

# Fast-Track Cities Quarterly Update

JOINT MEETING WITH  
END STIGMA END HIV ALLIANCE

DEC. 16, 2020



# Agenda

## **Introduction and zoom reminders**

- What are you looking forward to or resolving to do in 2021?

## **Challenges with linkage to care – group discussion**

- Jails
- Patient assistance programs with more strict requirements

## **Quarterly data presentation / Fast Track Cities Initiative Data**

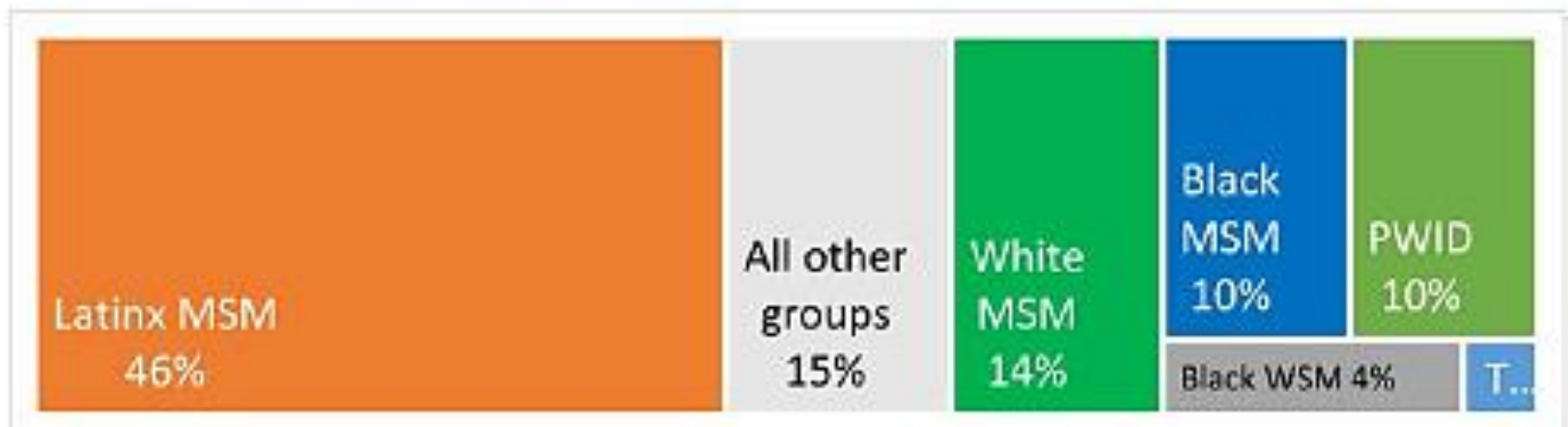
## **Updates**

- Ending the HIV Epidemic Funding
- Stigma-free healthcare guidelines
- Workgroup updates

## **Other announcements/issues**

# New DSHS data for San Antonio: Demographics (2018)

Figure 32: San Antonio TGA residents who were diagnosed with HIV in 2018<sup>22</sup>



- ▶ Greater San Antonio's population is 7% Black

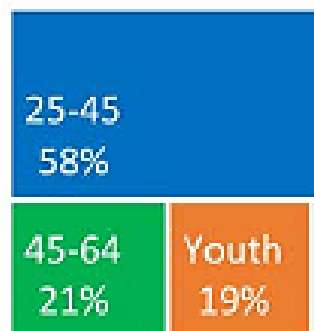
# New DSHS data for San Antonio: Youth (2018)

## Lower diagnosis rates

	Percent diagnosed	Number undiagnosed
Overall	83%	1,322
Youth	51%	297
25-34-year olds	66%	712
Latinx residents	82%	902
MSM	82%	1,009

▶ Least likely to be diagnosed

## San Antonio Transitional Grant Area\* residents diagnosed with HIV, 2018



▶ Almost 1 in 5

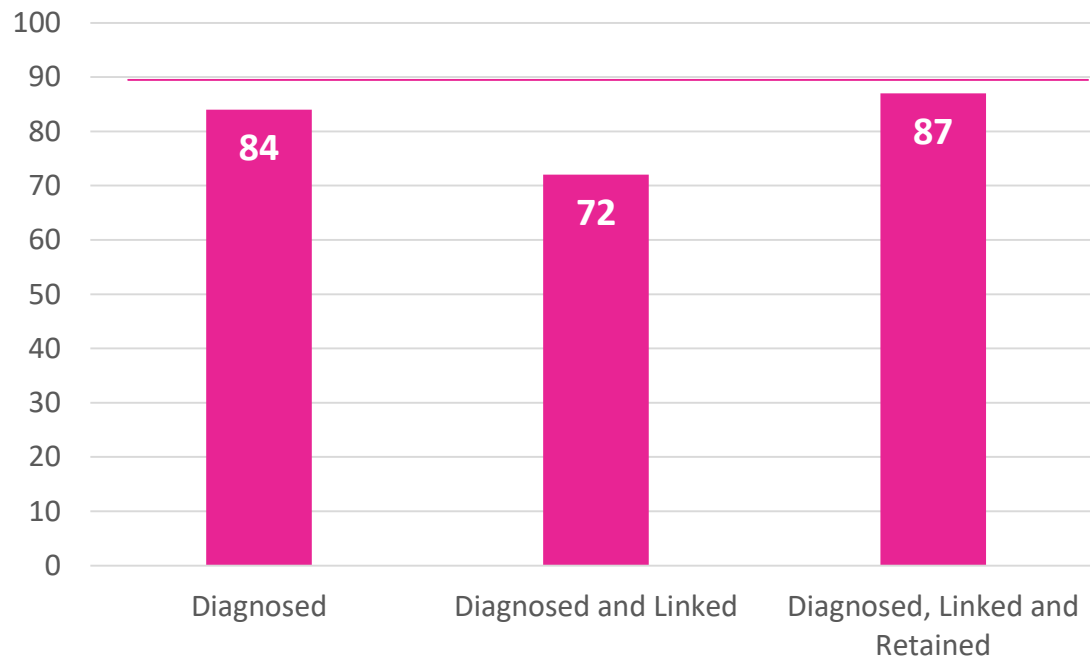
\*Bexar, Comal, Guadalupe, Wilson

# New DSHS data for San Antonio: PrEP (2018)

- ▶ Only **9%** of Bexar County residents who might benefit from PrEP had a prescription in 2018
  - ❑ 20,110 people with PrEP indications
  - ❑ More than half were Latinx
  - ❑ 80% were MSM

# New DSHS data for San Antonio: The three 90s (2018)

► Our 90s were revised from 81-72-87 to **84-72-87**



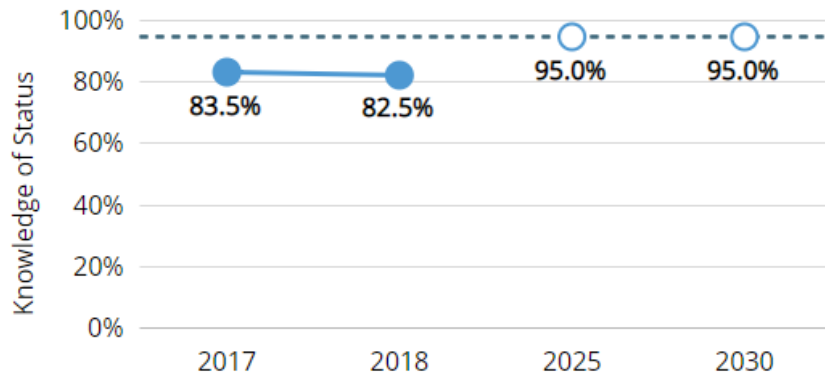
Austin: 89-79-90

Dallas: 86-73-88

## Knowledge of Status



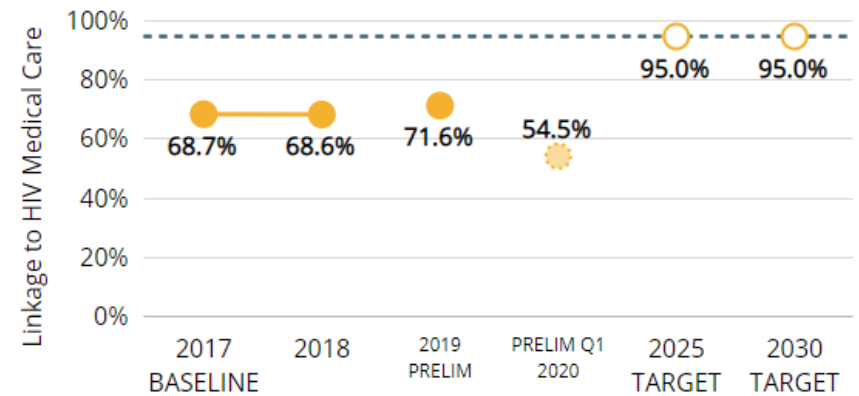
Knowledge of status is the estimated percentage of people with HIV who have received an HIV diagnosis.



## Linkage to HIV Medical Care



Linkage to HIV medical care is the percentage of people diagnosed with HIV in a given year who have received medical care for their HIV infection within one month of diagnosis.



<https://ahead.hiv.gov/locations/bexar-county/>

# New DSHS data for San Antonio: Retention in Care (2018)

- ▶ “From a health equity standpoint, a better understanding of how systems could make care accessible and acceptable for youth, Black MSM, and people who inject drugs is necessary.”

## Lower retention rates

	Percent retained	Number not retained
Overall	72%	1,941
Black MSM	60%	211
Youth	68%	96
PWID	70%	284



# New DSHS data for San Antonio: Viral Suppression (2018)

## Lower viral suppression rates

	Percent with suppressed viral load	Number with unsuppressed viral load
Overall	87%	642
Transgender people	75%	16
PWID	81%	127
25-44-year olds	84%	329

“ A health equity focus requires work with transgender PLWH and PLWH who inject drugs to understand the factors that might result in unsuppressed viral load despite retention in HIV care. ”

# ESEHA Definitions

- ▶ **“Undiagnosed”**: As calculated by DSHS using CDC software
- ▶ **“Linked to care”**
  - ❑ 1st appointment with a medical provider in less than 7 days
- ▶ **“In care”**
  - ❑ 2 visits at least 90 days apart
- ▶ **“Virally suppressed”**
  - ❑ Viral suppression: Most recent VL during that time <200 copies/mL

# The First 90: Diagnosis

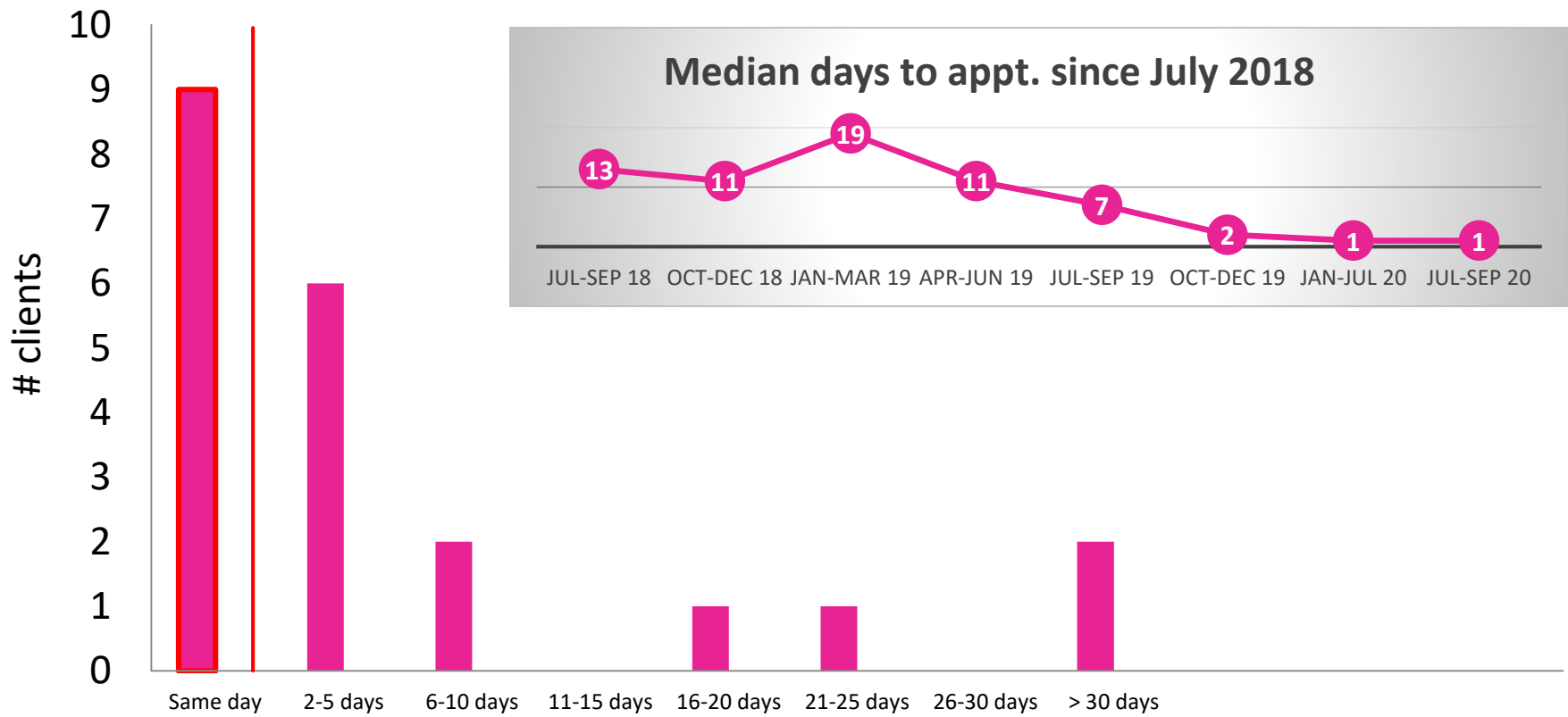
- ▶ Routine opt-out testing at 2 EDs and 1 FQHC
- ▶ One Emergency Dept. reporting Jan. 1-Nov. 30, 2020:
  - ❑ 6,747 tests performed. Number eligible for test not reported
  - ❑ HIV-positive: 1.6% (107)
  - ❑ No. newly diagnosed: 1 – linked to care
  - ❑ **94 previously diagnosed people also linked to care**
  - ❑ 6,765 people tested for Hep C, 5% positive, 2 new diagnoses, both linked to care

# The First 90: Diagnosis

- ▶ One FQHC reporting Jan. 1-Nov. 30, 2020:
  - ❑ 30% of patients either HIV tested or with proof of prior test (15,553 of 52,180); 14% (7,256) *newly* tested
  - ❑ HIV-positive: 9.4% (1,464)
  - ❑ No. newly diagnosed: 48
  - ❑ 100% (48) screened for social services needs
  - ❑ **100% (48) linked to care**

# The Second 90: Linkage to Care

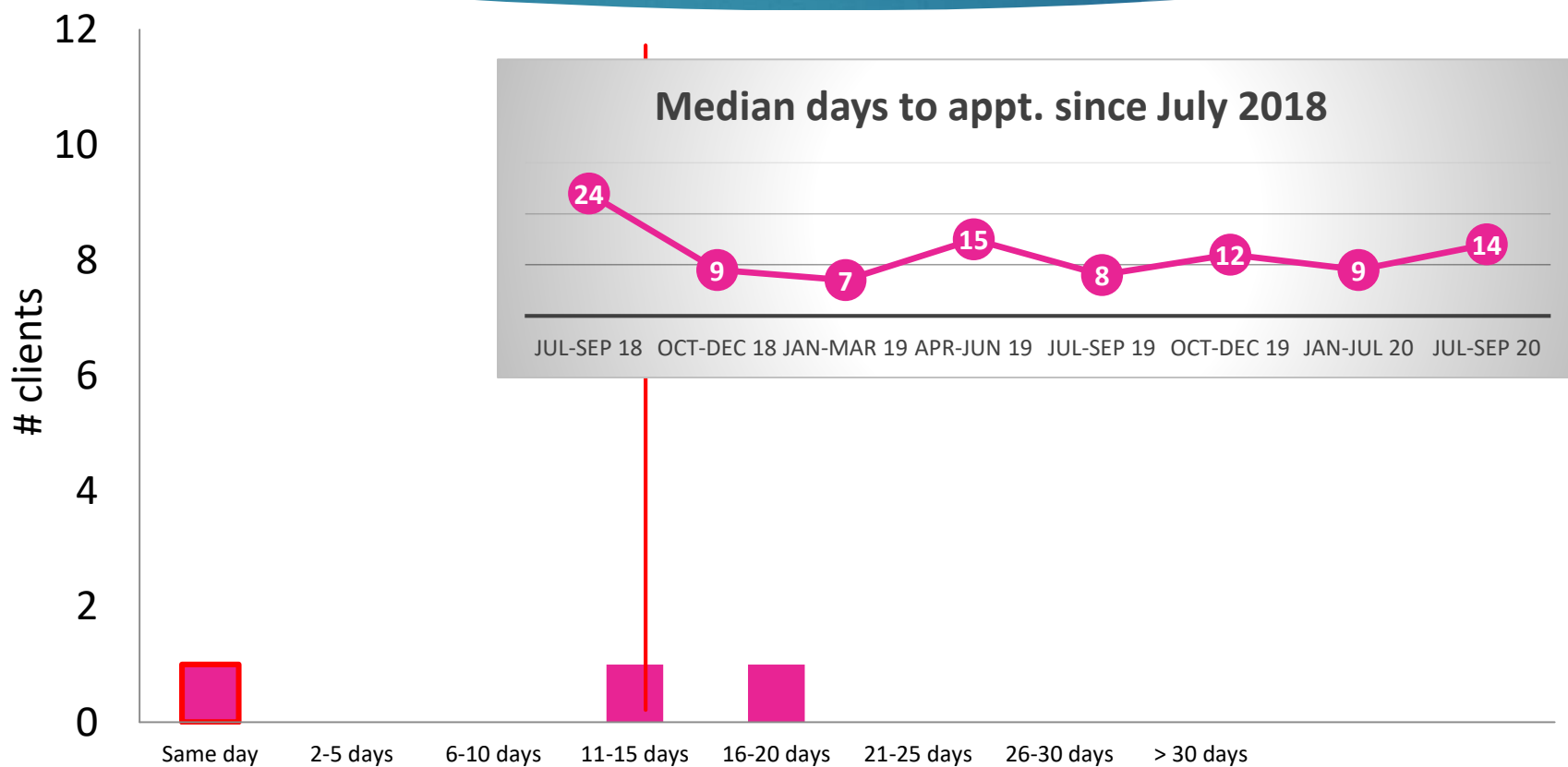
## *New Diagnoses (4 agencies)*



Median, 1 day (21 clients), range 0 to 39 days

# The Second 90: Linkage to Care

## *Re-linked to Care (4 agencies)*



Median, 14 days (3 clients), range 0 to 19 days

# Linkage to Care in the Time of COVID



Team had to quickly learn how to educate clients on use of virtual platforms

Provide a space where clients can come in and use technology



The most significant trend noted was the number of mental health referrals

Substance abuse is on the rise among clients



Housing referrals rose. Rigid programs did not meet the needs of all the clients

A more comprehensive, robust housing program is needed, and clients who are behind should access COVID housing programs

# The Third 90: Viral Suppression

## ▶ \* No update

### Challenges

- We still need a better way to aggregate data locally
- DSHS viral suppression numbers may be more reliable



# End the HIV Epidemic Grant: More Data, More Often

- ▶ **Clinics:** Virally suppressed < 6 months after diagnosis
- ▶ **Outreach:**
  - # tests in venues that are non-traditional for that agency
  - # positive tests
  - % of persons testing negative who are screened for PrEP
- ▶ **FQHCs and EDs:** % tested for HIV, % with a new HIV diagnosis who were screened for social services needs, % subsequently linked to public health and case managers
- ▶ **Syringe services:** # encounters

# End the HIV Epidemic Grant 2021

## ▶ ESEHA as EHE Advisory group

- ❑ Data sharing
- ❑ Identifying gaps in services
- ❑ Offering solutions
- ❑ Promoting coordinated action
- ❑ Meeting twice yearly with EHE stakeholders

# End the HIV Epidemic Grant

## ► Priorities

- Health equity card purchases – complete!
- In process:
  - Contract for web developer
  - Tablets for each ASO for data collection
- **Shortened timeline for PS 20-2010: July 31, 2021**

# End the HIV Epidemic Grant 2021

<b>Sexual health partnerships</b>	<b>\$140,000 (4@\$35k)</b>
<b>Data Collection Infrastructure</b>	<b>\$50,000</b>
<b>Website dev. &amp; creation</b>	<b>\$15,000</b>
<b>Digital media &amp; advertising Campaigns</b>	<b>\$21,738</b>
<b>Syringe Disposal</b>	<b>\$1000</b>
<b>Stigma-free Healthcare Initiative</b>	<b>\$20,000</b>
<b>“Nothing without Us Assessment”</b>	<b>\$5000</b>
<b>Training/ Capacity bldg</b>	<b>\$20,000</b>
<b>ESEHA Conference</b>	<b>\$10,000</b>
<b>Total</b>	<b>\$282,738</b>

# Tackling Stigma

- Guidelines for stigma-free care

## INDIVIDUAL LEVEL

ENDSTIGMA  
ENDHIV



### WHAT YOU CAN DO

EVEN THE SMALLEST ACTIONS CAN HAVE A HUGE IMPACT

When people walk  
stigmatizing mess  
interaction that re  
regular testing or  
individual to help  
acceptance and in

#### GOAL

Encourage testing and  
reduce the traumas of  
diagnosis

## WORK-CULTURE LEVEL

ENDSTIGMA  
ENDHIV



### WHAT YOUR WORKPLACE CAN DO

## STRUCTURAL LEVEL

ENDSTIGMA  
ENDHIV



### WHAT YOUR ORGANIZATION CAN DO

EVERYONE CAN  
A DIFFERENCE

Transforming the



# Work Groups

- Community Engagement
- Public Relations
- Advocacy
- Rules of Engagement

# Proposed Mtg. Schedule

- Jan 15<sup>th</sup> - 9am - 10:30am
- Feb. 19<sup>th</sup> - 9am - 10:30am
- Mar. 17<sup>th</sup> - 6pm - 7:30pm