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

HIV/Syphilis Testing Task Force (90% know diagnosis)

EIS/Linkage Committee (90% engaged in care)

Clinical Management Team (90% virally suppressed)

Key Partners
• People’s Caucus
• Area Health Educ. Ctr. (AHEC)
• Ryan White AA

Actions/Community Engagement
• Fast-Track Cities Initiative
• Advocacy • Stigma
• Leadership development
• Capacity building: syringe services, re-entry from jail
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
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
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
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.
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?
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
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
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
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 re-linkage, 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 days to appt. since July 2018

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
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