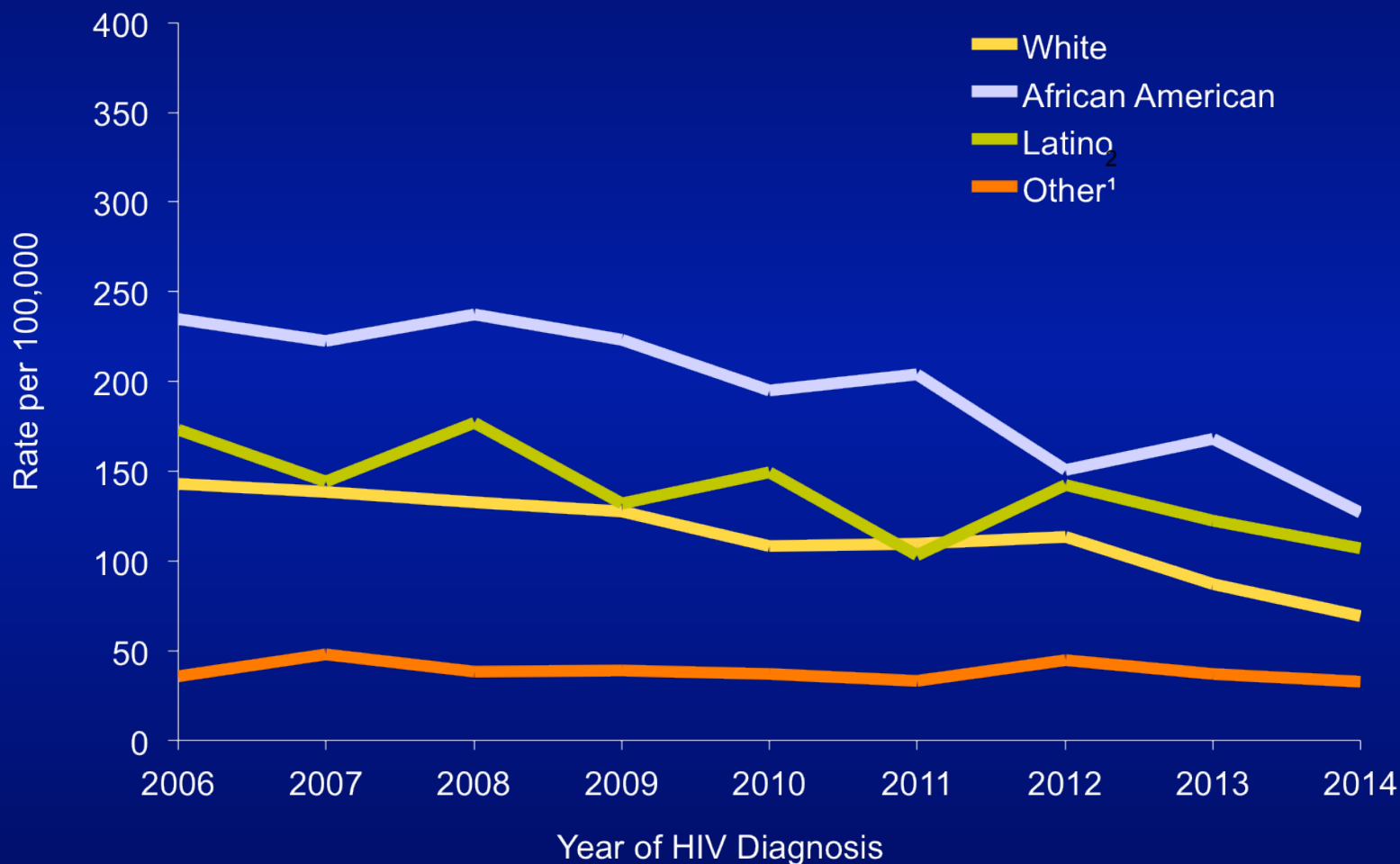
Trends in persons diagnosed with HIV infection by demographic and risk characteristics, 2006-2014, San Francisco

	Year of Initial HIV Diagnosis ¹									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Total Number	519	527	522	467	439	413	429	371	302	
Gender										
Male	90%	87%	89%	91%	89%	88%	94%	91%	93%	93% male
Female	7%	8%	8%	5%	8%	10%	5%	6%	5%	
Transfemale ²	3%	4%	3%	4%	3%	2%	1%	3%	2%	
Race/Ethnicity										
White	54%	51%	49%	52%	48%	52%	49%	46%	45%	55% people of color
African American	14%	15%	16%	15%	14%	16%	10%	13%	11%	
Latino	22%	20%	23%	21%	25%	20%	25%	25%	27%	
Asian/Pacific Islander	6%	9%	8%	8%	8%	8%	11%	13%	13%	
Native American	1%	0%	1%	0%	0%	0%	1%	1%	0%	
Multi-race	3%	4%	3%	4%	5%	3%	2%	2%	4%	
Unknown	0%	0%	0%	0%	0%	1%	1%	1%	0%	
Age at HIV Diagnosis (years)										
13 - 17	<1%	<1%	1%	<1%	<1%	<1%	0%	0%	<1%	17% Over age 50
18 - 24	12%	10%	10%	12%	13%	11%	12%	13%	12%	
25 - 29	13%	19%	16%	12%	13%	15%	17%	21%	17%	
30 - 39	34%	36%	35%	31%	31%	26%	31%	29%	30%	
40 - 49	28%	24%	29%	27%	28%	31%	29%	25%	24%	
50+	14%	10%	9%	17%	15%	17%	11%	12%	17%	
Transmission Category										
MSM	70%	66%	72%	71%	64%	72%	78%	77%	75%	75% MSM
PWID	8%	6%	6%	5%	8%	7%	3%	6%	6%	
MSM-PWID	16%	17%	12%	16%	15%	11%	10%	10%	11%	
Heterosexual	5%	8%	7%	5%	8%	6%	6%	5%	3%	
Other/Unidentified	2%	3%	3%	3%	5%	3%	3%	2%	5%	

¹ Data include persons diagnosed with HIV infection in any stage and reported as of April 10, 2015. Percentages may not add to 100% due to rounding.

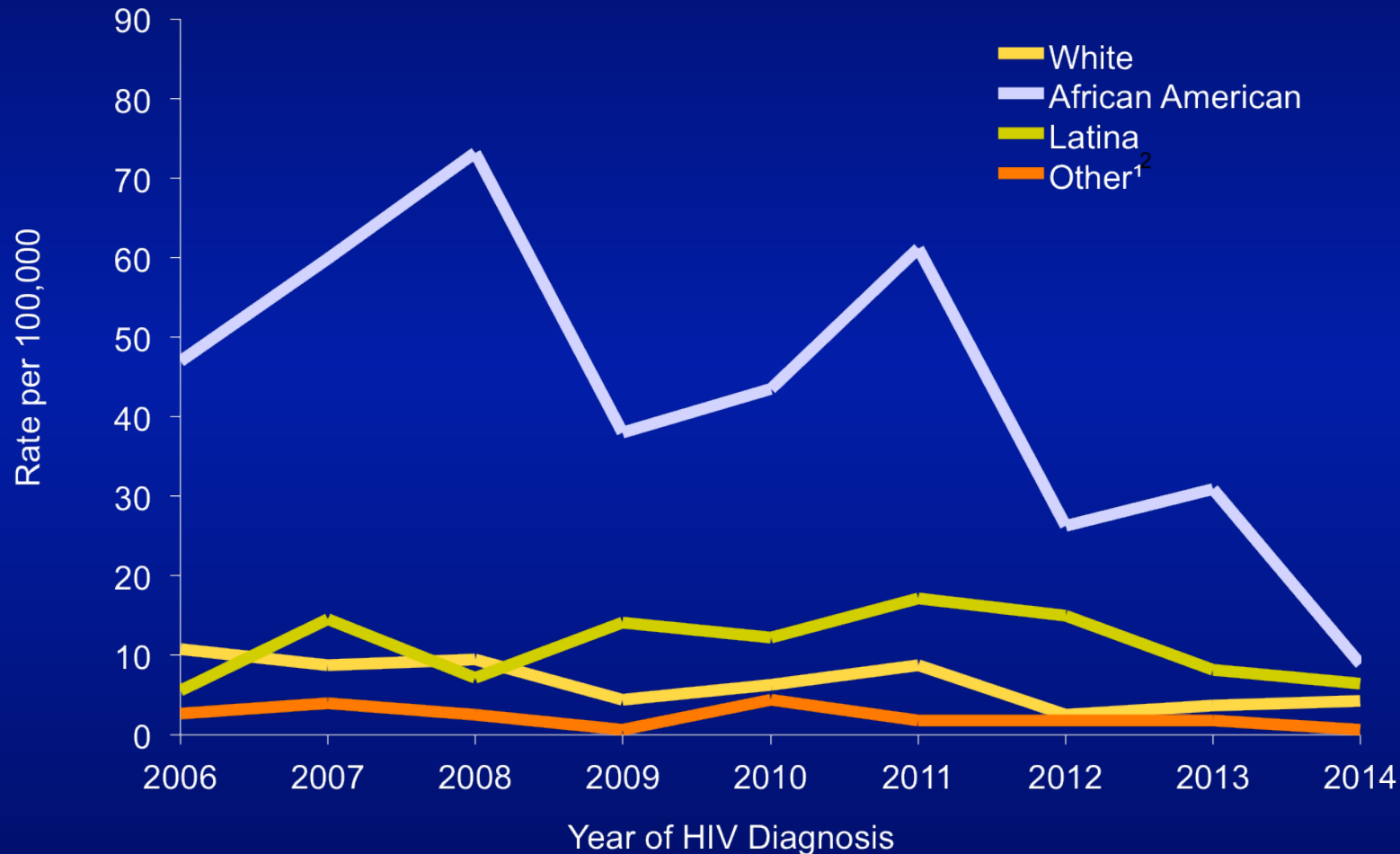
² Transfemale data include all transgender cases. Transmale data are not released separately due to potential small population size. See Technical Notes "Transgender Status".

Figure 2.2 Annual rates of men diagnosed with HIV infection per 100,000 population by race/ethnicity, 2006-2014, San Francisco



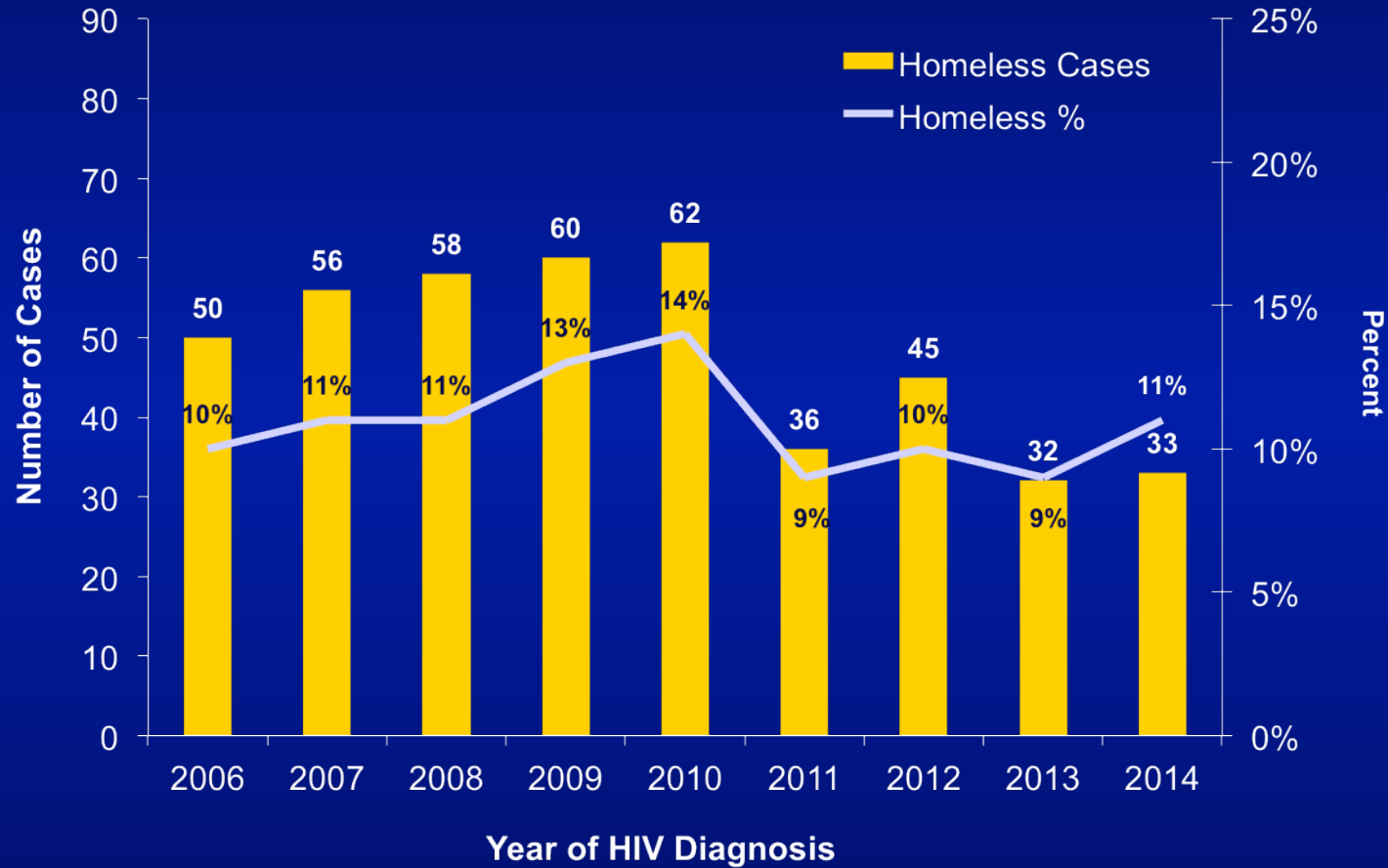
¹ Cases in the "Other" race/ethnicity category include 68% Asian/Pacific Islanders, 4% Native Americans, 22% multiple races, and 3% unknown.

Figure 2.3 Annual rates of women diagnosed with HIV infection per 100,000 population by race/ethnicity, 2006-2014, San Francisco



¹ Cases in the “Other” race/ethnicity category include 56% Asian/Pacific Islanders, 3% Native Americans, 34% multiple races, and 6% unknown.

Number and percent of homeless persons diagnosed with HIV infection by year of diagnosis, 2006-2014, San Francisco



Underlying causes of death among persons with HIV infection¹, 2001-2012, San Francisco

Underlying Cause of Death ²	Year of Death					
	2001-2004		2005-2008		2009-2012	
	Number	(%)	Number	(%)	Number	(%)
HIV	900	(67.9)	676	(54.4)	413	(43.8)
Non-AIDS cancer	96	(7.2)	132	(10.6)	128	(13.6)
Lung cancer	28	(2.1)	50	(4.0)	32	(3.4)
Liver cancer	14	(1.1)	24	(1.9)	19	(2.0)
Colon cancer	3	(0.2)	8	(0.6)	7	(0.7)
Anal cancer	5	(0.4)	6	(0.5)	6	(0.6)
Hodgkins lymphoma	1	(0.1)	2	(0.2)	1	(0.1)
Drug overdose	37	(2.8)	77	(6.2)	104	(11.0)
Heart disease	74	(5.6)	95	(7.6)	82	(8.7)
Coronary heart disease	52	(3.9)	51	(4.1)	40	(4.2)
Cardiomyopathy	5	(0.4)	7	(0.6)	4	(0.4)
Suicide	24	(1.8)	48	(3.9)	38	(4.0)
Liver disease	34	(2.6)	27	(2.2)	22	(2.3)
Liver cirrhosis	16	(1.2)	14	(1.1)	12	(1.3)
Alcoholic liver disease	14	(1.1)	11	(0.9)	9	(1.0)
Chronic obstructive lung disease	20	(1.5)	24	(1.9)	18	(1.9)
Mental disorders due to substance use	32	(2.4)	33	(2.7)	12	(1.3)
Cerebrovascular disease	14	(1.1)	6	(0.5)	11	(1.2)
Diabetes	3	(0.2)	7	(0.6)	7	(0.7)
Viral hepatitis	11	(0.8)	11	(0.9)	6	(0.6)
Diseases of arteries	4	(0.3)	1	(0.1)	4	(0.4)
Renal disease	3	(0.2)	7	(0.6)	4	(0.4)
Septicemia	3	(0.2)	3	(0.2)	3	(0.3)
Pancreatitis	3	(0.2)	1	(0.1)	1	(0.1)

and % of drug overdoses has increased

¹ Deceased cases diagnosed with HIV infection that lack cause of death information are not represented in this table.

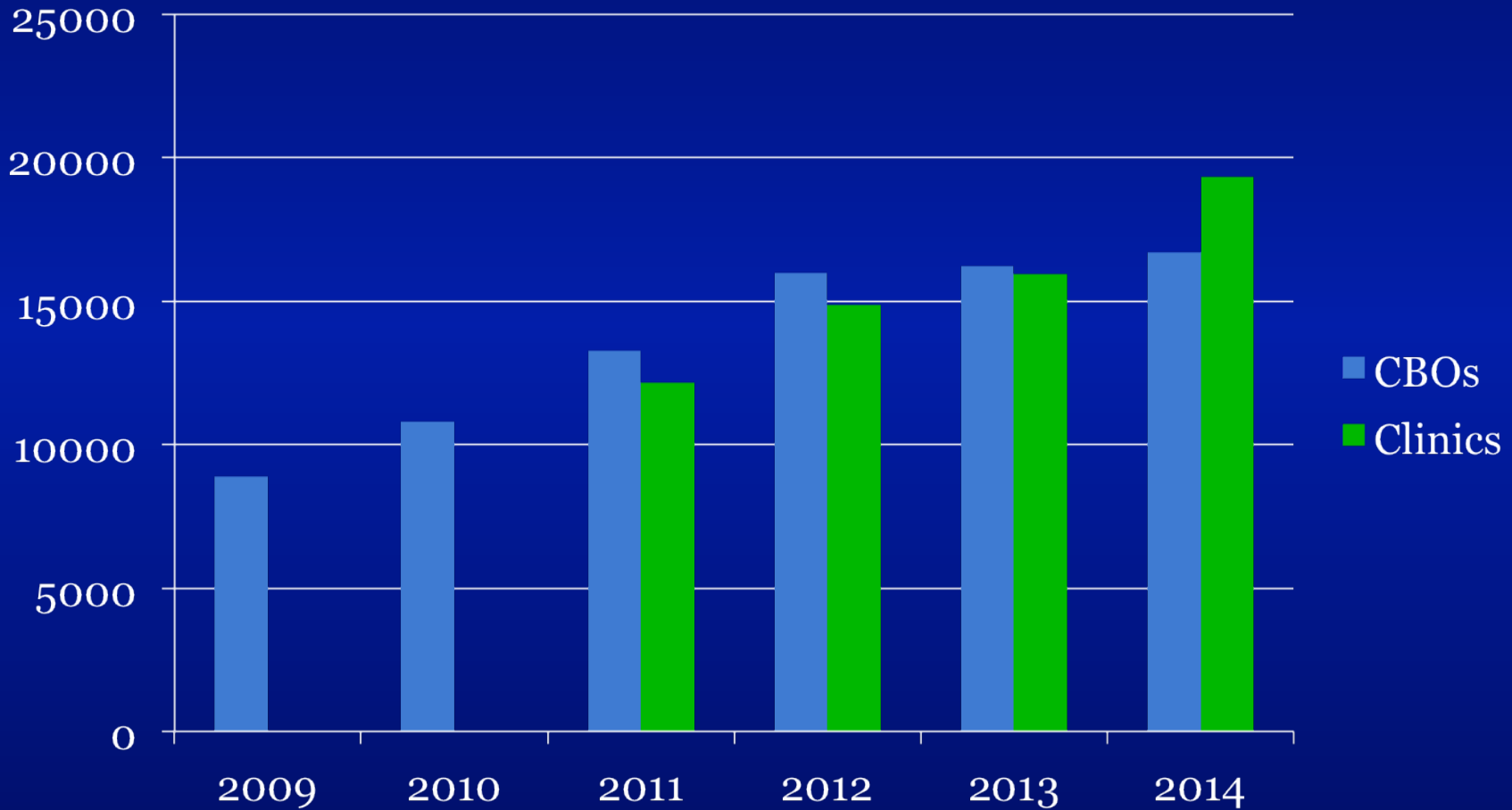
Using Surveillance Data to measure progress along the HIV Care Continuum

Step 1 Getting from infection to diagnosis



Testing Trends among Men in SF

2010 Goal: 30,000 tests by 2014



National HIV Behavioral Surveillance MSM in San Francisco 2004-2014

Variable	HIV- and Risk-Related Variables in 4 Waves Among MSM			
	MSM 2004	MSM 2008	MSM 2011	MSM 2014
HIV test in last 6 months	44%	55%	58%	64%
Unrecognized HIV	22%	18%	7.5%	3%


Total Unrecognized HIV infection in San Francisco ~ **7%**

Step 2

Getting from diagnosis to care



Care and prevention indicators among new HIV diagnoses, 2010-2013, San Francisco (Linkage to Care)



Indicators	Year			
	2010	2011	2012	2013
Proportion linked to care w/in 3 months of diagnosis	84%	86%	88%	83%
Proportion virally suppressed w/in 12 months of diagnosis	56%	59%	67%	68%
Proportion developed AIDS w/in 3 months of diagnosis	26%	24%	21%	18%
Proportion of homeless at diagnosis	14%	9%	10%	9%

Step 3

Getting from care to treatment



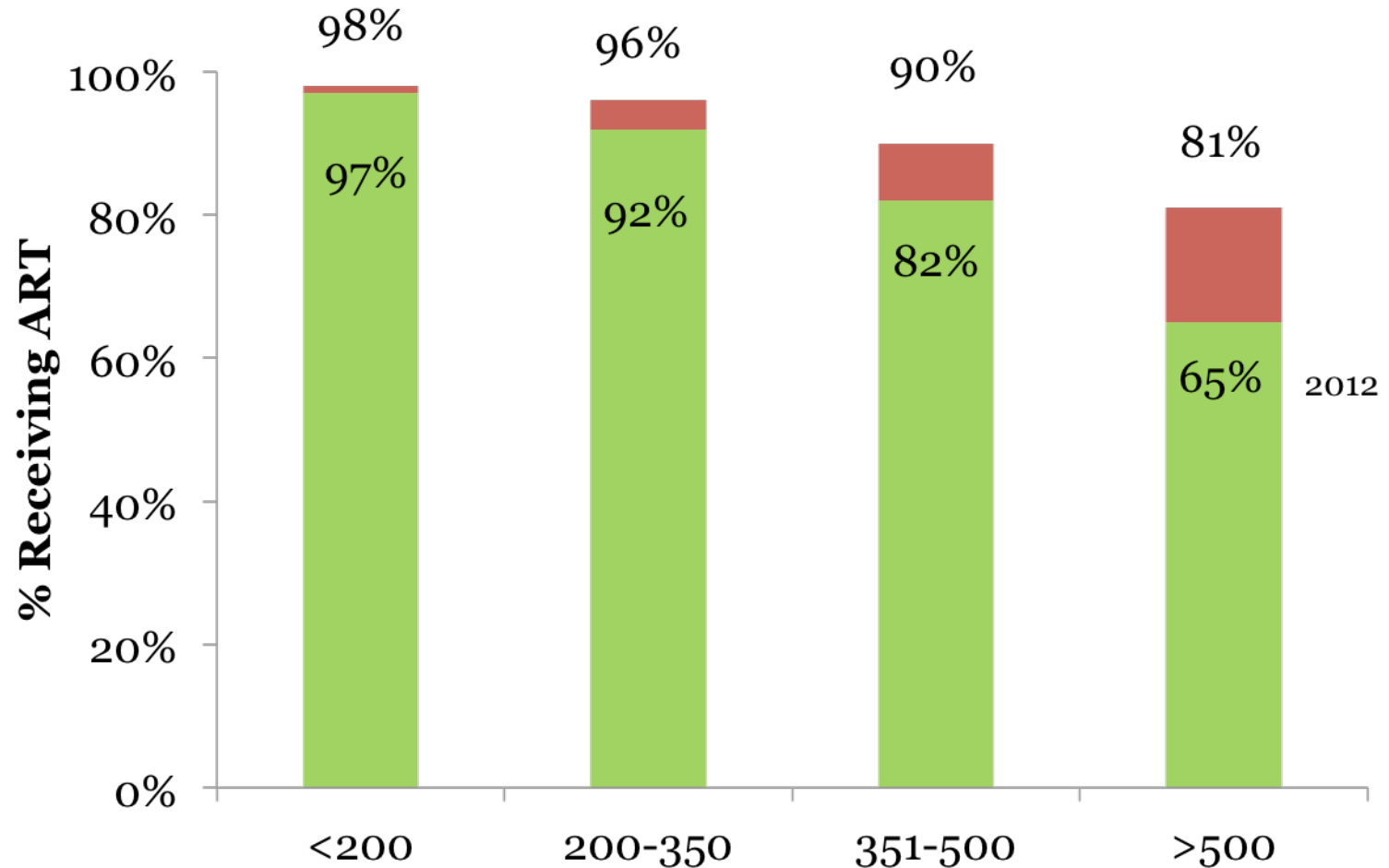
Table 3.6 Estimate of ART use among persons living with HIV by demographic, risk, and socioeconomic characteristics, December 2014, San Francisco

	Percent Receiving ART	
	Lower Level Estimate	Upper Level Estimate
Overall	87%	94%
Gender		
Male	87%	95%
Female	85%	92%
Transfemale ¹	85%	92%
Race/Ethnicity		
White	89%	95%
African American	83%	93%
Latino	85%	94%
Asian/Pacific Islander	83%	92%
Native American	77%	92%
Multiple race	85%	90%
Transmission Category		
MSM	87%	95%
PWID	83%	93%
MSM-PWID	87%	94%
Heterosexual	87%	92%
Housing Status, Most Recent		
Housed	88%	95%
Homeless	69%	85%
Insurance at HIV/AIDS Diagnosis		
Private	92%	96%
Public	87%	93%
None	83%	93%

Homeless less likely to be prescribed ART

¹ Transfemale data include all transgender cases. Transmale data are not released separately due to the potential small population size. See Technical Notes “Transgender Status.”

Estimate of ART use among living HIV cases with chart review¹ by nadir CD4 level, **December 2014**, San Francisco



Step 4

Getting from treatment to viral suppression



Care and prevention indicators among new HIV diagnoses, 2010-2013, San Francisco (Viral Suppression)

Indicators	Year			
	2010	2011	2012	2013
Proportion linked to care w/in 3 months of diagnosis	84%	86%	88%	83%
Proportion virally suppressed w/in 12 months of diagnosis	56%	59%	67%	67%
Proportion developed AIDS w/in 12 months of diagnosis	32%	27%	22%	18%
Proportion of homeless at diagnosis	14%	9%	10%	9%

Kaplan-Meier estimates of time from HIV diagnosis to viral suppression among persons diagnosed with HIV by year of diagnosis, 2009-2013, San Francisco

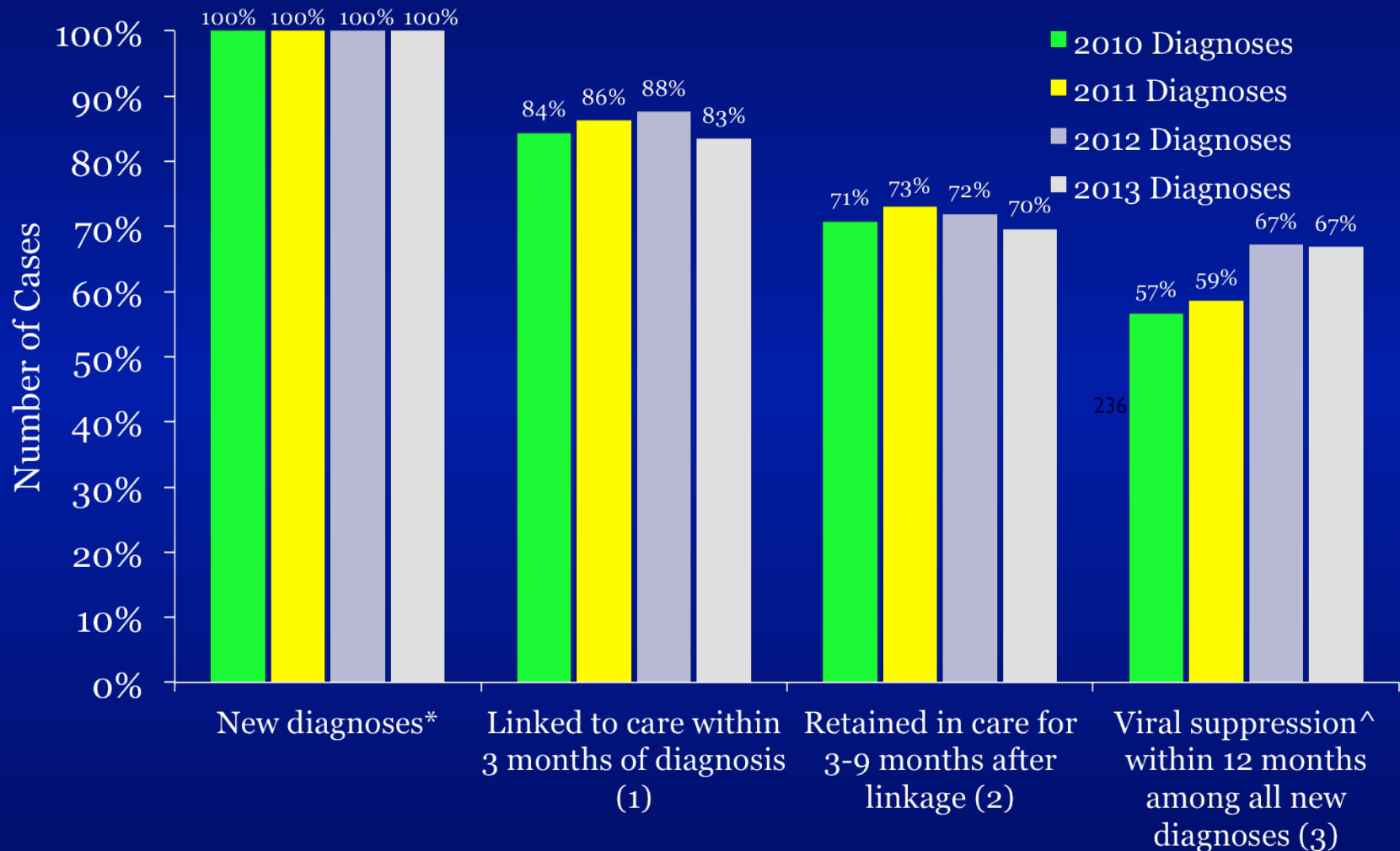
	Median time between diagnosis and viral suppression (months)	Total cases included	No. virally suppressed as of 4/10/2015	No. (%) censored at the last lab test date
2009	11	455	380	75 (16%)
2010	8	431	373	58 (13%)
2011	6	400	351	49 (12%)
2012	5	433	369	64 (15%)
2013	4	367	302	65 (18%)

Putting it all together: Cascades



HIV Care Continuum

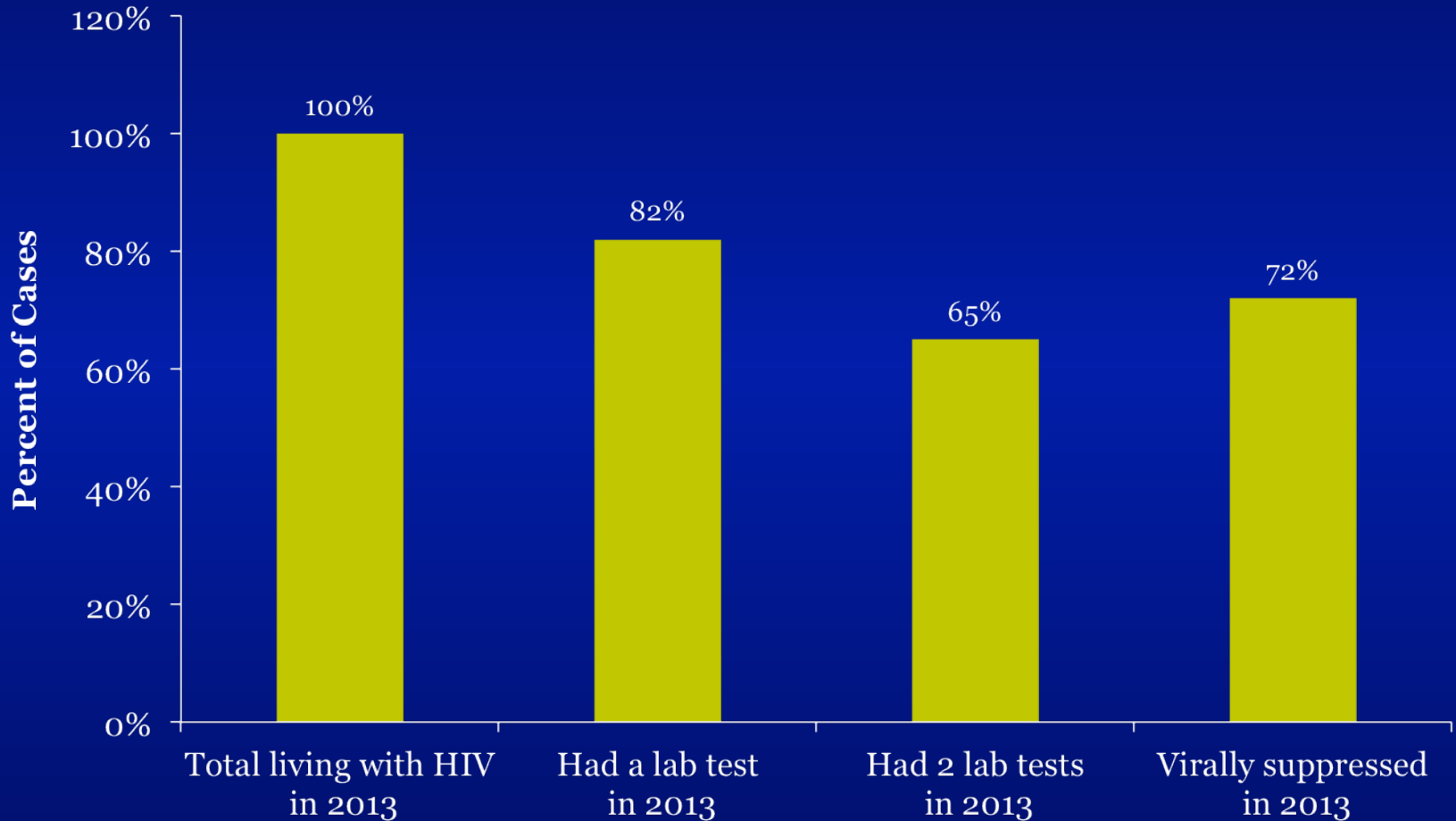
Continuum of HIV care among persons diagnosed with HIV, 2010-2013, San Francisco



* Number of new diagnoses shown each year is based in the evidence of a confirmed HIV test and does not take into account patient self-report of HIV positive.

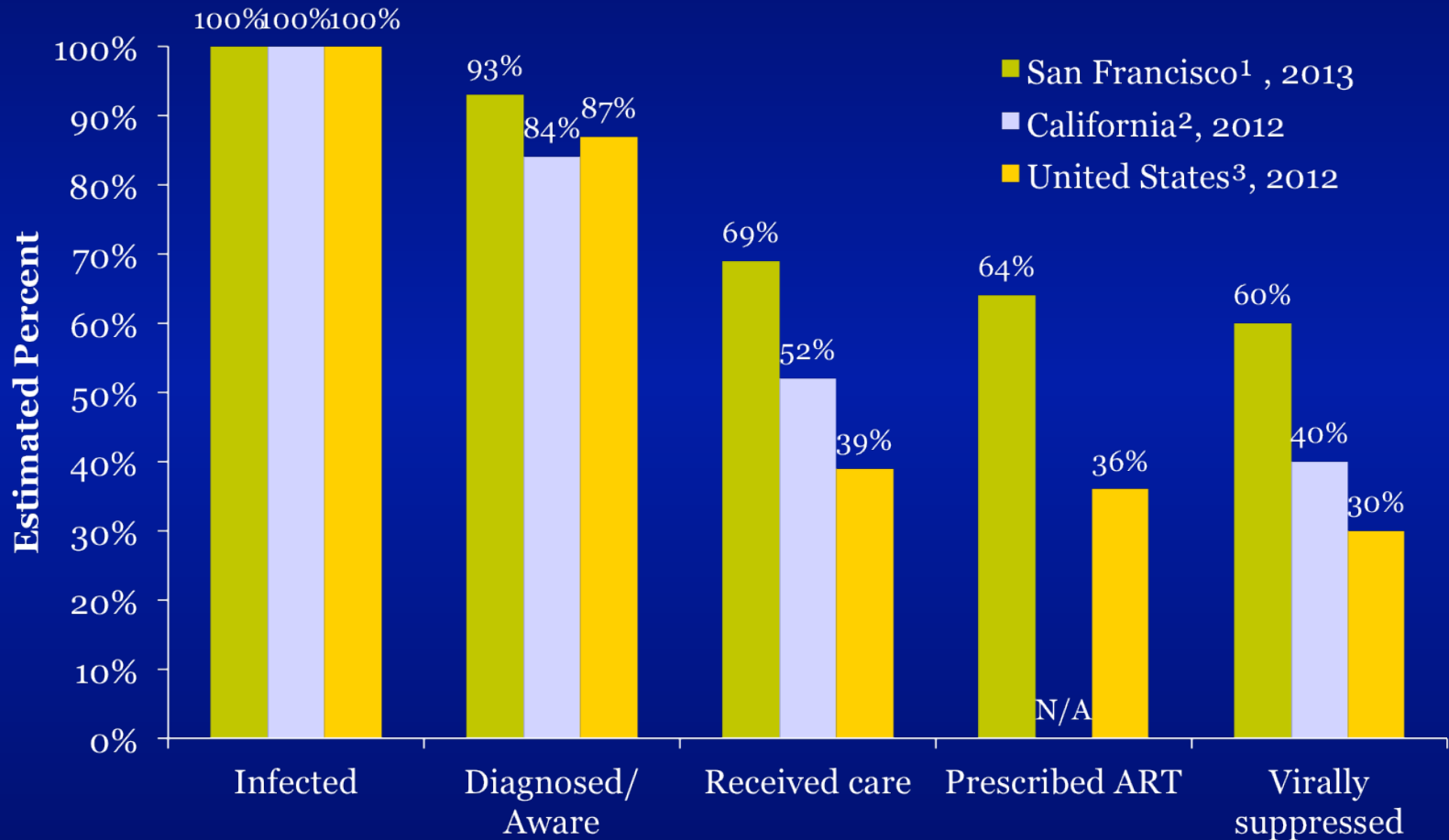
[^] Defined as the latest viral load test during the specified period is ≤ 200 copies/mL.

Continuum of HIV care among persons living with HIV, 2013, San Francisco



1. Includes San Francisco residents at diagnosis living with HIV at the end of 2013 and diagnosed by the end of 2012. Excludes persons who were non-San Francisco residents at time of HIV diagnosis but San Francisco residents at AIDS diagnosis. Excludes persons known to have moved out of SF.

Continuum of HIV care among persons living with diagnosed or undiagnosed HIV infection - San Francisco, California, United States



1 The estimated percent received care and virally suppressed among all infected was derived by applying the 93% diagnosed/aware to the 74% who had ≥ 1 lab test and 64% who were virally suppressed among those living with HIV diagnosis as shown in Table 3.3, respectively. Among those received care in 2013, 93% were known to have received ART. This 93% was then applied to the estimated 69% received care to derive the estimated 64% prescribed ART among all infected.

2 California data source: The Continuum of HIV Care in California - 2012. <http://www.cdph.ca.gov/programs/aids/Documents/HIVCareContinuum-2012.pdf>, posted December 1, 2014.

3 U.S. data source: CDC HIV Surveillance Supplemental Report 2015;20(No.2); published July 2015.

Summary

- **Routinely collected surveillance data provides a population-based data source to measure the success of the HIV prevention and care programs including GTZ RAPID and Retention initiatives.**
- **Significant progress in SF; declining HIV cases and deaths and improvements in HIV care indicators such as HIV status awareness, earlier HIV diagnosis and treatment initiation, linkage and engagement in care and time to viral suppression.**
- **Nevertheless, still have significant disparities.**
- **New diagnoses are disproportionately affecting people of color and MSM.**
- **Timely linkage to care, retention and viral suppression are less likely among women and transwomen, African Americans and Latinos, and PWID. Homeless persons are less likely to be on treatment.**
- **This data is available to you. Please ask if you would like to see something that affects your work or a population of interest.**

A copy of the HIV Epidemiology Report is on the SFDPH website at:
<https://www.sfdph.org/dph/files/reports/RptsHIVAIDS/HIV-EpidemiologyAnnualReport-2014.pdf>

For questions or further information, please contact:
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ARCHES Branch, HIV Epidemiology Section
Population Health Division, SFDPH
susan.scheer@sfdph.org

Legislative & Advocacy Update

- Dana Van Gorder
- Courtney Mulhern-Pearson
- Andy Scheer

PrEP

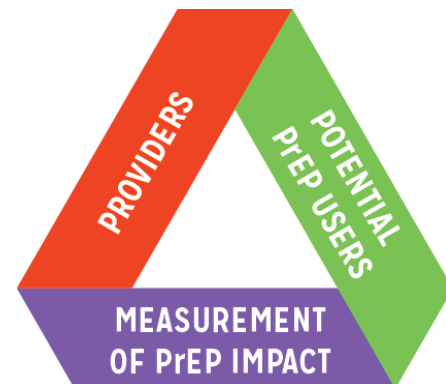
Co-chairs: Brad Hare & Al Liu

PrEP User Subcommittee Co-chair: Pierre Crouch

PrEP Provider Subcommittee Co-chairs: Tracey Packer & Stephanie Cohen

PrEP Metrics Subcommittee Co-chairs: Susan Scheer & Jen Hecht

Members: Oliver Bacon, Halvard Bagoien, Jackson Bowman, Susan Buchbinder, Megan Canon, Jim Dilley, Edvard Engesaeth, Jonathan Fuchs, Jesus Gaeta, Jayne Gagliano, Ruben Gamundi, Hans Gangeskar, Ron Goldschmidt, Stephanie Goss, Robert Grant, Geoff Hart-Cooper, Mike Hickey, Anne Hirozawa, Alison Hughes, Skot Land, Paul Marcelin, Julia Marcus, John Melichar, Austin Nation, Aliza Norwood, Trang Nguyen, Sergio Paz, Susan Philip, Greg Rebchook, Michael Reyes, Hyman Scott, Matt Sharp, Adam Taylor, Paul Urban, Dana van Gorder, Jonathan Volk, Shannon Weber, Sophy Wong



PrEP Feedback from June Consortium Meeting

- Centralized information on PrEP access
- User issues
 - Ensure plan reaches most vulnerable populations, including youth, older populations, MSM of color, transgender populations
 - Need for wraparound services to support adherence
- Provider issues
 - Need coordination of navigation efforts
 - Inclusion of pharmacists, pediatric and adolescent providers
 - How to counsel people about cost of PrEP, insurance coverage
- Other comments
 - Apply lessons learned from expanded HIV testing to PrEP
 - Include more PrEP heroes
 - Tailoring retention for PrEP – work with Retention Committee

Key accomplishments in last 3 months

- Centralized information on PrEP access
 - Added PrEP resources to GTZ PrEP website
 - Developing clearinghouse of PrEP implementation tools
- User issues
 - PrEP User Subcommittee launching a PrEP ambassador program (PrEP heroes!)
 - Goal: Focus outreach events to reach most vulnerable populations
 - *Seeking more diversity on PrEP committee and in ambassador program*
 - PleasePrEPme.org launched: 34 SF clinic locations prescribing PrEP
 - City-funded PrEP program at STD-clinic ongoing with navigation services, released RFP for 3 community-based navigators (August 2015)
- Provider issues
 - Conducted PrEP trainings for HIV test counselors and frontline HIV workers (Aug 2015)
 - Created draft inventory of PrEP trainings conducted for clinical providers (ongoing)
 - Funded academic detailer for incorporating PrEP into clinics and practices
 - Added pharmacist and pediatric/adolescent providers to group
- Measuring PrEP use
 - Pursuing multiple data sources to measure PrEP use, knowledge, and stigma (HIV testing, STOP AIDS survey, MMP, pharmacy data, MediCal data)
 - Updated report on PrEP use in SF by World AIDS Day 2015

Securing funding for PrEP WG activities

- CDC awarded SFDPH funding for PrEP implementation program
 - Citywide PrEP coordinator, comprehensive PrEP campaign, digital PrEP navigator, health educator, academic detailing
- APIWC awarded funds from Gilead for PrEP education and linkage in transgender and YMSM communities
- Budget request to support additional PrEP Subcommittee work
 - GTZ PrEP outreach materials for ambassadors
 - PrEP ambassador stipends, event fees
 - Provider detailing materials

Gettingtozerosf.org/prep-committee

PrEP committee Resources



Resources for people interested in PrEP

- ✓ [San Francisco City Clinic PrEP Section](#)
- ✓ [PrEP Facts – San Francisco AIDS Foundation](#)
- ✓ [Pleaseprepme.org](#)
- ✓ [PrEP at Project Inform](#)
- ✓ [PrEP Flow Card](#)
- ✓ [Magnet SF](#)
- ✓ [The Stigma Project](#)

Resources for PrEP Providers

- ✓ [San Francisco City Clinic PrEP Section](#)

Gettingtozerosf.org PrEP ambassador page



The Getting to Zero PrEP User Group is getting the word out about PrEP in the SF Bay Area!

We have several outreach events scheduled each month and would love for you to join us.

Anyone interested in raising awareness about PrEP in our community is welcome. If you are taking PrEP and would like to share your experiences with others, here's your opportunity! If you're a PrEP provider and would like to help provide education about PrEP, we'd love to have you.

If you're interested in becoming a Getting to Zero PrEP Ambassador or finding out more information about our PrEP Ambassador program, please fill out the form below. You can also sign up for specific outreach events on the calendar to the left below.

Thanks!



Getting to Zero PrEP Ambassador Events



Sign up to be a Getting to Zero PrEP Ambassador

GTZ PrEP User

Today | < > September 2015 | Print Week Month Agenda

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	Sep 1	2	3	4	5
6	7	8	9	10	11	12

Your Name (required)

Your Email (required)

Telephone/Mobile Number

Send

Creating and collating materials for PrEP outreach



Considering PrEP?

A daily pill that can prevent HIV.

Una pastilla que se toma diariamente que puede prevenir el VIH.



San Francisco City Clinic
PrEP Navigation Services
(415) 487-5537
sfcityclinic.org



PrEP/Trans*

Navigation Services

Trans* and interested in PrEP?
Ask at the City Clinic reception desk or
call for info and appointments: **(415) 487-5537**.
356 7th Street / sfcityclinic.org



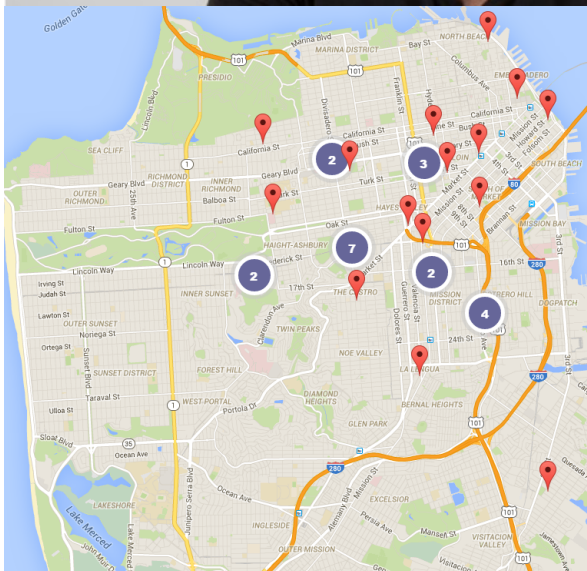
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Welcome to the California PrEP Provider Directory!



Visit PrEP
Directory



PrEP D REGISTER A P



Healthright360

Category : San Francisco County Phone : 415-746-1940
Location : California Email : adesruisseau@healthright360.org
Ratings : 0.0 /0 Visit Website
Reviews : 0

Insurances Accepted: Healthy San Francisco, Medi-Cal Provider: Andrew Desruisseau, MD Fax: 415-746-1941

Close

www.pleaseprepme.org
Launched June 2015



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2015-6 work plan: Priorities and process and outcome measures

Priority	Priority 1	Priority 2	Priority 3	Priority 4
Intervention	PrEP Ambassador Program	Develop inventory of PrEP trainings and TA completed	Design and conduct PrEP provider trainings	Develop and disseminate clearinghouse of curated PrEP tools
Metric(s) to measure	# completed events	Inventory established	# completed trainings	Completed clearinghouse of PrEP tools
How and when metrics will be measured	<ul style="list-style-type: none"> # training events completed by 12/15 	<ul style="list-style-type: none"> Training inventory established and posted to GTZ Website by Dec 2015* 	<ul style="list-style-type: none"> In 12/15, use PrEP training inventory to tabulate # clinical and non-clinical trainings provided in 2015 	<ul style="list-style-type: none"> Clearinghouse of curated PrEP tools posted to GTZ website by Q1 2016
Resource Gap, if any	<ul style="list-style-type: none"> Additional PrEP ambassadors from diverse backgrounds Ambassador stipends, event fees 	<ul style="list-style-type: none"> *PrEP coordinator needed to maintain list 	<ul style="list-style-type: none"> Printing of provider training materials 	
Comments	<ul style="list-style-type: none"> Funding for ambassador stipends and event fees to be requested 	<ul style="list-style-type: none"> Hire position through CDC grant 	<ul style="list-style-type: none"> Funding for academic detailer from City and CDC Grant Funding for academic detailing materials to be requested 	<ul style="list-style-type: none"> Collaboration with SFDPH CBA/CLI

2015-6 work plan: Priorities and process and outcome measures

Priority	Priority 5	Priority 6
Intervention	Fund PrEP navigators for CBOs and SFCC/W86	Conduct inventory of population and community data regarding PrEP use, knowledge and stigma
Metric(s) to measure	# Hired PrEP navigators	Semi-annual report of PrEP use, knowledge, and stigma
How and when metrics will be measured	<ul style="list-style-type: none"> • SFCC navigator hired • W86 navigator hiring in progress • 3 CBO PrEP navigators hired by Dec 2015 	Data from various community surveys and eCW to be presented Dec 2015, posted to GTZ website
Resource Gap, if any		
Comments	<ul style="list-style-type: none"> • Funded by Campos fund 	

2016-2017 PrEP Goals and Priorities

User

- Expand PrEP ambassador program, increase diversity
- Create comprehensive PrEP neighborhood advertisements and campaign
- Develop online PrEP navigation services
- Conduct formative work to better understand barriers to PrEP access
- Launch PrEP social media campaign
- Hold PrEP Town Halls

Provider

- Train and coordinate city-wide PrEP navigators
- Conduct key informant interviews with providers
- Ensure all SFHN clinics have received trainings on PrEP at staff mtgs
- Expand academic detailing to peds/ adolescent medicine, psychiatry, pharmacists
- Work with Metrics Subcommittee to track and reach out to PrEP providers

Measurement

- Continue to update metrics about PrEP, provide updated data every 6 months (posted to GTZ website)
- Work with Provider Subcommittee to add new clinics and private providers to monitoring list every 6 months
- Work with pharmacies, MediCAL, and Gilead to collect info on # and characteristics of PrEP users
- Add PrEP questions to Evaluation web (Jan 2016)

Retention & Re-Engagement

Co-Chairs

- Edwin Charlebois, UCSF Center for AIDS Prevention Studies
- Andy Scheer, City Clinic
- Dana Van Gorder, Project Inform

Committee

- Erin Antunez
- Kat Christopoulos , UCSF Positive Health Program
- Lisa Dazols , UCSF 360 Clinic
- Monica Ghandi , UCSF Ward 86
- Bill Hirsh, AIDS Legal Referral Panel
- Ming Ming Kwan, API Wellness
- Courtney Mulhern-Pearson, San Francisco AIDS Foundation
- Eva Mureithi, UCSF
- Amanda Newstetter, Pacific AETC
- Tracey Packer, Department of Public Health
- Darpun Sachdev, LINCS
- Susan Scheer, Department of Public Health
- Chuan Teng, Positive Resource Center
- Lori Thoemmes, Alliance Health Project



www.GettingToZeroSF.org

Update since 6.11.15 meeting

- **Response to the sticky sheets**
 - Expanded committee membership to broaden reach of activities and partners
 - All issues discussed at strategic planning meeting and majority incorporated into action plan
- **Progress from last meeting**
 - MAC AIDS Foundation grant:
 - *3 navigators hired, 2 contact specialists to be hired*
 - *current practices survey and IRB under development*
 - 2 ½ day Strategic Planning Meetings
 - Using Results Based Accountability (RBA) framework, identified goals, indicators, and potential interventions to be pursued in years 2 and 3.

Goal Statement

Assure access to and consistent engagement of HIV-positive San Franciscans in integrated care, treatment and social support to achieve optimal health outcomes and quality of life, as well as to support a reduction in new infections.

Metrics

Headline Indicators

Virologic Suppression	Retention in Care & Wrap-Around Services	Out of Care & Re-Engagement
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Unmet Need Indicators

Case Mgt / Navigation	Housing	Mental Health Services	Substance Abuse Services	Food Security	Quality of Life / Care
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R & R Headline Indicators

Headline Indicators		
Virologic Suppression	Retention in Care & Wrap-Around Services	Out of Care & Re-Engagement
<ul style="list-style-type: none">• % HIV+ in SF with VL Suppression last 12 Months• % HIV+ in care with VL Suppression last 12 Months	<ul style="list-style-type: none">• % with 2 HIV care markers (visit,VL,CD4) separated by 90 days in last 12 months• % with (1+ or 2+) missed visits for referred wrap-around service(s)	<ul style="list-style-type: none">• % of HIV+ in SF with no care marker last 12 months• % identified Out of Care linked to Care w/ in 90 days.

R & R Unmet Need Indicators

Unmet Need Indicators					
Case Mgt / Navigation	Housing	Mental Health Services	Substance Abuse Services	Food Security	Quality of Life / Care
# on rolls with >30 day waiting period	% HIV+ in SF Homeless % HIV+ in SF with unstable housing (Shelter, SRO, etc.)	#, % with prior MH Dx or Screen+ & No MH Visit last 12 Months	#, % with prior SA Dx or Screen+ & No SAS Visit last 12 Months	% HIV+ in SF reporting any Food Insecurity or Household Hunger (WHO)	% HIV+ in SF with marginal/poor QOL % HIV+ in SF reporting poor quality of HIV care

Priority Interventions

- Develop a city wide standard of care (public and private) for retention & re-engagement activities
- Increase the supply of and access to housing, mental health, substance abuse, and other critical *support services*
- Create live Resource Guide (google docs) accessible via web & app, with .5+FTE to keep current
- Use surveillance data to identify locations, including clinical practices, SROs, jails, etc., where retention and viral suppression are low and build multidisciplinary teams to support improvements in outcomes
- Increase coordination of care and communication through shared access to data (EPIC EMR for all, DPH data to care, ARIES, etc.); cross door (agency) linkages, warm-handoffs; group navigator and care team trainings and standards.

Intervention Metrics

- Supply of housing, mental health, substance abuse, and other support services
- Surveillance data to identify locations
- Coordination of care & shared access to data
- Un-Met Need Indicators
homeless:10% →5%
- Virologic Suppression, Retention, Re-Engagement Indicators
- Virologic Suppression, Retention, Re-Engagement Indicators

Next Steps

- Identify target ranges for intervention metrics
- Develop intervention specifics and partners to respond to priority areas identified in specific planning process
- Develop budgets for interventions
- Site visit from MAC AIDS Foundation

Thank you



Ending Stigma Committee

Co-Chairs

Austin Padilla, Mark Ryle, Wayne Steward

Members

Tez Anderson, Samuel Berston, Jonathan Gomez, Stephanie Goss, Robert Grant,
Alison Hughes, Brandon Ivory, Shaddai Martinez-Cuestas, Mark Molnar, Thomas
Muyunga, Jenna Rapues, Armando Rodriguez, Ashley Rojas,
Will Vincent



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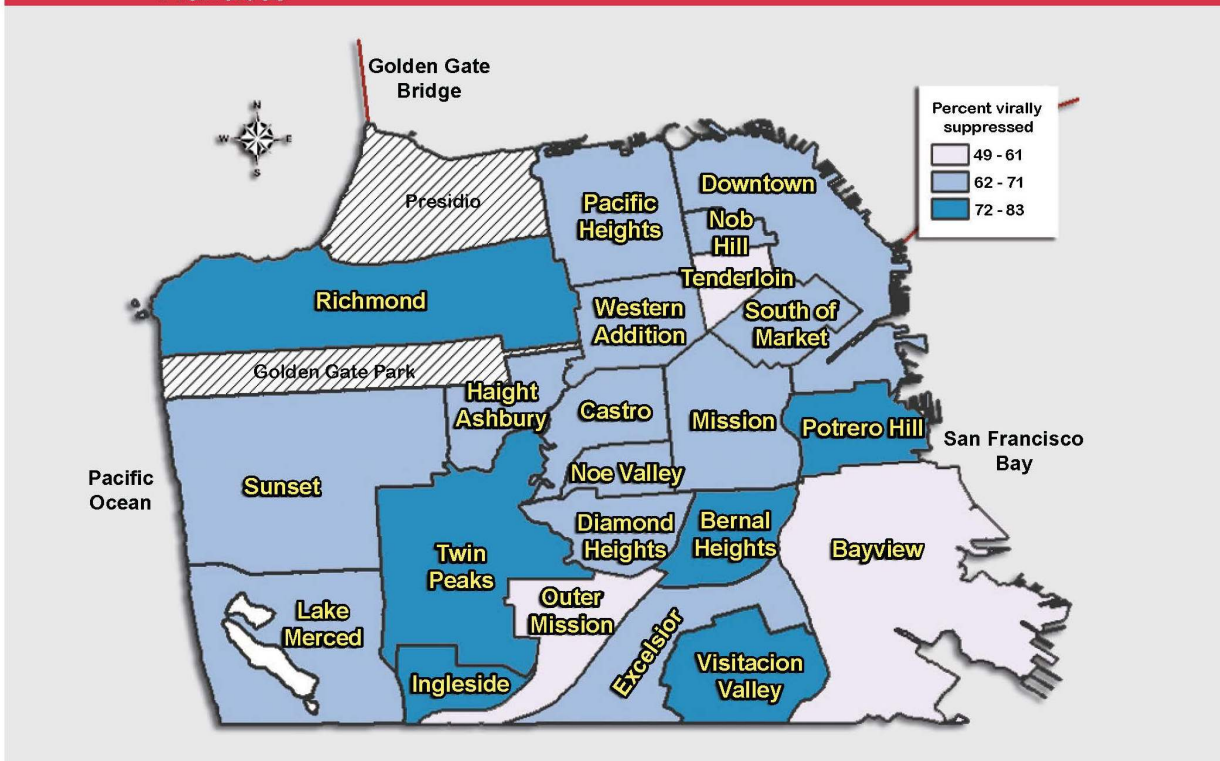
Update: Priority Setting

- Goal is to focus work where there is the greatest potential to affect HIV-related disparities
 - Considering: geography (neighborhoods), populations, and stigma manifestations
- To that end, the committee first steps are focused on determining where the impact of stigma is greatest and intervention efforts would be most useful

Establishing Priorities

- Geographic HIV-Related Disparities

Map 16.5 Geographic distribution of proportion of persons diagnosed with HIV infection in 2010-2013 who achieved viral suppression within 12 months of diagnosis, San Francisco



* Homeless HIV cases and HIV cases with an unknown or invalid address are not displayed on this map (N=74, 44% and N=48, 39% achieved viral suppression within 12 months of diagnosis, respectively).

Establishing Priorities

- Population HIV-Related Disparities:
 - Race/ethnicity
 - Gender
 - Sexual orientation
 - Gender identity
 - Injection drug use
 - Sex work
 - Age
 - Homelessness

Establishing Priorities

- Varied Stigma Manifestations:
 - Enacted HIV stigma (discrimination, structural barriers)
 - Metrics: Acts of discrimination (self-reported, observed), coping skills among HIV-positive individuals (ability to manage stigma), reductions in HIV disparities
 - Internalized HIV stigma (self-stigma, shame)
 - Metrics: Endorsement of stigmatizing beliefs, disclosure of status, depression, social support, reductions in HIV disparities
 - Affiliated stigmas (e.g., stigmas against MSM, transgender, drug user, sex workers, people of color)
 - Metrics: Endorsement of stigma beliefs, coping, structural changes relevant to affiliated stigma, reductions in HIV disparities

2015-6 (this year) work plan: Priorities and process and outcome measures

Priority	Priority 1	Priority 2	Priority 3
HIV Disparities	New Infections	Lower linkage, retention, viral suppression	Survival
Affected Populations	MSM, Latino, Youth	IDU, Women, Transwomen, African American	African American, Women, Transwomen, Older MSM
Potential role of stigma	Internalized (blame, shame) → reduced willingness to test; Enacted → reduced service access	Enacted/affiliated → reduced access to healthcare environments	Affiliated → Socially isolated gay men Enacted → Reduced access to services

Underlying gap: Understanding precise link between stigma and disparities

2016-17 GOALS and PRIORITIES

- Complete research to identify precise pathways by which stigma affects HIV disparities in San Francisco
- Identify appropriate interventions based on observed pathways
- Implement highest priority interventions

GTZ Rapid Committee

Diane Havlir, Tim Patriarca, Diane Jones,
Stephanie Cohen, Virginia Cafaro, Chris
Pilcher, Marc Solomon, Oliver Bacon



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2015-6 Work Plan: Priorities, Activities and Metrics

Train Clinics in RAPID

- Outreach & Needs Assessment
- Distribute Protocol
- Group Education
- Detailing of individual practice sites (whole team)
- Follow-up Support

- % HIV Clinics
 - Approached
 - Trained
 - Detailed
 - Followed up
- # visits of each type

Establish RAPID Prevalence

- Aggregate routinely collected data
 - HIV Surveillance
 - LINCIS/Partner Services
- What additional variables do we need?

6/15-12/15

- # new HIV diagnoses
- % linked
- Time to linkage
- Time to ART
- % RAPID starts
- ART used

Early Lessons Learned

- Proportion of eligible patients getting RAPID
- Which patients are/ not getting RAPID?
- Early qualitative experience of clinic teams, patients

- # RAPIDs/# Eligibles
- Assoc. with RAPID
 - Demographics
 - Risk factors
 - Clinic factors
- Clinic, Pt. experiences

2016-17 GOALS and PRIORITIES

- Continue RAPID rollout to clinical sites
 - Funding, logistics and regulatory approach for starter packs
 - Serial **6-month** evaluation cycles
 - Changes, improvements in response to findings
 - Follow-up visits with RAPID Teams
 - Seek funding for formal qualitative analysis of RAPID strengths and challenges
 - Patients
 - Teams: clinicians, social workers, clinic managers
 - Public health impact
 - Retention
 - INSTI resistance testing
 - estimate of infections averted?
 - Cost evaluation?
- identify components key to good outcomes...level of effort required

Consortium Feedback on Year 2

- Committees available to engage with consortium members on feedback regarding their Year 2 proposed activities.