

Fast-Track Cities Quarterly Update

JOINT MEETING WITH
END STIGMA END HIV ALLIANCE

MAR. 25, 2020

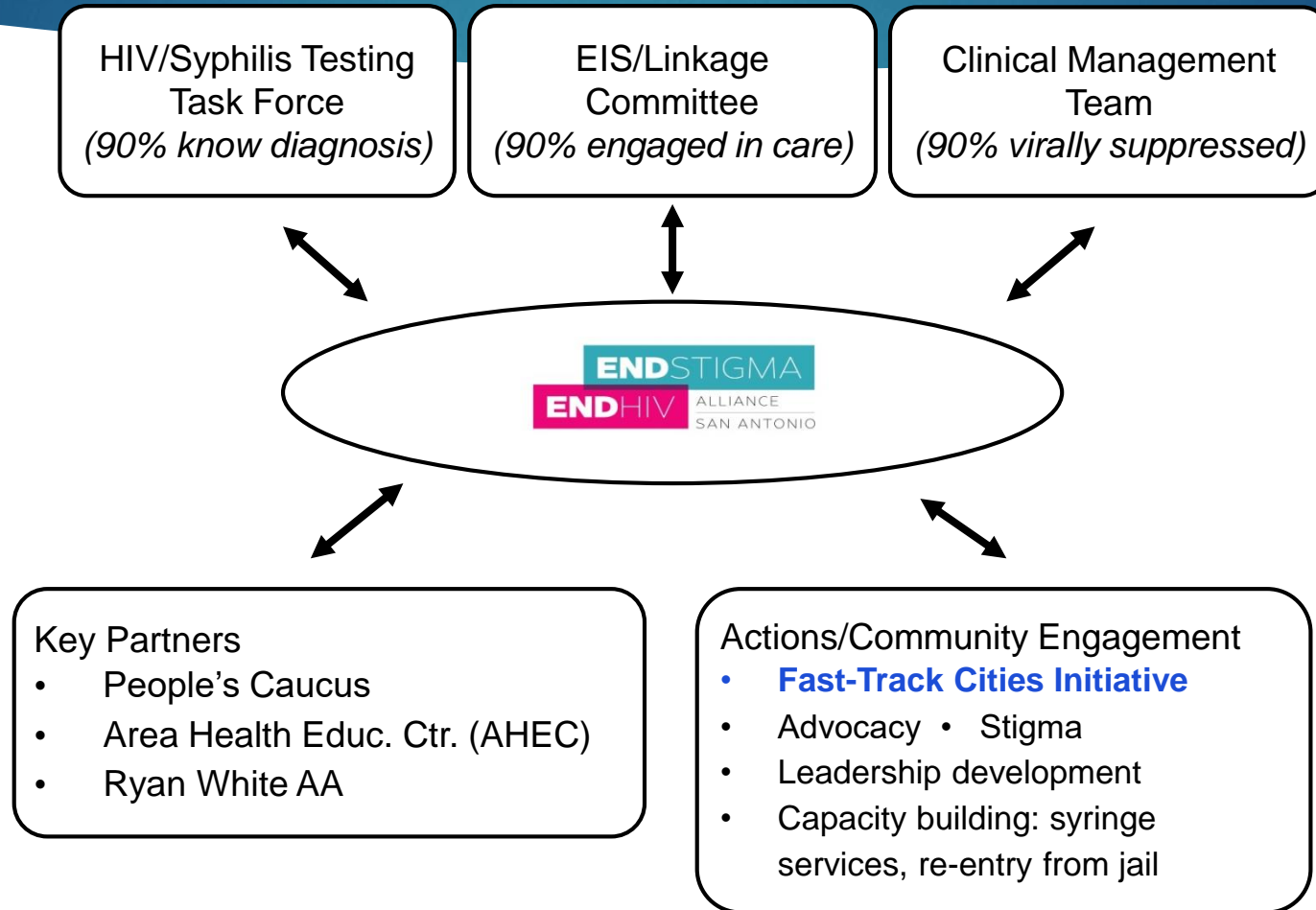


What is Fast-Track Cities?

- ▶ 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 fast-trackcities.org
- ▶ Administrative support and steering committee member of ESEHA



Our Structure



Tackling Stigma & the 90s: Updates

- ▶ Stigma storytelling surveys & focus groups completed
 - ▶ Next: Draft guidelines; indicators for 2-year plan
- ▶ Peer mentors: ?
- ▶ Work groups:
 - ▶ Advocacy
 - ▶ Community Engagement
 - ▶ Public Relations
 - ▶ Rules of Engagement

Work Groups: Community Engagement

What defines our group? Networking
What does the group do? Tap Shoulders

Goals that fit the group:

1. Raising Awareness & Redefining the Public Narrative

- Providing updated and real time information regarding what the public knows about HIV and Stigma
- Educating - What is HIV? What is Stigma?
- Scope prospects

2. Advocating for Change

- Status Neutral Continuum
- Social Justice – Homelessness

Work Groups: Community Engagement

Action Items:

- ESEHA Branding – Public Relations Work Group
- ESEHA Facts Sheet – Public Relations Work Group
- Create a letter used by ESEHA members to ensure continuity of business. – Yvonne will work with Dr. Taylor
- Create Working List of Alliances and Allies

Goal:

- Networking Event planned and organized by Community Engagement Work Group
- Potential Alliance and Allies discussed: Lion Clubs, Chambers of Commerce, Pharmacy's, YMCA's, T-mobile, Cricket

Work Groups: Public Relations

Reviewed discussion from last meeting

- Outreach to national media venues, organizations asking to interview the community, we need to have spokespeople from ESEHA who can volunteer to speak
- We need a social media page or a poster or a website
- Consistent clean communication that is being distributed. Not “my view of the meeting is this...” talking points or base points that we can expand on
- We have to have consistent updating of information, especially if we are on social media.

Work Groups: Public Relations

Thoughts:

- We must have communication in English and Spanish
- Website and Social Media presence
 - What does it mean? What do we want on it?
 - Things to consider - what is the voice of ESEHA?
 - It needs to be neutral
 - Not specific to one organization
 - Create clear boundaries
- Should we recruit someone young into this working group?

Work Groups: Public Relations

Next Steps:

- Create a survey in English and Spanish
 - Topics of survey
 - Define ESEHA as a brand
 - Find the “voice” of ESEHA
 - Prioritize website presence and information
 - Determine information to be shared via social media
 - What’s the message for the website/social media

Work Groups: Rules of Engagement

Action Items:

- Language
 - Address stigmatizing language
- Methods of communication
 - Process
 - Approval
- Rewrite Group Norms
 - to include a commitment to use “people first language”
 - institute this commitment within organizations, CBO’s and ESEHA working groups
 - may include updating rules of conduct, mission or vision statements of organizations involved in ESEHA
- Define Conflict of Interest

Work Groups: Rules of Engagement

Goal / Accomplishments:

- Use DSHS Stigmatizing Language for direction in verbiage
 - Created: It's not what we say, it's how we say it
- Understand outcomes of stigmatizing language
 - Created: What are the consequences of HIV-related stigma and the language that surrounds it?
 - Self awareness
 - Internal & External Stigma
 - Change the message
 - Negative Self Talk
 - Positive Self Talk
 - Becoming an advocate

End the HIV Epidemic grants

- ▶ 2019-2020 grant (\$80K)
 - ▶ Done January 2020: Healing Justice training
 - ▶ Postponed: Transgender 101 and speaker panel
 - ▶ Ideas/requests for online trainings?
 - ▶ Planned: Infrastructure for real time data collection (tablet computers for testing agencies, website): To track how many HIV tests are we all doing, and where
 - ▶ Planned: Temp worker through Dec. 2020 for data collection & ESEHA support

Tackling Stigma & the 90s: Updates

- ▶ 2021-2025 grant (\$890,950 requested):
 - ▶ *Raising Awareness & Reframing the Public Narrative*: Creation of a local conference, conference travel for peers, health equity stipends for peers, website development
 - ▶ *Advocating for Change*: Advocacy Day support including renting a bus, “Nothing About Us Without Us” assessment and report, syringe disposal
 - ▶ *Help the community understand, collect, share, and hold ourselves responsible for our data*: One Metro Health staffer from 2021-2025

Tackling Stigma & the 90s: Updates

- ▶ 4 Requests for Proposals (open bids):
 - ▶ Implement Communitywide Sexual Health Initiative (\$212K)
 - ▶ Address mental health in youth with a sexual health component (\$35K)
 - ▶ Part-time contractor to support peer mentors (\$35K)
 - ▶ Outreach to sex workers (\$30K)
- ▶ Additional DIS & surveillance staff for HIV clusters (3 total)
- ▶ A public health detailer focused on HIV

The First 90: Diagnosis

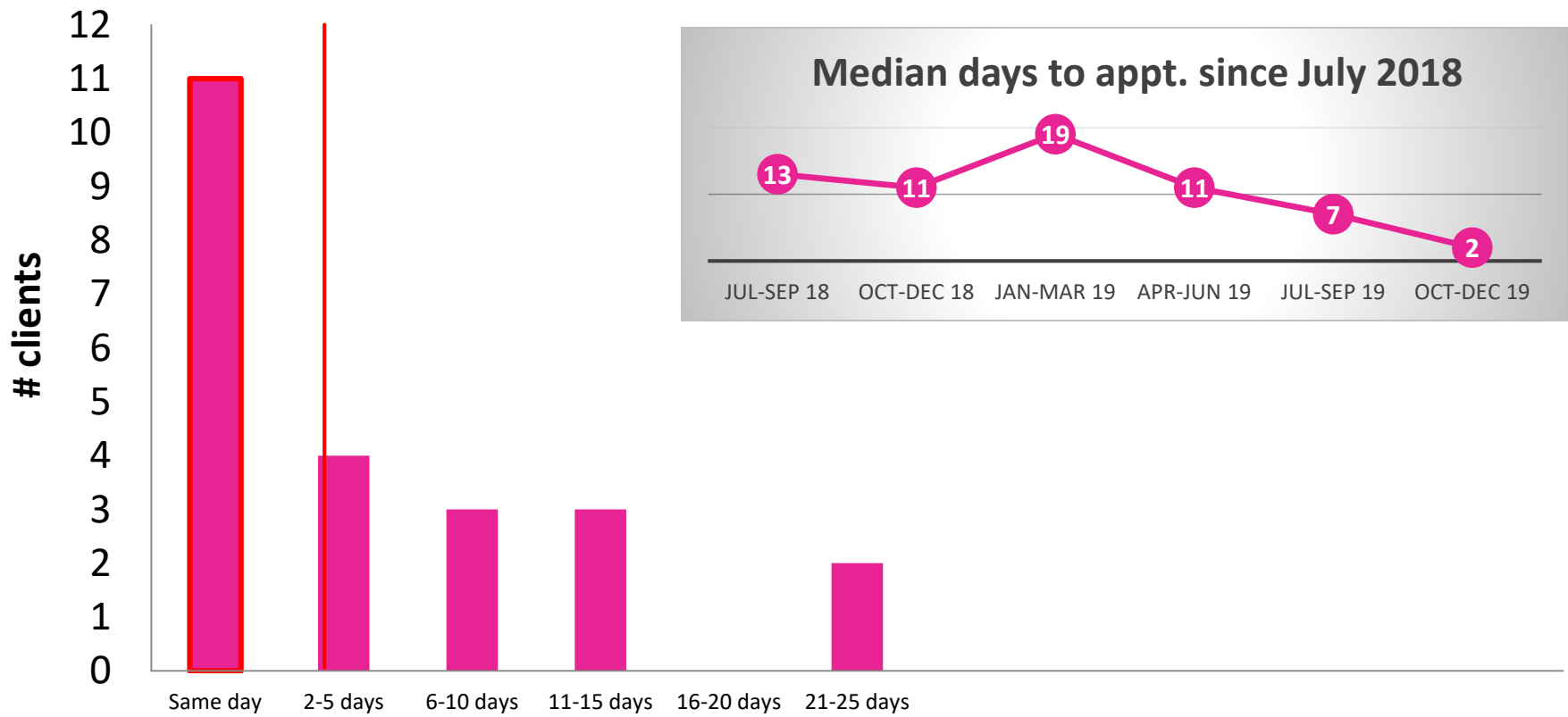
1 hospital reporting 2,731 tests each for HIV and HCV (Dec. 2019-Feb. 2020)

- ▶ HCV in 9.7%
 - 2.5% (69 people) linked to care
- ▶ HIV in 1.3%.
 - 35 positives, 31 new diagnoses
 - 29 linked to care, 1 relinkage, 5 not reported

The Second 90: Linkage to Care (Oct. 1-Dec. 31)

- ▶ 1st appointment with a medical provider in less than 7 days
 - ▶ Discussion if we have the right attendees: Refer with Rapid HIV vs. wait for serology

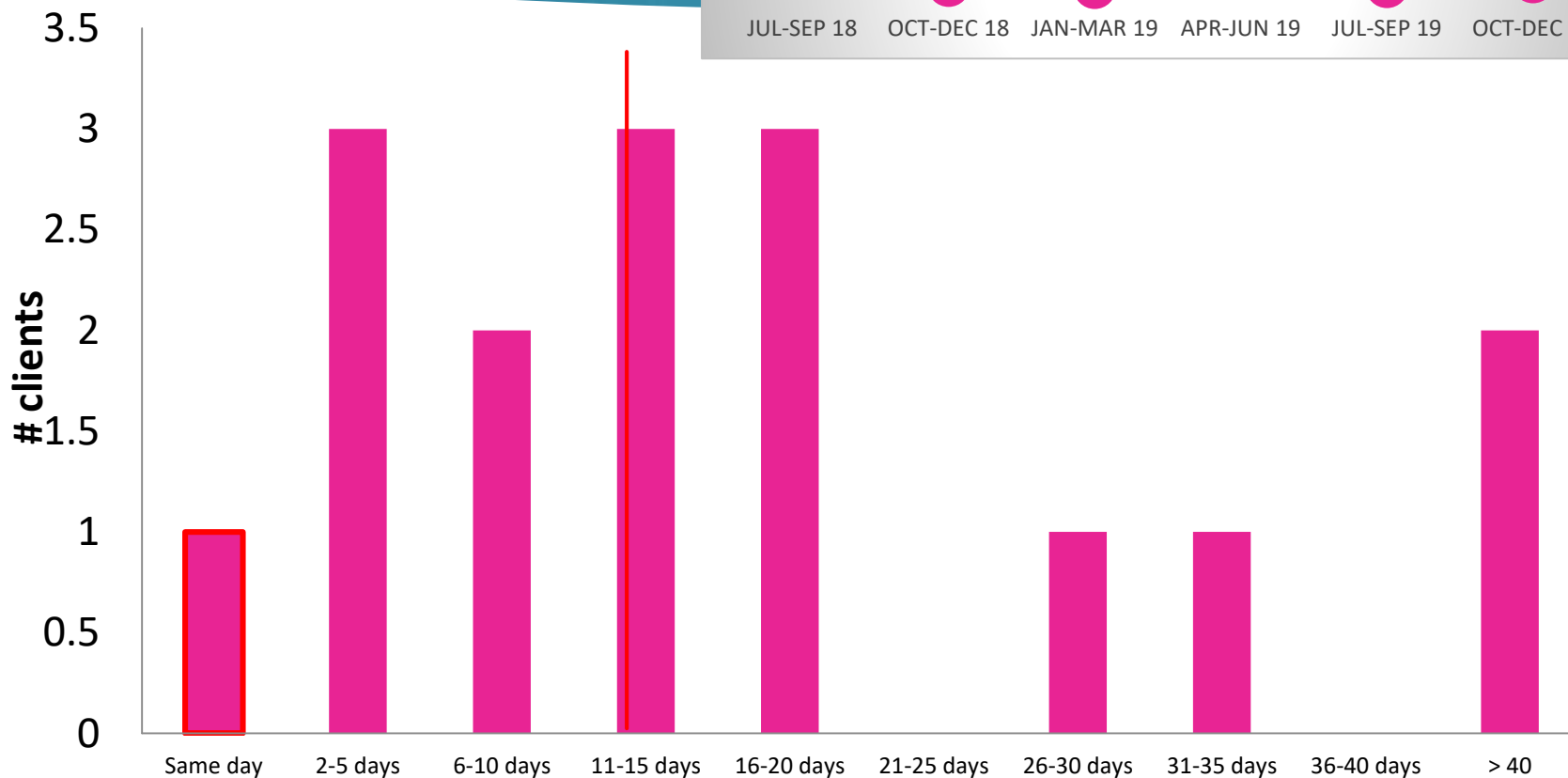
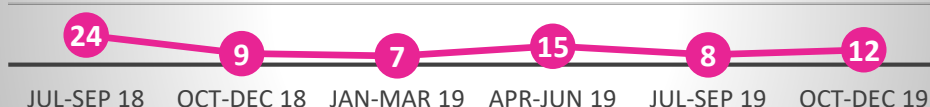
Linkage: New Diagnoses (4 agencies)



Median, 2 days (23 clients), range 0 to 27 days

Linkage: Re-linked to Care (4 agencies)

Median days to appt. since July 2018



Median, 12 days (16 clients), range 0 to 57 days

The Third 90: Viral Suppression

- ▶ Definitions of “in care” and “virally suppressed”
 - ▶ In care: 2 visits at least 90 days apart, Nov. 1, 2018 to Oct. 31, 2019 (three clinics reporting)
 - ▶ Viral suppression: Most recent VL during that time <200 copies/mL
- ▶ Of 2521 in care, 1494 have documented viral suppression → 59.3%
 - ▶ But – 793 of those have no viral load data in ARIES, so if you leave them out, it goes up to 88.8% viral suppression
- ▶ Challenge highlighted
 - ▶ We still need a better way to aggregate data locally
 - ▶ DSHS viral suppression numbers may be more reliable