FAST-TRACK CITIES QUARTERLY UPDATE



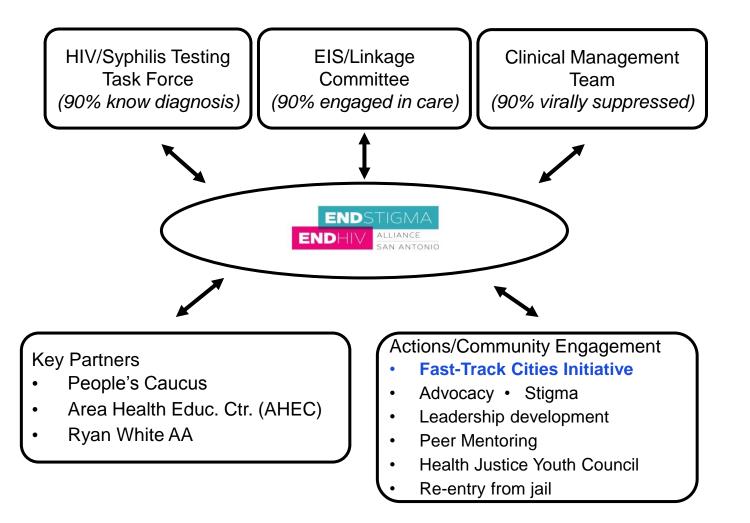


JOINT MEETING WITH END STIGMA END HIV ALLIANCE MAR. 14, 2019

WHAT IS FAST-TRACK CITIES?

- City-county initiative launched in December 2017 with 90-90-90 goals
- Data gathering and transparency arm of ESEHA quarterly reports to community, posted online at <u>fast-trackcities.org</u>
- Administrative support and steering committee member of ESEHA

BIG PICTURE—PART 1



NEW SINCE LAST QUARTER

- ESEHA decision to focus on stigma and advocacy in 2019
 - Starting with stigma in health care
- Peer mentors \$5,000 UT Health grant
- \$3,000 storytelling grant from UT Austin/DSHS (fiscal agent: UT Health)
- Health Justice Youth Council growing, new leaders; 8 groups and
 104 attendees for Listening Tour 2.0 so far
- Jail HIPAA issues resolved and process for EIS handoff created
- Presentations
 - 5 School Health Advisory Councils (Harlandale, NISD, Southside, NEISD, Alamo Heights). Co-presenter for SWISD April 23, 5:30 PM?
 - Statewide public health conference (TACCHO); mentioned at an international medical conference (CROI)



Community Response to HIV Clusters in San Antonio, TX

AP Pack, UT School of Public Health; YG Venegas, University Health System FFACTS Clinic; JR Ortega, Dell Medical School; BS Taylor, MD, MS, UT Health-San Antonio; AK Miller, MPH, PA-C, CentroMed; JJ Ramos, University Health System Ryan White Part D; CJ Woo, MD, MPH, San Antonio Metropolitan Health District

Background

- □ In 2016, San Antonio had the nation's largest molecular HIV cluster. This network of rapid and ongoing transmission was dominated by young Latino MSM, (82%) under 30 years of age.
- □ End Stigma End HIV Alliance
 (ESEHA) coalesced in September
 2017 in response to the HIV
 clusters, joined by every community
 AIDS service organization (ASO),
 HIV peer advocates living with HIV,
 the Ryan White Administrative
 Agency and Planning Council,
 academics, clinicians, the local
 public health department and the
 local mental health authority.
- □ The Alliance adopted a multi-layered community-based approach that includes leadership by youth of color and HIV peer advocates.



Projects

- New in 2019: Countering HIV stigma in healthcare settings
- ☐ Health Justice Youth Council: Organized by Youth of Color to improve sexual health and support bodily autonomy for all, through community social events, tabling and a Youth Listening Tour.
- □#FAM210: Text, phone and web support for people diagnosed with HIV, created by HIV peer advocates.
- ☐ Creating warm handoffs to HIV services from the county jail
- □ Policy advocacy, including for changes in Texas HIV Medication Program
- □ Laying groundwork for citywide Rapid Start
- ☐ Community-wide PrEP strategy
- ☐ Promoting routine HIV testing in hospital EDs
- □ Data transparency and quarterly community-wide data sharing as part of global Fast-Track Cities Initiative
- ☐ Forum Theatre interactive drama project about HIV stigma

EYES ON EQUITY

Members unaffiliated with any organization receive a health equity stipend when they attend meetings, and one co-chair position is designated for a peer advocate

Results

- ☐ Our community's 90-90-90 metrics were 82-72-86 as of December 2018.
- ☐ Sites offering PrEP grew from 4 to 17 since 2016.
- □ About 17% of meeting attendees are HIV peer advocates, out of the roughly 40 people who attend.
- ☐ The 2018 "listening tour" reached 23 community organizations and 198 individuals, primarily youth.
- □ Days for linkage to care after a new diagnosis: 32 days in the 2017 cluster, 17.4 days in the 2nd quarter of 2018, and 14.8 days in the 4th quarter of 2018.
- □ An annual communitywide HIV testing campaign, #IKnowMyStatusSA, resulted in 4,000 HIV tests in April 2018, quadruple the usual number.



Goal: 90% of people living with HIV know their status

Goal: 90% of people diagnosed with HIV will be linked to care

86% Goal: 90% of people in care will have viral suppression

Keys to Success

- Shared urgency based on shared data. Because ESEHA formed out of a sense of crisis after news of the HIV clusters, members were persuaded to check egos and agency roles at the door and break down silos of care.
- ☐ <u>Transparency and communication</u>. Early on, the group agreed upon clear expectations for communication and roles and committed to including perspectives of people living with HIV, "Nothing about us, without us." This built trust among agencies and within the community. Meeting weekly the first 3 months and then biweekly for a year at the start provided consistent communication.
- ☐ <u>Inclusivity</u>. Membership in ESEHA is broad based, including agency executives, front-line staff, and HIV peer advocates. This fosters equitable decision making and strategy. Flat leadership.
- New approaches. A refrain at early meetings was, "What we've been doing isn't working." Novel strategies demonstrate trust in youth and community leadership and embrace of innovation

The authors wish to note that we are writing on behalf of End Stigma End HIV Alliance as a whole. Co-chairs: Hugo Sapien: hasapien@gmail.com, Frederic Courtois: fredericcourtois88@gmail.com, Dr. Barbara Taylor: TaylorB4@uthscsa.edu

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PrEP provider card distributed by Metro Health

17 locations, down from 18 listed (1 still planning)

- PrEP work group mid-April (fill out Doodle poll!)
- Bring: PrEP staff and whatever data you have (# served, percentages for gender, race, ethnicity, income, geography)
- Seeking PrEP clients and wouldbe clients to join
- All attendees must sign group norms agreement

LINKAGE TO CARE (OCT. 1-DEC. 31)

Goal: Interval until first appointment with a medical provider is less than 7 days by May 2019

Time until first contact with *any* service provider (ARIES)

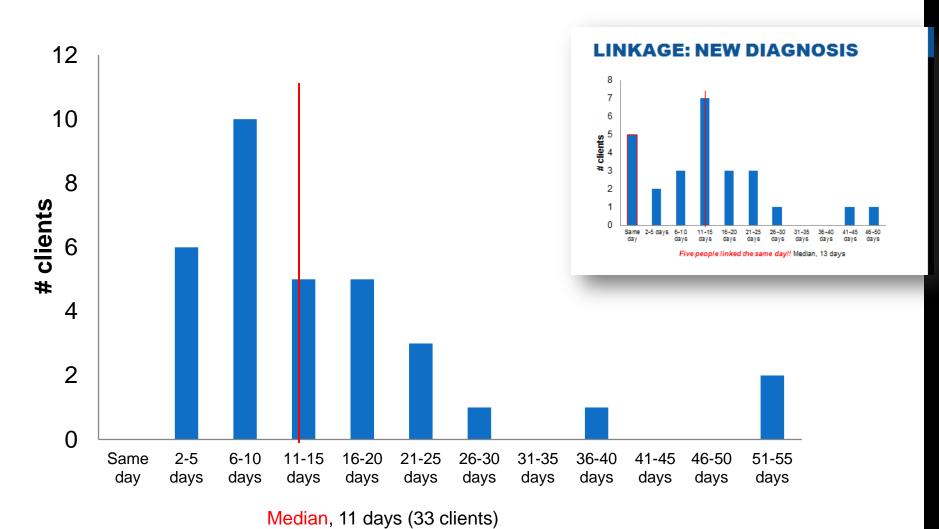
7.4 days7 days last quarter

Time until first appointment with *medical provider* (5 agencies)

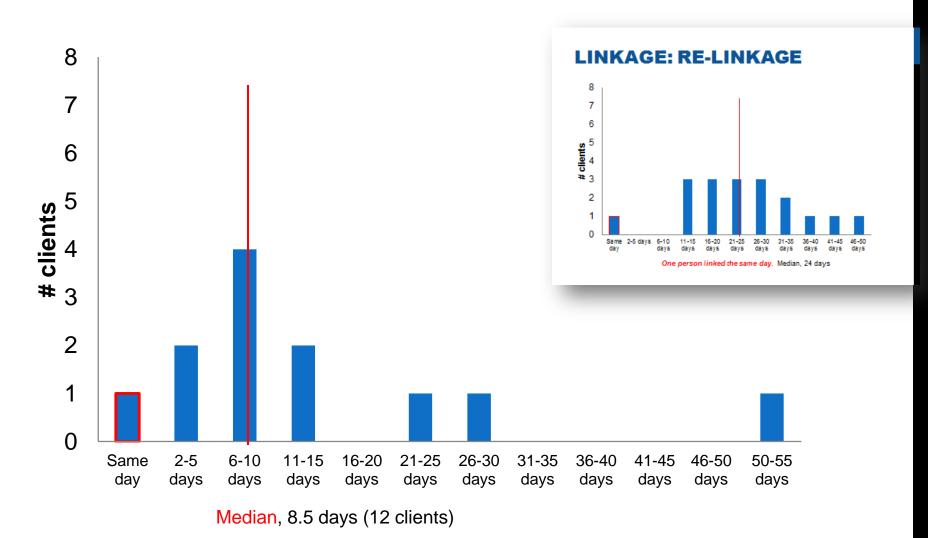
- New: Avg. 14.8 days, median 11
 Avg. 14.1, median 13 last quarter
- Relinkage: Avg. 14.6 days, median 8.5
 Avg. 25, median 24 last quarter

Ranges: 2 to 49 days for new diagnoses; 0 to 55 days for relinkages

LINKAGE: NEW DIAGNOSIS



LINKAGE: RE-LINKAGE



% UNDETECTABLE

- 86%?
 - From DSHS, pulled July 3, 2018 from EHARS
- 90%?
 - ARIES, pulled Mar. 12, 2019, for 104 clients diagnosed between Oct. 2018 and Dec. 2018
- 78%?
 - 3 clinics, out of 1386 clients in all of 2018 (Jan. 1-Dec. 31)

SAME SINCE LAST QUARTER

- Number of hospital EDs doing routine HIV testing (0)
- Housing initiatives

BIG PICTURE—PART 2

What will we look like when all our projects are scaled up?

What do we want to be when we grow up?

- Storytelling
- Stigma
- Advocacy
- Health Justice Youth Council
- Peer mentoring (non-crisis peer support)
- Leadership development
- **Bexar County Jail**
- PrEP
- Rapid Start
- ED testing (needs \$ and crisis support system)

Gap: Crisis support Gap: Syringe exchange

SO... AT NEXT ESEHA

- Big picture
- Revised group norms
- Nothing else. We will not be placing anything else on agenda.
- Please attend! April 14, 9 AM-12 AM, Central Library



PRESENTERS PLEASE!

HIV education for LCSWs, LCDCs, social workers

San Antonio Council on Alcohol and Drug Awareness (SACADA) Friday, June 14, 1:30 PM-4:30 PM

1:30-2:30: I will present on HIV data and how we can end the epidemic

2:30-4:30: ???

