Fast-Track Cities Quarterly Update

JOINT MEETING WITH END STIGMA END HIV ALLIANCE

DEC. 11, 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 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
- Peer Mentoring
- Health Justice Youth Council
- Re-entry from jail
Tackling Stigma & the 90s: Updates

- Stigma storytelling event Nov. 18!
  - Guidelines in spring, not December...
- Peer mentors: Hugo coordinating
- Health Justice Youth Council ending
- Linkage from jail stalled—staff change
- Syringe services: UT Health leading
- End the Epidemic funding to create sexual health strategy
- New 2018 data from Department of State Health Services
Possible Progress?

HIV Cases and Rates, Bexar County, 2010-2018

2018 HIV, syphilis, gonorrhea and chlamydia data online [here](#)
Greater San Antonio Region: 363 New Diagnoses in 2018

For every 10:

- Male-male sexual, 74%
- Male-female sexual, 15%
- Injection drugs, 10%
- Other, 1%

For San Antonio HSDA. Data: DSHS

Health Services Delivery Area (HSDA): Bexar, Comal, Guadalupe, Wilson, Atascosa, Bandera, Frio, Gillespie, Karnes, Kendall, Kerr, and Medina counties ("Greater San Antonio Region")
Greater San Antonio Region: New Diagnoses in 2018

- Almost 1 in 5 (18%) are 24 or younger

Race/Ethnicity: New HIV Diagnoses
- Latinx, 62%
- White, 20%
- Black, 17%
- Other, 1%

Race/Ethnicity: San Antonio Metropolitan Statistical Area, 2018
- Latinx 56%
- White 33%
- Black 6%
- Other 5%

Good news: Late diagnoses among black women fell more than 50% from 2015 to 2017
Greater San Antonio Region:

PLWH, by age, 2018

- 363 New Diagnoses in 2018
- If you have HIV, how likely are you to know it?
  - Lowest in Latinx MSM, highest in Black WSM
Transgender 90s

Greater San Antonio Region overall: **82ish-72-87**  
State of Texas: **84ish-70-86**

Source: Texas DSHS, Aug. 2019, for **Transitional Grant Area (TGA): Bexar, Comal, Guadalupe and Wilson ("San Antonio Area"). 823 transgender individuals diagnosed, 647 in care, 513 undetectable in TGA**
Can’t know *real* number (undiagnosed people are untested)

Based on a mathematical model

DSHS estimate in November was 82%, in December “TBA”

Diagnosed + undiagnosed as of 2018: very roughly 8,500 people, *plus or minus 1,900* in the San Antonio area

**Lesson: Don’t fixate on small changes in percentages/numbers**

Same for # of new cases each year

  - When it dips below 300, we’ll celebrate
Achieving Together goal: 90% of people linked to care in 3 months

- In 2018, only **59%** of people in Greater San Antonio region* were linked in 1 month
- 77% linked in 3 months

ESEHA goal: 1st appointment with a medical provider in less than 7 days

- Limited data (only about 40 people a quarter—unrepresentative?)

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*Health Services Delivery Area (HSDA): Bexar, Comal, Guadalupe, Wilson, Atascosa, Bandera, Frio, Gillespie, Karnes, Kendall, Kerr, and Medina counties (‘‘Greater San Antonio Region’’)

Transitional Grant Area (TGA): Bexar, Comal, Guadalupe and Wilson (‘‘San Antonio Area’’)*
Linkage: New Diagnoses
(4 agencies)

Median days to appt. since July 2018

Median, 7 days (27 clients), range 0 to 115 days
Linkage: Re-linked to Care (4 agencies)

Median days to appt. since July 2018

- Median, 8 days (22 clients), range 0 to 86 days
Rapid Start group discussion

Issues we have heard about:

► Some call center staff unfamiliar with Rapid Start
  ► It helps the clinics if we can provide name/date/time when it happens

► Long hold times
  ► Ditto

► People calling for appointments don’t always ask for Rapid Start—if it is not specifically requested, then a regular appointment will be given

► Action steps before next meeting—brainstorm

► Has proof of positivity issue been resolved?
### Importance of the First Two “90s”

#### HIV TRANSMISSIONS IN 2016

<table>
<thead>
<tr>
<th>% OF PEOPLE WITH HIV</th>
<th>STATUS OF CARE</th>
<th>ACCOUNTED FOR X% OF NEW TRANSMISSIONS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>didn’t know they had HIV</td>
<td>38%</td>
</tr>
<tr>
<td>23%</td>
<td>knew they had HIV but weren’t in care</td>
<td>43%</td>
</tr>
<tr>
<td>11%</td>
<td>in care but not virally suppressed</td>
<td>20%</td>
</tr>
<tr>
<td>51%</td>
<td>taking HIV medicine and virally</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Values do not equal 100% because of rounding

8 in 10 NEW INFECTIONS COME FROM PEOPLE WHO ARE NOT IN HIV CARE.
The 3rd 90: Viral Suppression (Greater San Antonio Region)

63% of PLWH achieved viral suppression (last viral load of the year was <200 copies/ml). This means roughly 6 out of 10 PLWH achieved viral suppression.

This is community viral suppression.

Of those 7 out of 10 PLWH retained in care, 87%, or roughly 6 of those 7 achieved viral suppression.

Data and graphics: DSHS
City of San Antonio
Suppression Among Individuals Retained in Care
2018

Statewide average = 84%

Percent Retained in Care by ZIP Code

- Red: ≤ 84%
- Yellow: 85% - 89%
- Green: ≥ 90%
- Gray: No data/Not shown

Source: Texas eHARS, 2019.
Viral Suppression When In Care (Greater San Antonio Region)

Graphic: DSHS
Questions for Everyone

After seeing this data:

- What’s surprising?
- What’s urgent?
- What’s missing?
- What do we want to know more about?
- How does this affect our action plans?