Fast-Track Cities in San Antonio and Bexar County: A 6-Month Update

May 28, 2018

The global Fast-Track Cities Initiative launched in our community on Dec. 1, 2017, (see report) out of a sense of crisis. We had the nation's largest HIV cluster, a stubbornly high rate of new infections, and widespread stigma and lack of knowledge about HIV/AIDS.

Locally, Fast-Track Cities is part of the **End Stigma End HIV** Alliance, a new and unprecedented collaboration between every community HIV/AIDS service organization, the San Antonio People's Caucus of HIV peer advocates, the Ryan White Program Administrative Agency, San Antonio Area HIV Services Planning Council, Center for Health Care Services, and local academic institutions with strengths in community based research. The San Antonio Metropolitan Health District (Metro Health) provides backbone staff and support. The Alliance was instrumental in planning an HIV summit in October 2017 that drew more than 120 people. The coalition spent January 2018 shaping its structure, mission and vision (Appendix 1).

Three existing community groups (in italics below) each took the lead on one "90-90-90" goal:

- 90% of people with HIV will be diagnosed (*Syphilis/HIV Testing Task Force*)
- 90% of diagnosed people with HIV will be in care (*Early Intervention Services*)
- 90% of people in care will have an undetectable viral load (*Clinical Management Team*)

Under UNAIDS and Fast-Track Cities definitions, San Antonio/Bexar County sits near 86-72-85, with the caveat that the last two numbers include surrounding counties.[1]

[1] Under a definition of the Centers for Disease Control & Prevention, using the entire population of people diagnosed with HIV as a denominator for each "90," we sit at 100% diagnosed, 78% linked to care, 72% retained in care, 61% virally suppressed. Either way, we are not at goal.

In February and March 2018, with facilitation by the United Way, the three groups used Results Based Accountability to create actions under each "90-90-90" goal. Initial proposed actions are in Appendix 2. Next, we sought broad community input through an online survey and community outreach. The 197 survey respondents were enthusiastic about peer mentors and navigators (96% in favor) and about raising awareness of the daily pill to prevent HIV (93% in favor). Universal HIV testing in emergency departments had lowest support (85% in favor), with respondents wanting reassurance that people could opt out if desired.

People under age 30 dominate San Antonio's HIV clusters, making up 82.2% of our clusters as of fall 2017. To meet and engage our fellow community members at risk, in April and early May 2018, the Alliance conducted workshops with 23 community organizations and 198 attendees. These were primarily youth groups but included other key populations such as people living with HIV (Appendix 3). Workshops with youth were structured to elicit their priorities, before turning to a Q&A on HIV/AIDS. Recurring themes were: *bolstering mental health and resilience, jobs/finances, graduation, HIV stigma, and sexual health awareness*. The Alliance is connecting interested organizations to speakers who are young and HIV positive, and supporting a youth-led summit.

To bring focus to our list of potential actions, the National Association of County and City Health Officials conducted a facilitation with the Alliance on May 3-4, 2018. This included an invigorating presentation by 13 people under age 30 on their view of the National Youth HIV/AIDS Awareness Day Bill of Rights. After assessing resources and gaps, we prioritized three high-impact strategies, in *blue italics* below, shown with expected accomplishments by May 2019. These coalition strategies complement what individual member organizations are doing, such as promoting PrEP, a safe and effective daily pill to prevent HIV. Fast-Track Cities will present updates on **all** strategies quarterly.

> *"The only epidemic HIV has is the lack of resources and education that leads to its stigma." – Youth presentation to End Stigma End HIV Alliance*

90% Diagnosed

1. Culturally and linguistically appropriate education and PrEP, especially in communities where HIV is most heavily concentrated as well as among health professionals, stakeholders and consumer groups. *(In progress)*
2. Routine testing for HIV which should be integrated with testing for syphilis and for hepatitis C when indicated, in primary care, emergency departments, jails, detention

centers and specialty courts. *By May 2019: Implement opt-out testing in two hospital emergency departments and at least two jails/detention centers/specialty courts.*

90% in Care

1. Pathways for linkage to care that span healthcare systems, are client-centered, and include formal and informal support (in person or online) *By November 2018: Establish baseline average number of days between first contact with linkage specialist and first appointment with medical provider. By May 2019: Ensure that interval is less than seven days.*

90% Undetectable Viral Load

1. Use of shared metrics and data among all Ryan White-funded HIV care organizations. *(In progress)*
2. Increased use of peer mentors, evidence-based navigator programs and promotoras by HIV care providers. *By May 2019: Qualified peer mentors will support 50-60 newly diagnosed individuals with HIV by providing 1-2 contacts via phone and face-to-face within one month of referral date.*
3. Greater access to housing for people living with HIV (clients with unstable housing). *(In progress.)*

Stigma & Advocacy (metrics pending)

1. Increasing HIV awareness and the level of urgency among local leaders and policymakers.
2. Broadly elevating community awareness about HIV, including awareness of HIV as a social justice and health equity concern.
3. Expanding sexual health education in schools
4. Advocating for greater access to healthcare among people with HIV and those at risk.

In March, we launched our web page at fast-trackcities.org, which has data visualizations, maps and resources including PrEP providers in San Antonio and Bexar County. Over time, it will include providers of PEP (post-exposure HIV prophylaxis) and more.

Thank you for your interest in eradicating AIDS in San Antonio and Bexar County. We have much work to do and hope you will join our growing collaboration. The first quarterly update will take place **Friday, June 22, at the Texas Diabetes Institute Boardroom, 701 S. Zarzamora, from 11:30 a.m.-1 p.m**. Like all Alliance meetings, it is open to the general public.

Appendix 1: Coalitions Accountable for Fast Track Cities Targets

Updated May 2018

End Stigma End HIV Alliance

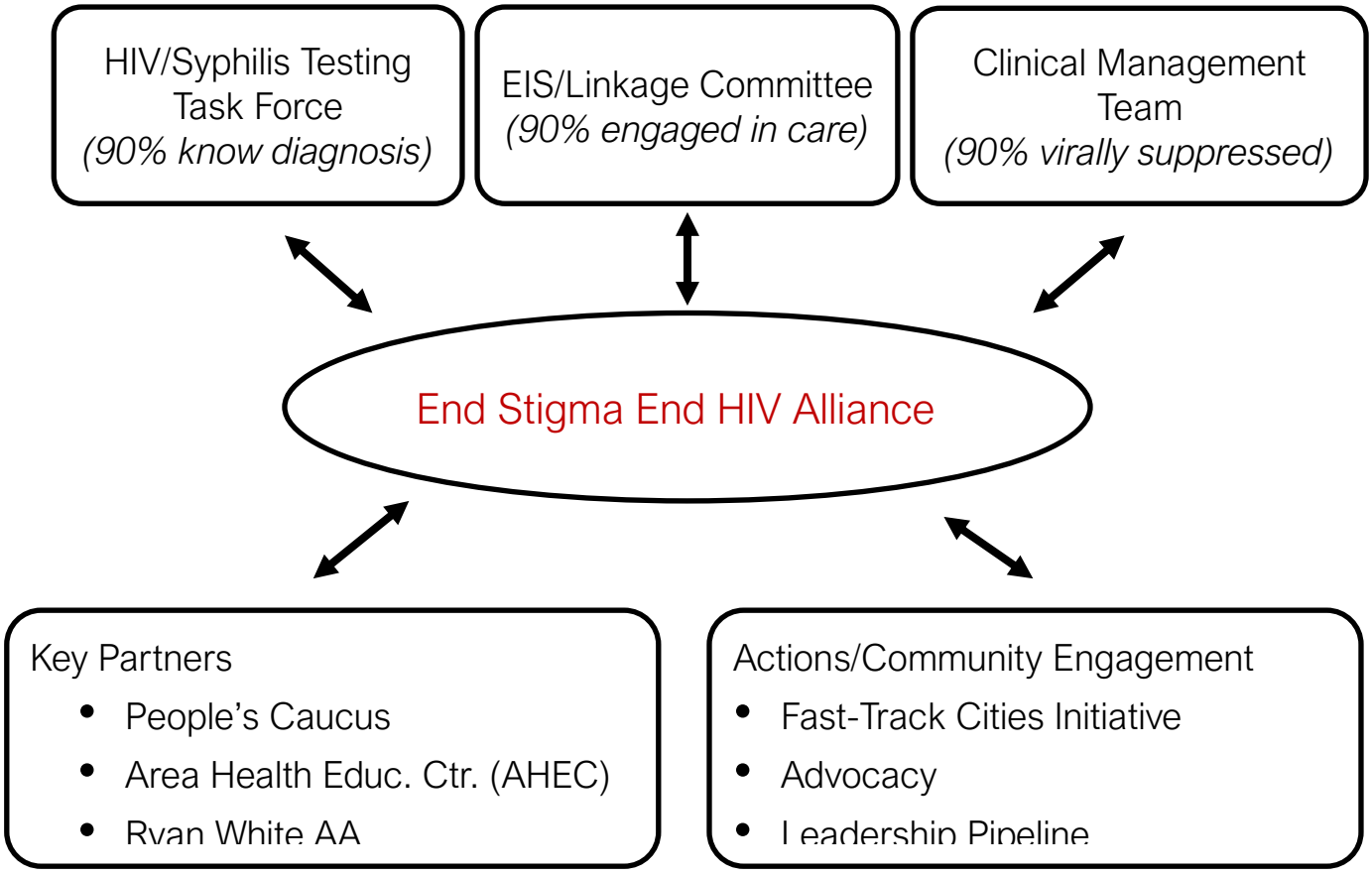
Our Mission

To unite to end stigma and HIV, guided by the voices of the greater San Antonio community through meaningful engagement.

Our Vision

An equitable community without stigma, free from HIV risk, where people with HIV live long and healthy lives.

Our Structure



ESEHA – Strategy Areas

"Advocacy and resources" still needs to be worked on, building on a "dot" exercise from November.

End Stigma, End HIV Alliance (ESEHA)

Co-Chairs:
Jesus Ortega, Alamo Area Resource Center, jesuso@aarc.com
Barbara Taylor, UT Health San Antonio, taylorb4@uthscsa.edu

Rhonda Andrew, Ryan White Administrative Agency
Delia Bullock, University Health System FFACTS Clinic
Lucia Bustamante, Ryan White Part D; Planning Council
Carlos Carmona, People's Caucus
Jose Contreras, BEAT AIDS
Frederic Courtois, Center for Health Care Services; Planning Council
Sylvia Delossantos, BEAT AIDS
Charlene Doria-Ortiz, Bexar County Ryan White Program Administrative Agency
Michele Durham, BEAT AIDS
Sian Elmore, Metro Health
Enrique Flores, Center for Health Care Services
Leroy Foster, San Antonio Military Medical Center
Mary Helen Gloria, Mujeres Unidas
Freda Jackson, BEAT AIDS
Beverly Johnson, San Antonio Fighting Back
Catherine Johnson, San Antonio Area HIV Services Planning Council Liaison
Kyle Lozada, Center for Health Care Services
Elizabeth Lutz, The Health Collaborative
Steven Manning, People's Caucus
Andrea Moutria-Niño, San Antonio AIDS Foundation
Cynthia Nelson, San Antonio AIDS Foundation; Planning Council
Mildred Offor, Metro Health
Andrew Phillip Pack, UTSA
Howard Rogers, Alamo Area Resource Center
Frank Rosas, People's Caucus; Planning Council
Julie Saber, University Health System FFACTS Clinic
Ana Sanaseros, CentroMed
Hugo Sapien, People's Caucus
Phillip Schnarrs, UTSA
Glenda Small, People's Caucus
Yvonne Venegas, University Health System FFACTS Clinic
Junda Woo, Metro Health

Syphilis/HIV Testing Task Force Co-Chairs:
Mildred Offor, Metro Health, mildred.offor@sanantonio.gov (2018 Co-Chair)
Luka Rios, Alamo Area Resource Center, lukar@aarcsa.com (2018 Co-Chair)

Linkage to Care and Early Intervention Services Co-Chairs:
Sylvia Delossantos, BEAT AIDS, sdelossantos@beataids.org
Nicholas Hollopeter, University Health System, nicholas.hollopeter@uhs-sa.com

University Health System Clinical Management Team leadership:
Julie Saber, University Health System FFACTS clinic, julie.saber@uhs-sa.com
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Appendix 2: Strategies and Initial Proposed Actions (further revised May 4)

Strategies and Proposed Actions
1st 90: 90% of PLHIV knowing their HIV status

Strategies:

1. Culturally and linguistically appropriate education and PrEP, especially in communities where HIV is most heavily concentrated as well as among health professionals, stakeholders and consumer groups.
2. Routine testing for HIV which should be integrated with testing for syphilis and for hepatitis C when indicated, in primary care, emergency departments, jails, detention centers and specialty courts.
3. Expanded sexual health education in schools

Actions for Strategy 1:

1. Provider education
    a. Responsible parties: Metro, RW, FFACTS, SAAF, Beat, AARC, CentroMed
    b. Specific Actions:
        i. Identify current PrEP providers
        ii. Develop provider education packets (for new providers)
        iii. Develop a strategic plan for implementation (with new providers)
2. Continuing PrEP Education
    a. Identify/develop small groups for PrEP education
    b. Implement/increase small group sessions for PrEP
    c. Develop PrEP education packet
3. Marketing
    a. Identify funding for marketing
    b. Identify areas of need (groups most in need)
    c. Enhance current marketing strategy

Actions for Strategy 2:

1. Develop MOUs/policies with partners/collaborating agencies
    Organize collaborative meeting with potential partners for implementation of routine testing
2. Provide comprehensive education program for providers
    Contact DSHS/CDC for ongoing training and education
3. Implement routine testing
    a. Organize meeting with Sheriff, UHS, Metro Health to discuss routine testing at intake in County Jail
    b. Organize meeting with primary clinic providers to discuss routine testing at primary care visits

Actions for Strategy 3:

1. Develop comprehensive assessment of sexual health education in Bexar County
    a. Establish subgroup to author survey
    b. Revise survey based on committee feedback
    c. Identify ISDs, organizations, stakeholders, community partners for survey dissemination
    d. Develop survey database, collection tools, train committee in survey administration.
    e. Disseminate survey to identified partners
    f. Conduct inventory of current resources and services
    g. Gather local epi data for population of focus
    h. Analyze and interpret data
    i. Synthesize report findings, provide recommendations
    j. Disseminate report to city leadership, ISDs, stakeholders, providers, etc.
2. Curriculum Identification/Development: Set priorities and establish curriculum based on assessment findings to disseminate to ISDs, community organizations; goodness of fit for community. Provide comprehensive education program for providers.
    a. Identify curriculum development team. Identify roles, functions, and solicit members with field expertise.
    b. Establish outcomes and educational objectives.
    c. Research (evidence and non-evidence based) sexual health curriculum. Not limited to curriculum implemented in Texas.
    d. Identify organizations, districts that implemented comprehensive sexual health education (Texas, US).
    e. Summarize report from findings of curriculum research and present to committee for adaptation selections.
    f. Develop experiential learning model and components.
    g. Present to committee and recruit educators, parents, students to test and revise. Form evaluation materials.
    h. Finalize curriculum
    i. Contact DSHS/CDC for ongoing training and education
3. Identify and train individuals to implement comprehensive sexual health education curriculum within schools, community clinics, confined facilities, population serving organizations, etc. Organize meeting with Sheriff, UHS, Metro Health to discuss routine testing at intake in County Jail.
    a. Develop training materials and manuals for curriculum implementation. Includes evaluation and fidelity materials.
    b. Identify trainers and conduct initial trainings
    c. Identify and solicit trainees from previous strategy activities
    d. Train individuals on materials. Conduct ½- 1 day training to include mock sessions. Track numbers for routine testing
    e. Develop follow-up system and resources guidance to include supplemental trainings for trainees.
    f. Ongoing training, site visits

Strategies and Proposed Actions

2nd 90: 90% of people who know their HIV+ status on treatment

Strategies:

1. Pathways for linkage to care that span healthcare systems are client-centered and include formal and informal support (in person or online).
2. Greater health insurance enrollment among people with HIV and those at risk for HIV

Actions for Strategy 1:

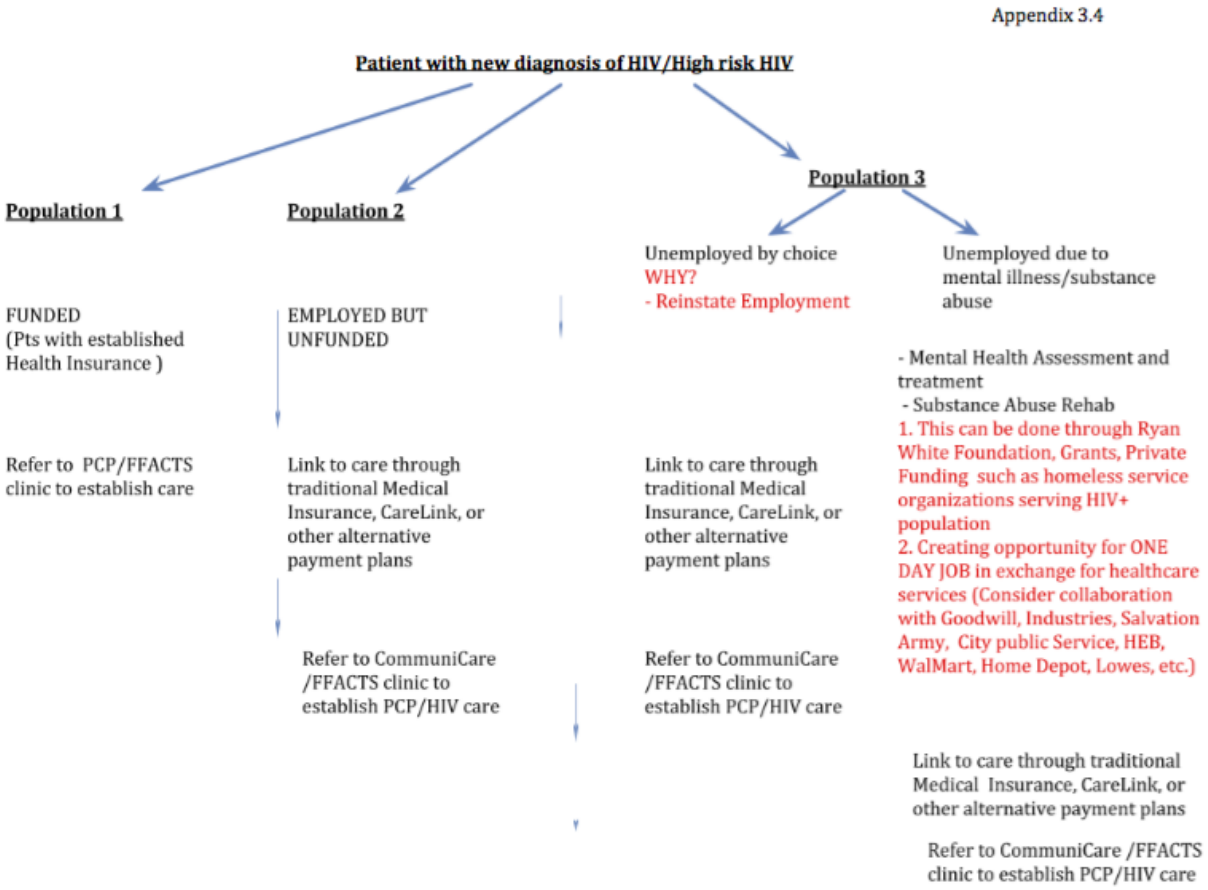
1. Define interagency referral process
    a. Decide whether your agency will join
    b. Identify committee champions at each agency
    c. Identify navigators
    d. Participate in X number of education sessions
    e. Pilot of centralized eligibility form
    f. Collect timeline data for referral handoff to other agencies
2. Support Systems
    a. Develop formal/informal support systems for positive clients and their partners
    b. Standardize counseling of partners of poz clients
    c. Provide trainings/support for family and friends
    d. Provide peer support as well as case management
3. Pathways
    a. Increase number of care organizations doing test and treat
    b. Outreach done for people who know they are HIV+ but have 1. never been in care or 2. are out of care/lost to follow up (LTFU)
    c. Research best practice for linkage to care and addressing LTFU
    d. Determine how to reach homeless populations who are HIV+ and out of care
4. Client Centered
    Create a care environment where the patient feels comfortable with case manager, provider, etc.

Actions for Strategy 2:

1. Identify patients with established Healthcare coverage and link them to care
2. Identify patients with employment but without established Healthcare options, link them to care (referral to Communicare/FFACTS clinic)
3. Identify patients without employment and healthcare coverage, assessment of patient, (referral to Ryan White Foundation/Communicare/FFACTS clinic/Homeless service organizations)
4. Partnering with Health Collaborative for patient education on different Health coverage options
5. Community outreach and awareness campaign for education/HIV screening/evaluating healthcare coverage options

6. Partnering up with large employers such as HEB, WalMart, Lowes, Home Depot, City of SA, Goodwill Industries, Salvation Army, etc., to create ONE DAY JOB opportunity for patients with mental illnesses/substance abuse, who cannot retain employment due to illness, in exchange for medical services
7. Creating community events for education/HIV screening/ evaluating potential healthcare coverage options in HIGH RISK AREAS
8. Continuous search for GRANTS for HIV screening/treatment/prevention

Figure 1: Map of Strategy 2



Strategies and Proposed Actions

3rd 90: 90% of people on HIV treatment achieving viral suppression

Strategies:

1. Use of Shared metrics and data among all Ryan White-funded HIV care organizations.
2. Increased use of peer mentors, evidence-based navigator programs and promotoras by HIV care providers.
3. Greater access to housing for people living with HIV (clients with unstable housing)

Actions for Strategy 1:

1. Run monthly report on housing status to ID (by agency) target population

Actions for Strategy 2:

1. Recruit peers and or identify Individuals willing to be trained.
2. Report back the curriculum that was already developed for editing.
3. Identify navigators within our community

Actions for Strategy 3:

1. Run monthly report on rate of unstable housing
2. Run # of homeless clients by agency in need of linkage to mental health
3. Prisoners released linked to housing
4. Identified # of clients unsuppressed-unstably housed that are referred for housing services

Appendix 3: Thank You!

National Association of County & City Health Officials
Rolle & Associates
United Way San Antonio
San Antonio Public Library
Café College
University Health System FFACTS Clinic

"Listening Tour" Participants

AAMA Selena Center for Youth Potential
BEAT AIDS: African American Alliance Support Group
BEAT AIDS: Coalition of Positive People Alliance
BEAT AIDS: Substance Abuse Group
Fox Tech GSA
Healthy Futures of Texas
Mayor's Fitness Council Student Ambassadors
Metro Health STD/HIV Consumer Advisory Board
People's Caucus
PFLAG
San Antonio College: GALA
San Antonio College: Student Government Association
St. Mary's University: Red Cross
StandUp For Kids
Texas A&M University San Antonio Student Counseling & Wellness
Texas A&M University San Antonio: Pre-Health Society
Texas A&M University San Antonio: The Coalition
Trinity University: Black Student Union
Trinity University: African Student Association
Trinity University: PRIDE
USAF Keystone Club
UT Health: PRIDE
UTSA: American Society for Microbiology