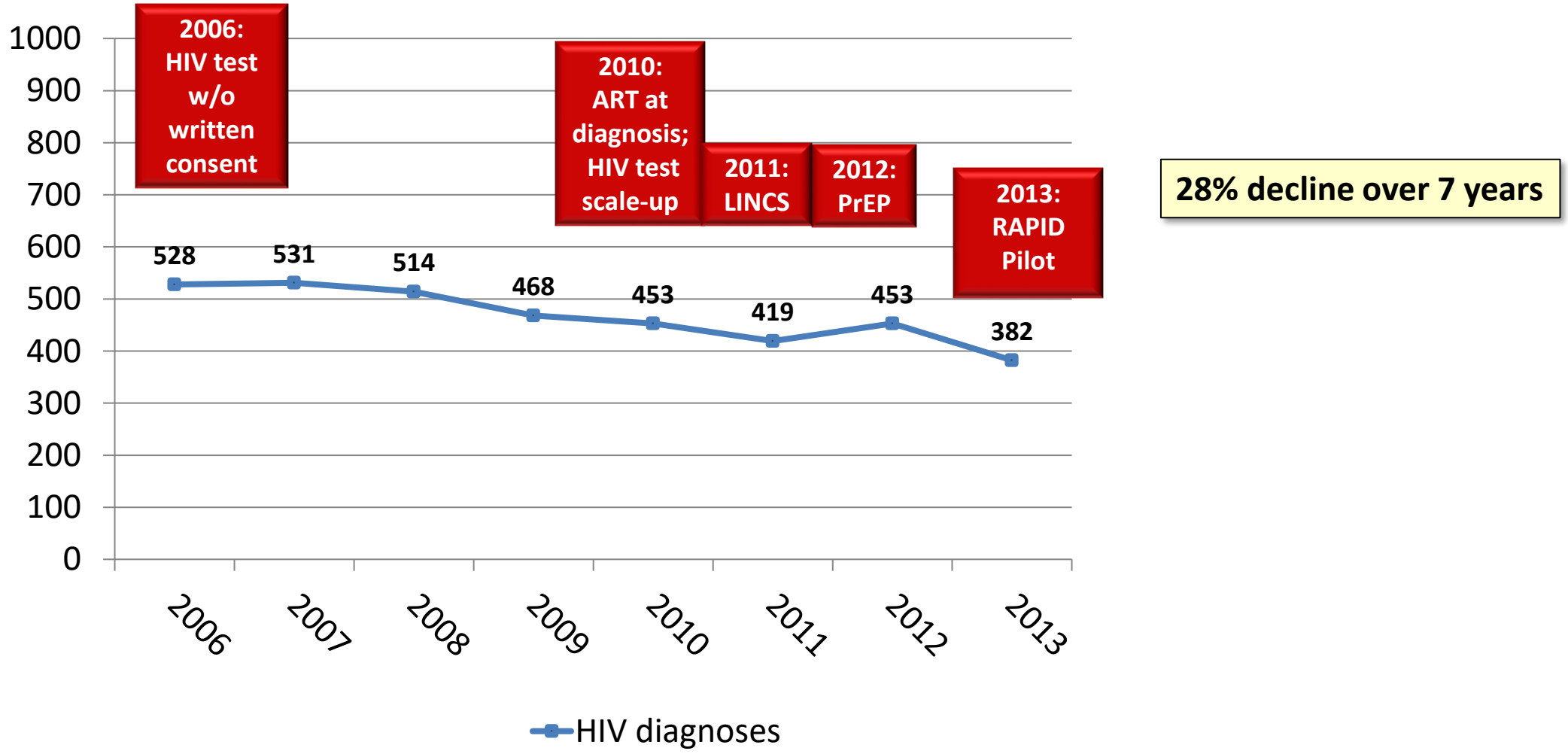
Getting to Zero, San Francisco: Successes, Challenges, and Future Strategies

Susan Buchbinder, MD
Director, Bridge HIV, SFDPH
Clinical Professor, Medicine and Epidemiology, UCSF
UCLA, November 12, 2021

Progress was being made through 2013 in SF



Getting to Zero San Francisco: How it began….

World AIDS Day Forum

Monday, December 2, 2013

Getting to Zero in San Francisco: How Close Are We?

6:30–8:30 PM

Rainbow Room, LGBT Community Center

1800 Market St., San Francisco

"This is all interesting, but are you working together?"

--Community member

Sheehy

Havlir

Giuliano

Buchbinder

VanGorder

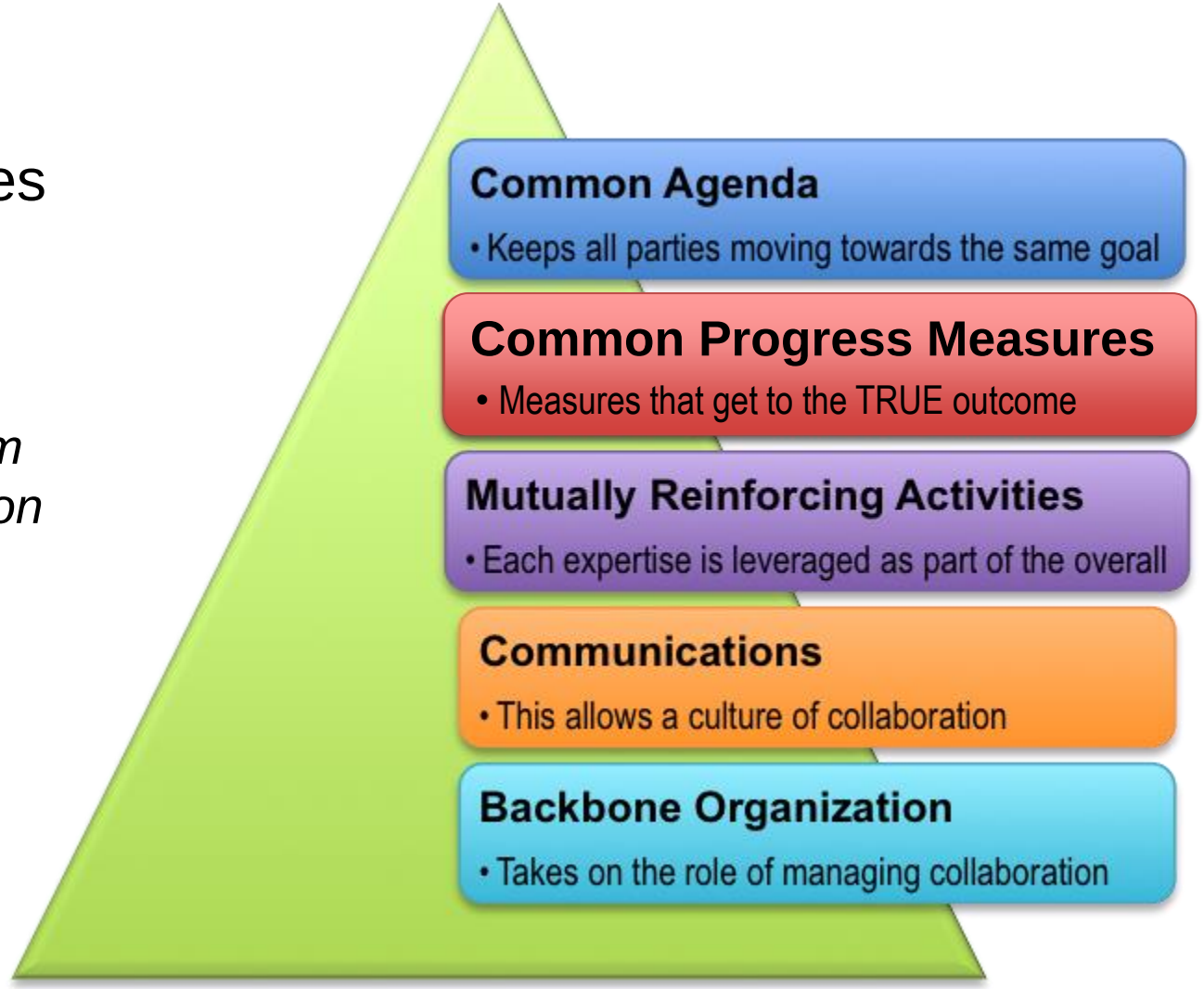
GETTING TO ZERO SAN FRANCISCO

www.GettingToZeroSF.org

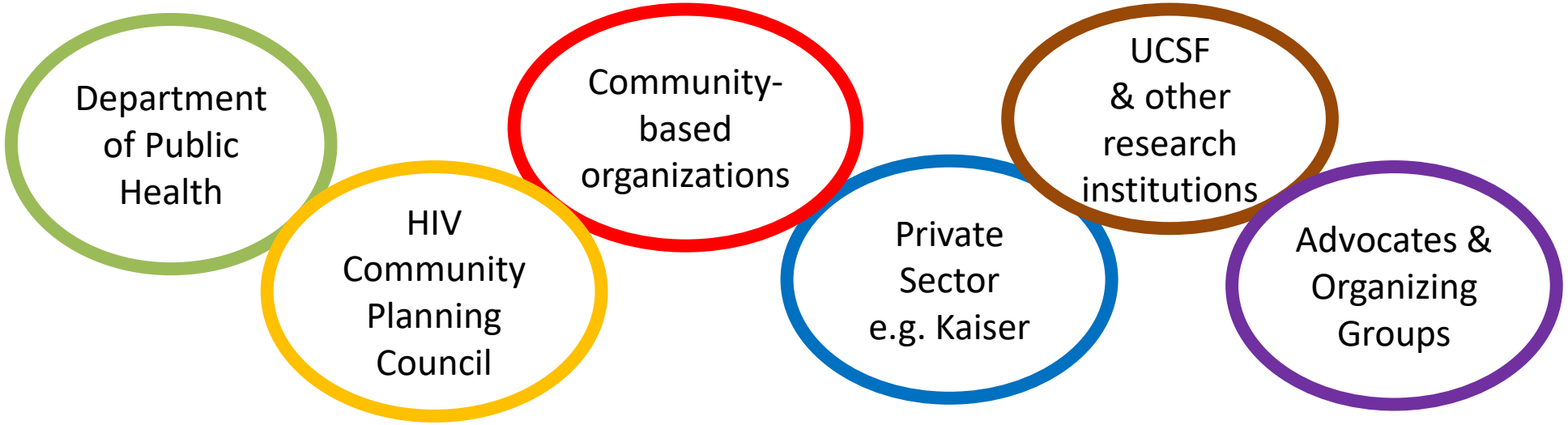
Collective Impact

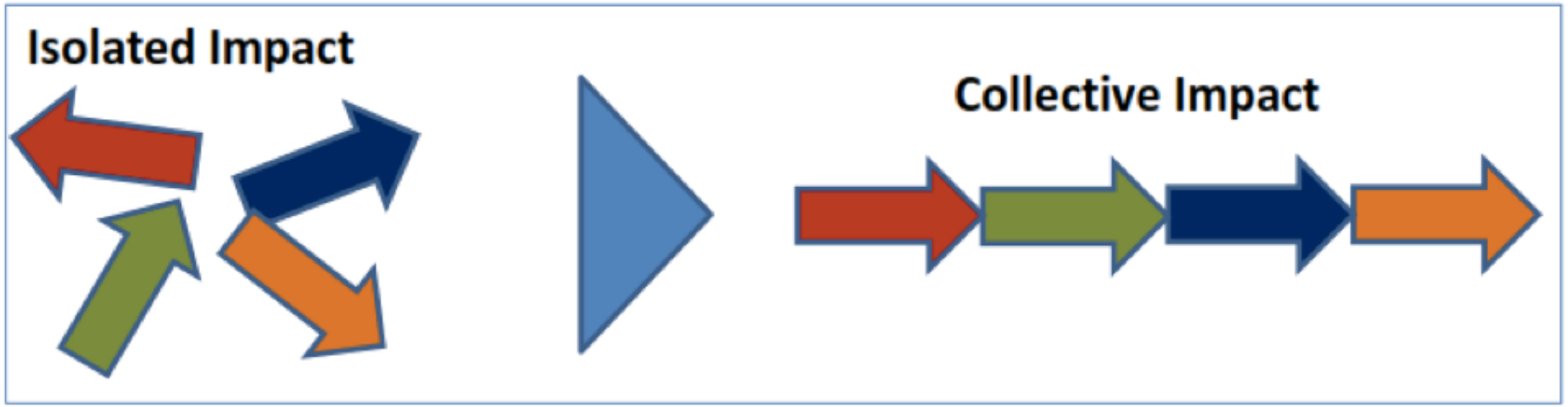
GTZ is a multi-sector consortium that operates under principles of collective impact:

“Commitment of groups from different sectors to a common agenda to solve a specific problem.”



Getting to Zero: Built on Collective Impact
Free Standing Organization





Mission of Getting to Zero SF

Mission

Zero new HIV infections

Zero HIV deaths

Zero HIV stigma and discrimination

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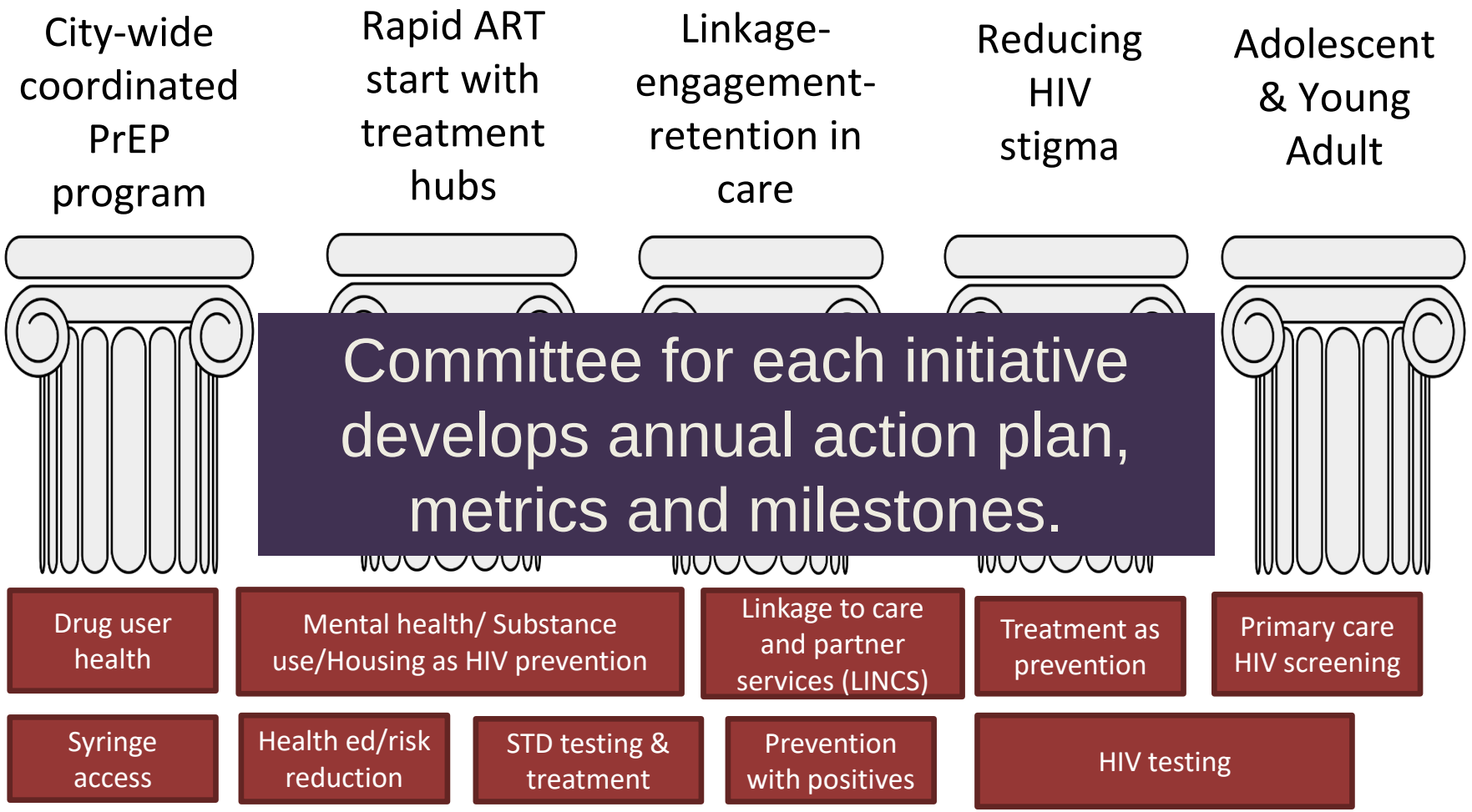
Strategic priorities for San Francisco Getting to Zero Consortium



Before vs. after COVID

1. Data driven
   - With testing down, hard to interpret 2020 data
2. Revamped our structure
   - Evolution of our strategic plan

Pre-Exposure Prophylaxis

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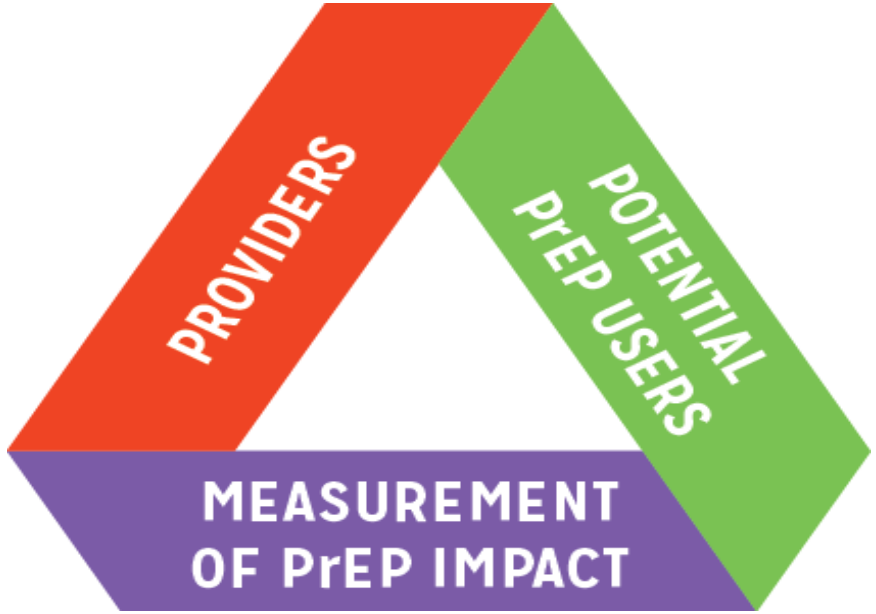
Getting to Zero – PrEP
Increased supply & demand and measurement

- Common protocol
- Academic detailing
- New PrEP clinics
- PrEP navigators at major providers
- Navigation “boot camps”
- Youth fund for meds & transportation

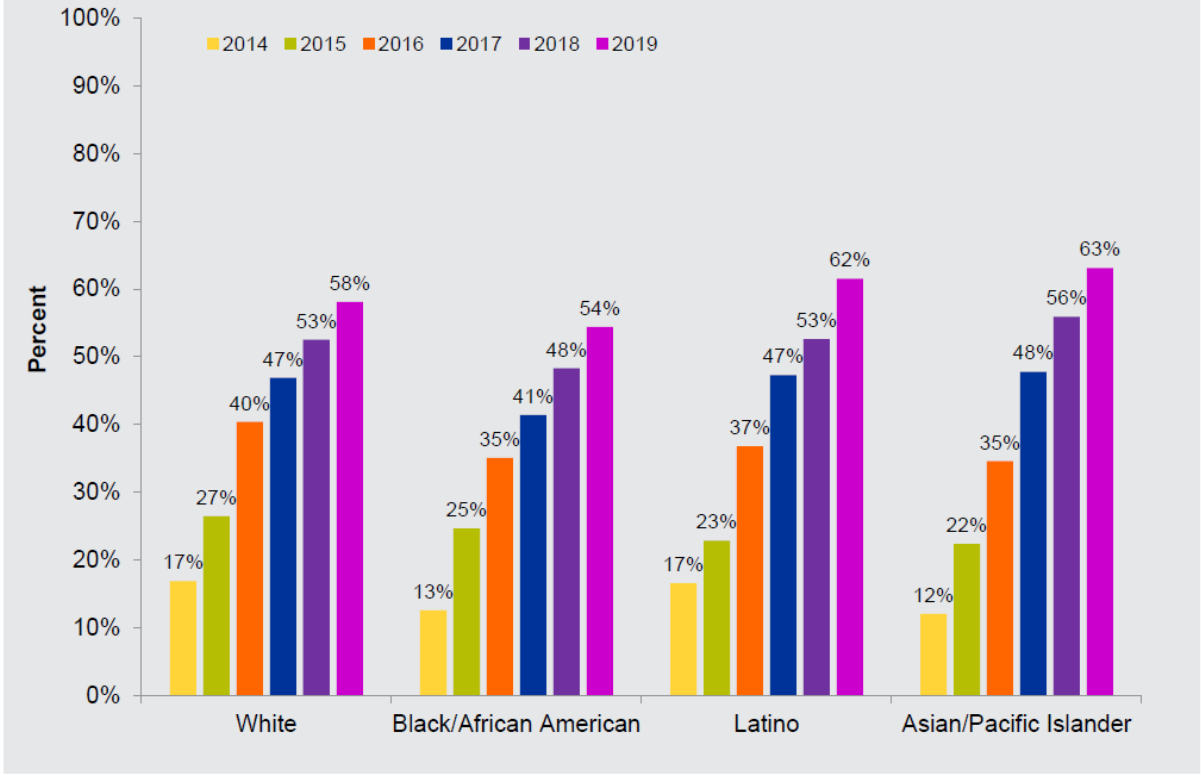


- PrEP social media campaigns
- Online PrEP navigator to answer questions
- PrEP “ambassadors”
- Data-to-PrEP program
- Pleaseprepme.org

- Triangulate data from multiple sources
- Collate data from funded CBOs
- Online survey “Quickie” to measure PrEP cascade

PrEP uptake and persistence, SF 2019

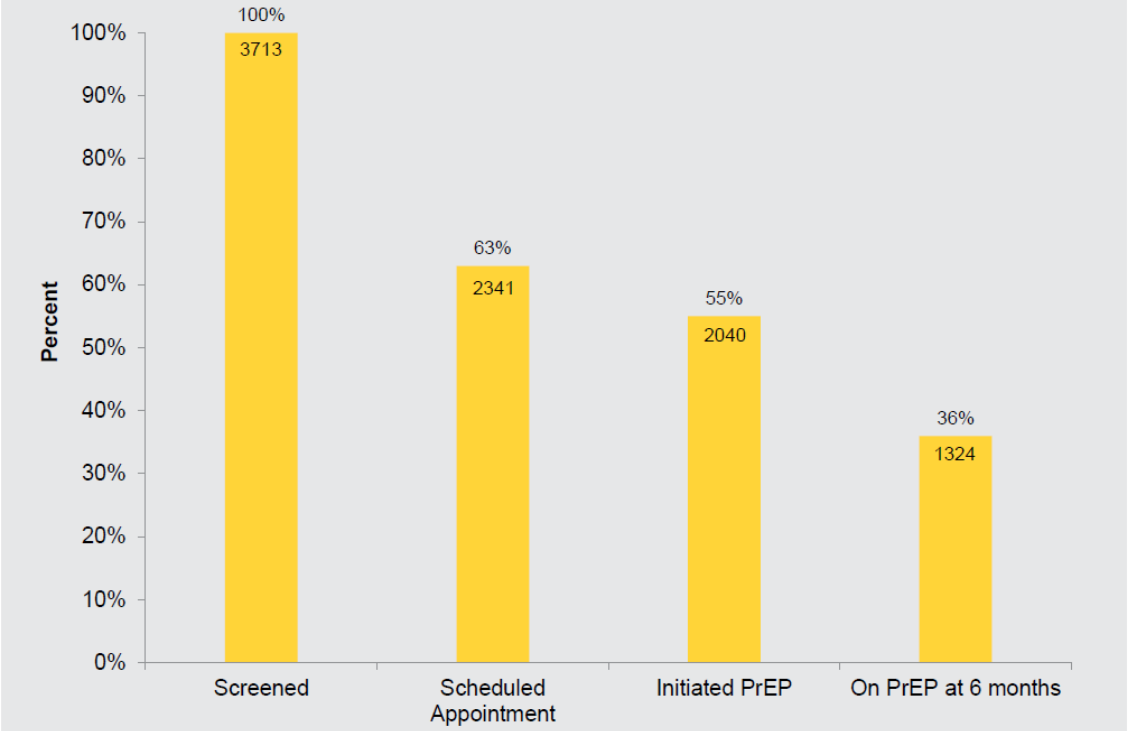
Figure 16.2 Proportion of MSM currently on PrEP[1] by race/ethnicity, San Francisco City Clinic patients, 2014-2019



1 On PrEP at visit: (1) Answer 'yes' to are you currently on PrEP (2) Enrolled in PrEP as of visit.

- PrEP uptake increased each year
- Black/African American uptake lower

Figure 16.3 PrEP screening, appointments and PrEP initiation among clients being served by selected community based organizations[1], San Francisco, August 2016 - December 2019



1 Community Based Organizations included API Wellness, Lyric, San Francisco AIDS Foundation, Instituto de la Raza, and Alliance Health Project.

Drop off in PrEP cascade

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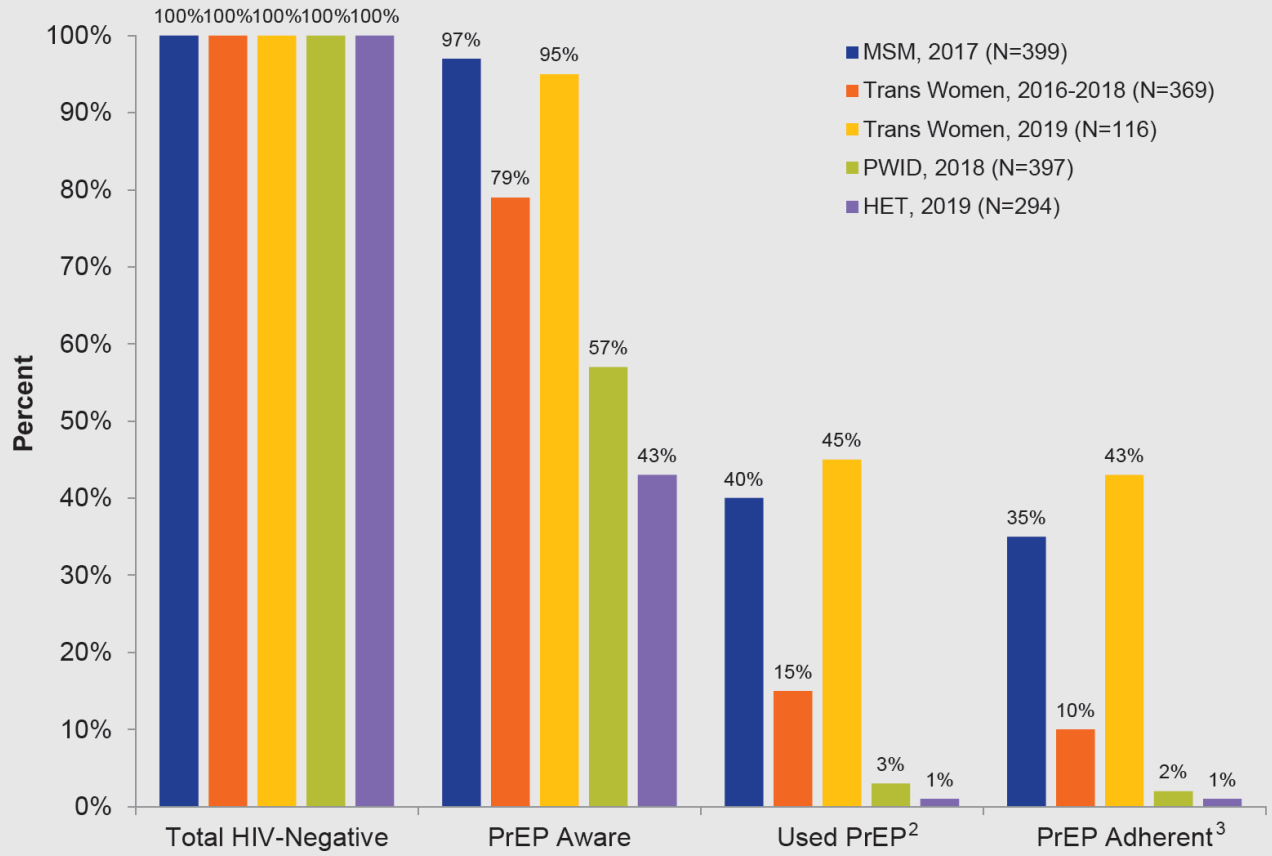
PrEP cascade by risk group, 2016-2019

Lower knowledge, use, and adherence in trans women, PWID, heterosexuals

Figure 16.1 PrEP cascade[1] among MSM, trans women, persons who inject drugs, and high-risk heterosexuals, 2016-2019, San Francisco



1 For each step of the PrEP continuum, the denominator was the whole sample.

2 PrEP use was defined as use in the last six months for MSM in 2017 and trans women in 2016-2018; and use in the last 12 months for trans women in 2019, PWID in 2018 and heterosexuals in 2019.

3 Adherence to PrEP was defined as taking all or nearly all daily pills.

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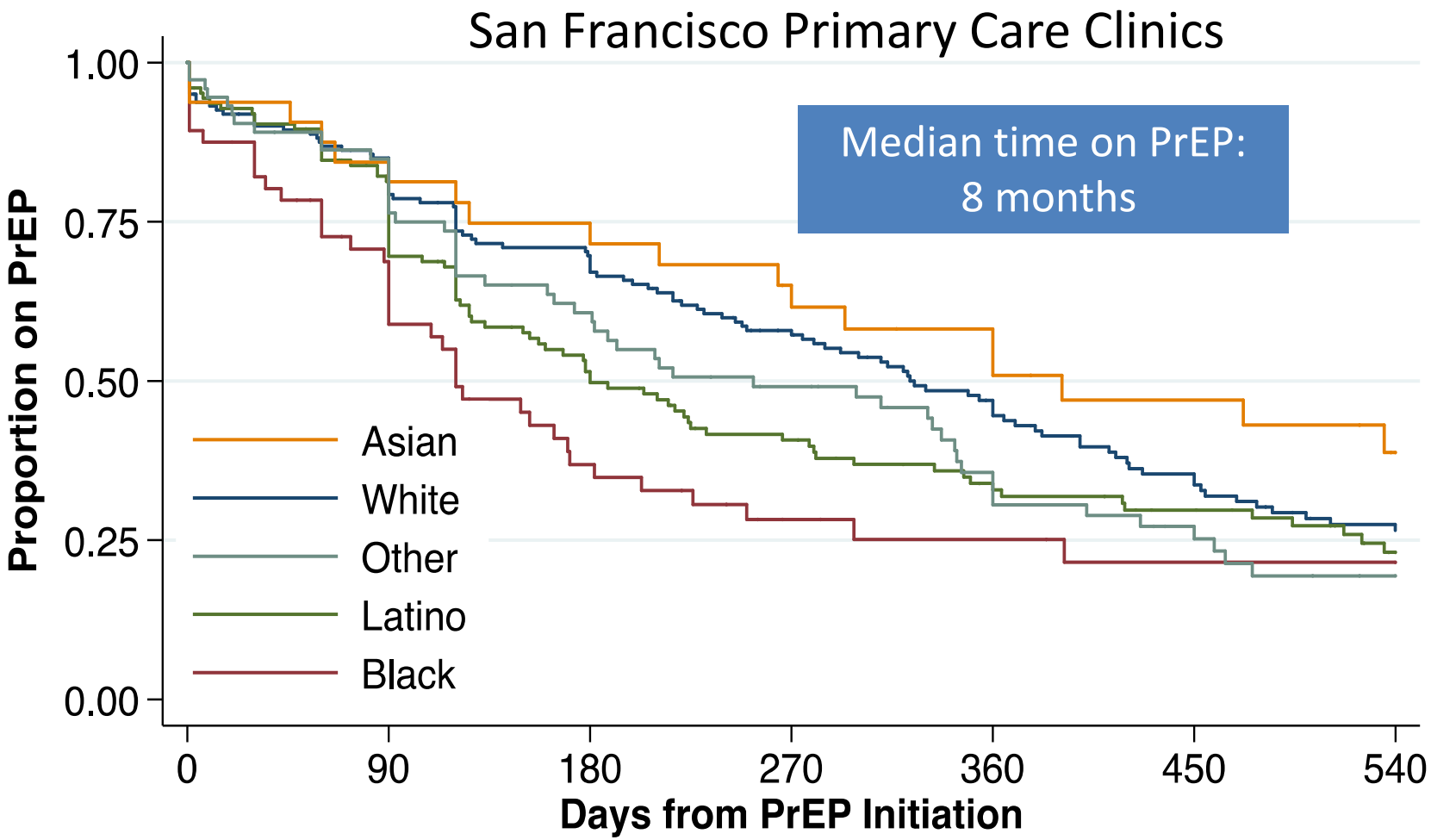
Lack of PrEP persistence accentuates disparities



Scott H et al, AIDS 2019

PrEP

SAN FRANCISCO AIDS FOUNDATION

SAN FRANCISCO COMMUNITY HEALTH CENTER

LYRIC CENTER FOR LGBTQQ YOUTH

Instituto Familiar de la Raza, Inc.

one stop PrEP at mission wellness

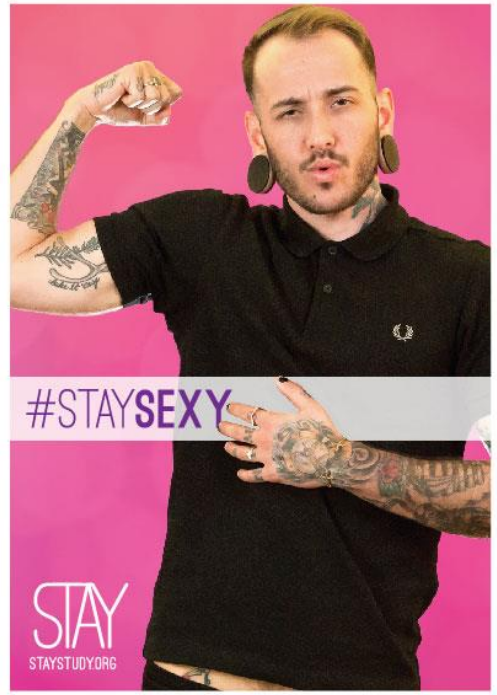
Ask about PrEP

415-634-PrEP (7737)

San Francisco Department of Public Health


#STAYMAGICAL
STAY
STAYSTUDY.ORG


#STAYAWARE
STAY
STAYSTUDY.ORG


#STAYSEXY
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#STAYRESILIENT
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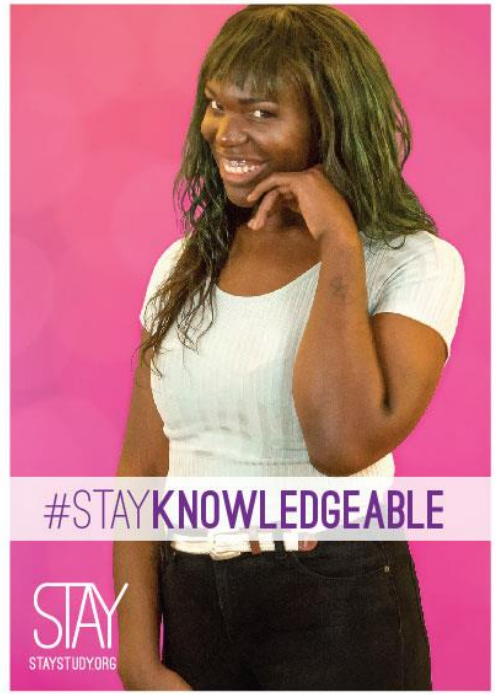
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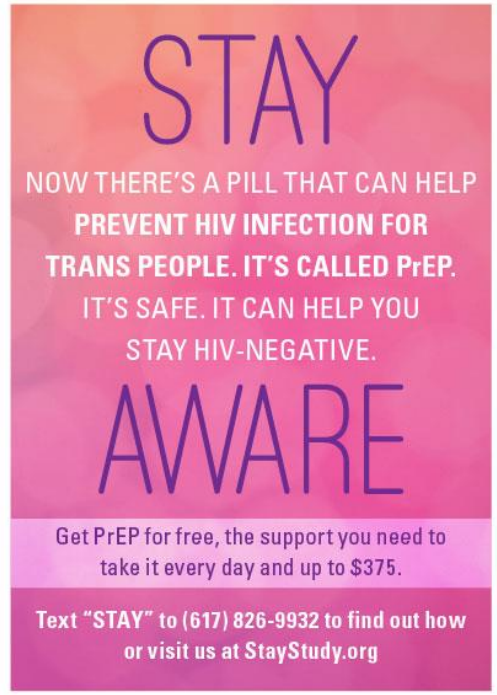
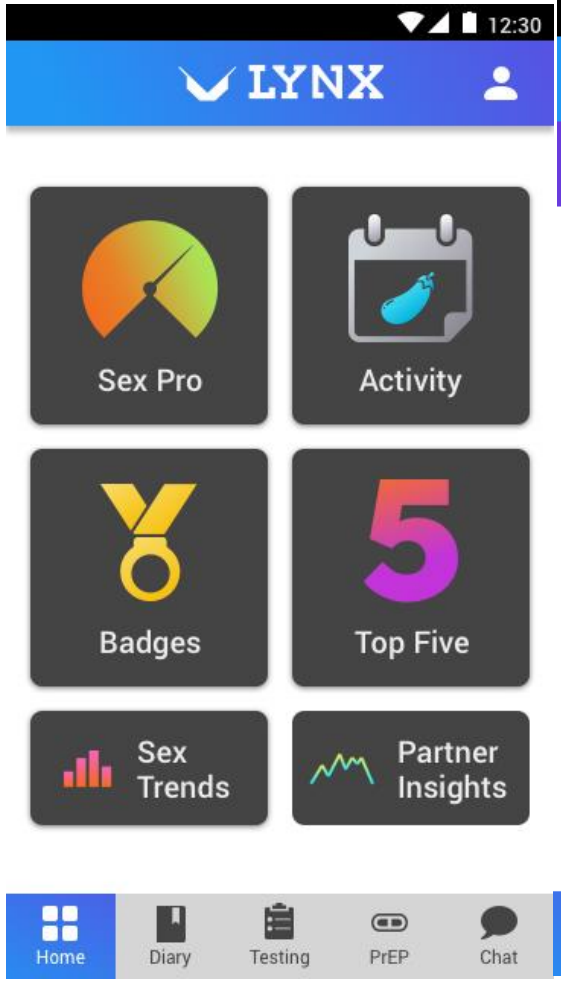
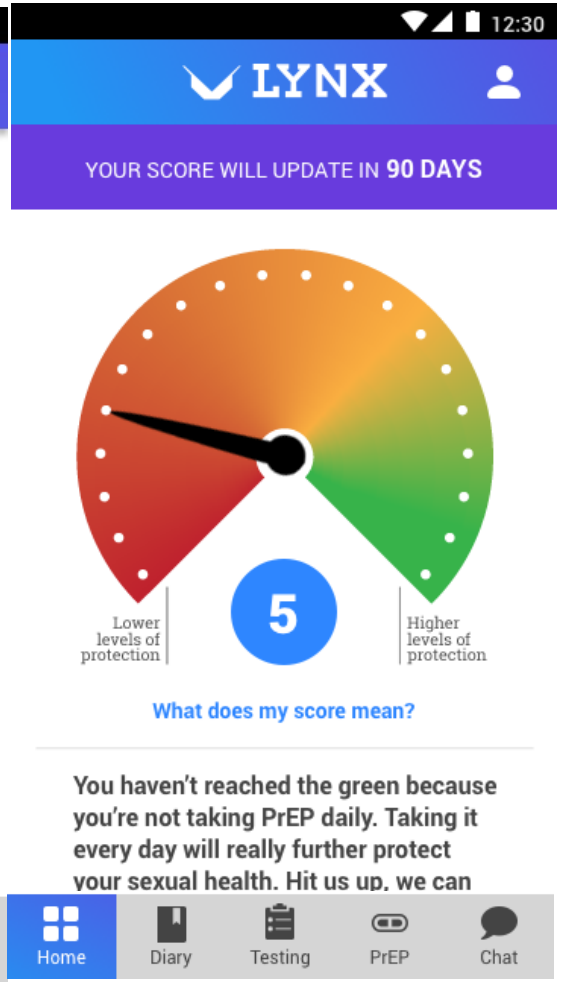
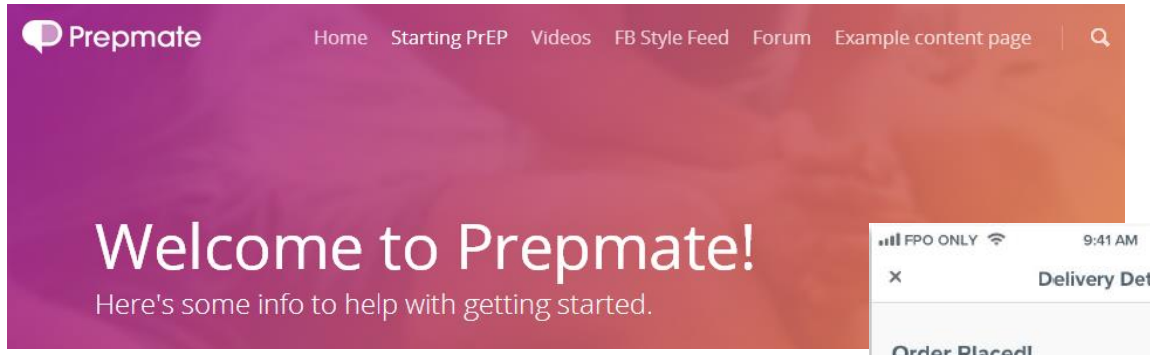

STAY
NOW THERE'S A PILL THAT CAN HELP
PREVENT HIV INFECTION FOR
TRANS PEOPLE. IT'S CALLED PrEP.
IT'S SAFE. IT CAN HELP YOU
STAY HIV-NEGATIVE.
AWARE
Get PrEP for free, the support you need to
take it every day and up to $375.
Text "STAY" to (617) 826-9932 to find out how
or visit us at StayStudy.org

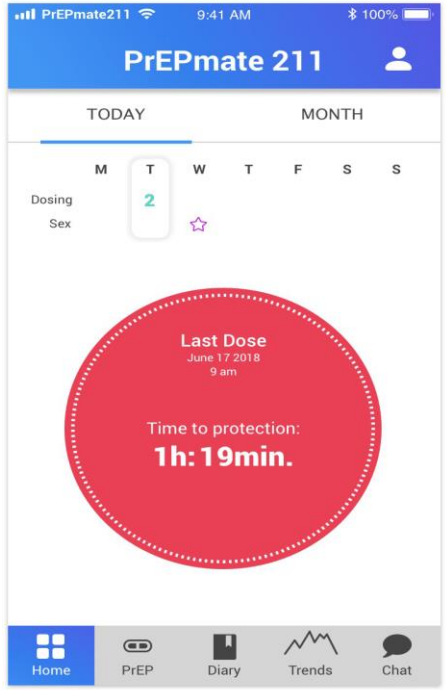
Many PrEP apps being evaluated



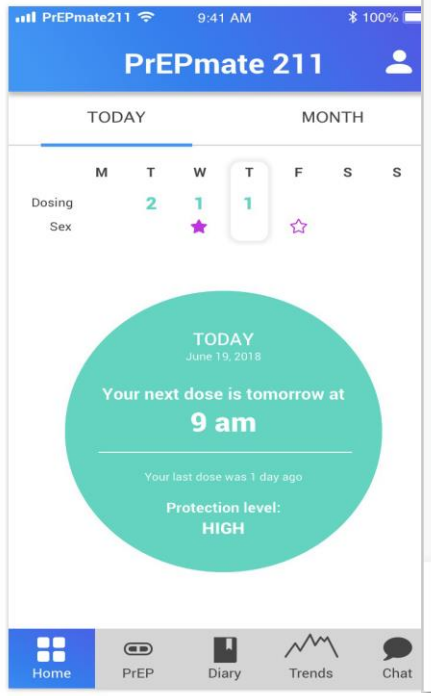


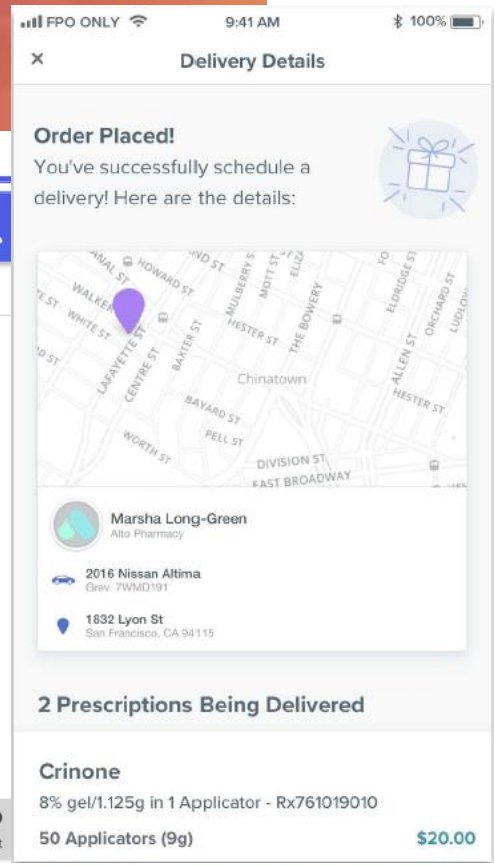


Home screen with timer



Home screen





Challenges and strategies for PrEP persistence

<u>Some reasons for lack of persistence among seroconverters:</u>

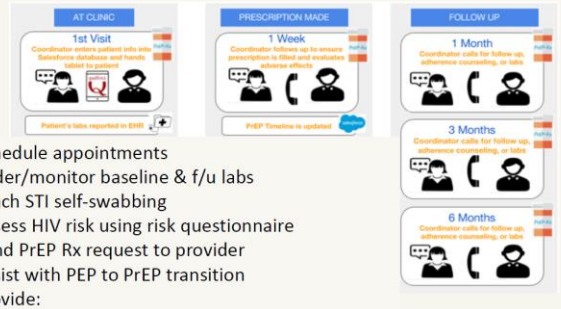
- Mental health, substance use, loss of housing
- Cost, insurance
- Side effects
- Difficulty making medical appointments
- Risk perception, including starting primary relationship
- **Lack of outreach from provider**

PrEP Optimization Intervention

Goal: PrEP-OI is targeted at providers to ↑ PrEP uptake & persistence.

1. **PrEP Coordinator (PC):** identifies those at high risk for HIV & supports multiple providers in coordinating PrEP-related care.
2. **PrEP-Rx:** a web-based panel management tool that provides a HIV risk assessment, automated reminders for labs & appointments, & reports on patients' history of PrEP use.

PrEP Coordinator's Role



- Schedule appointments
- Order/monitor baseline & f/u labs
- Teach STI self-swabbing
- Assess HIV risk using risk questionnaire
- Send PrEP Rx request to provider
- Assist with PEP to PrEP transition
- Provide:
  - Adherence counseling
  - Insurance navigation
  - On-going PrEP support for patients & providers

PrEP-Rx's Role

- Tool to create efficient workflow for PCs
- Created using a HIPAA-compliant Salesforce platform & iteratively refined with help of PCs
- 3 main features:
  1. Comprehensive self-administered HIV risk assessment **survey**
  2. Automated **reminders** to PCs for lab monitoring, follow-up visits for adherence, side effect, & risk reduction counseling
     - List of questions for PCs to ascertain at PrEP initiation & follow-ups
  3. PrEP **timeline** for each patient to allow PCs & providers to see patient's PrEP use history & upcoming visits in one snapshot

Spinelli, JIAS 2020
Saberi

Rapid Access to ART and Wrap-around Services

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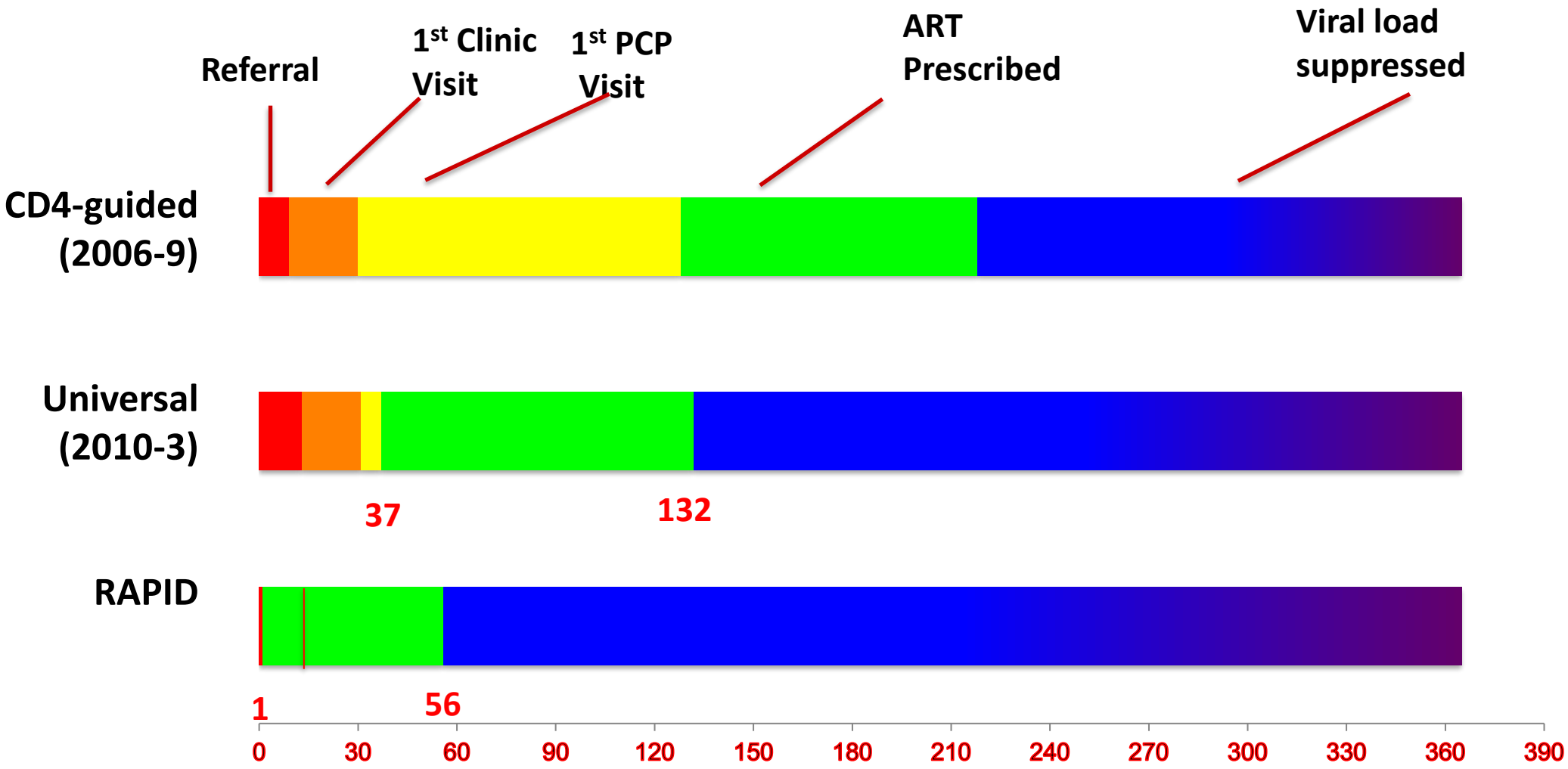
RAPID ART Pilot at Wd 86

- Started in 2013
- Person referred from SFGH Testing Site or Clinical Lab
  - Dedicated pager: single point of contact
- Multidisciplinary team saw newly diagnosed person
  - SW intake, counseling, insurance/benefits activation/optimization (eg, emergency Medi-Cal)
  - Clinician intake, including education about ART
- Intake labs
- Start ART immediately, unless there is a clear contraindication or patient declines
  - *ART starter pack*, 1st dose in clinic; prescription sent to pharmacy
- F/u 1-2 days with SW or RN
  - Clinic visit (SW and clinician) 1-2 weeks; close f/u for weeks-months

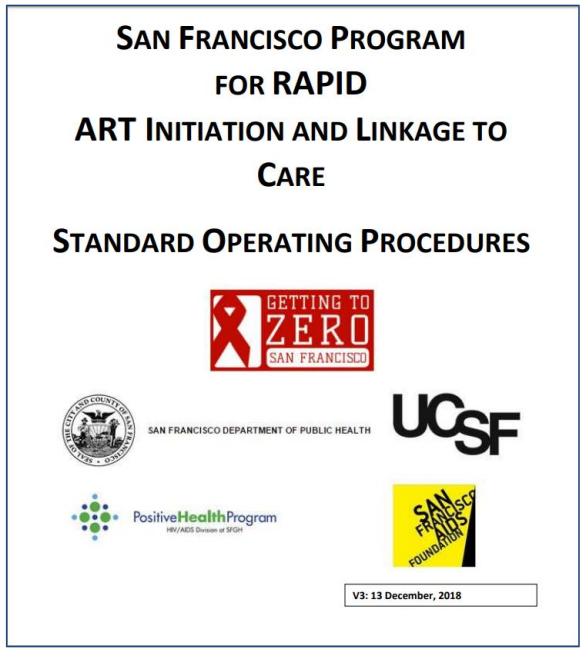
Wd 86 RAPID Pilot: Shortened time to engagement, virologic suppression



Pilcher, IAS 2015

Training/dissemination tools

Citywide protocol:



SAN FRANCISCO PROGRAM FOR RAPID ART INITIATION AND LINKAGE TO CARE

STANDARD OPERATING PROCEDURES

GETTING TO ZERO SAN FRANCISCO

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

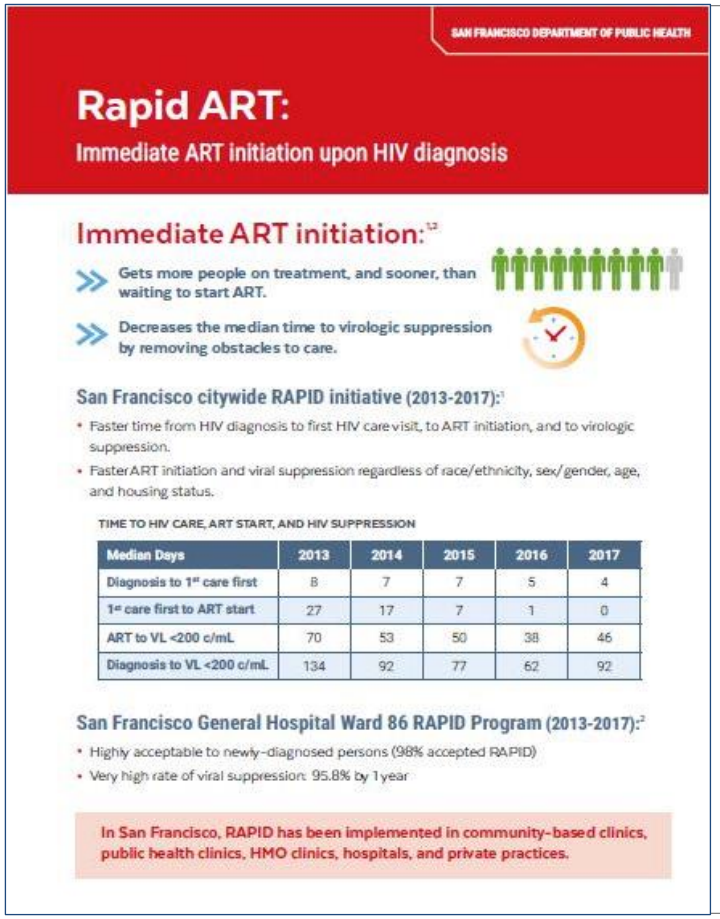
UCSF

PositiveHealthProgram

SAN FRANCISCO AIDS FOUNDATION

V3: 13 December, 2018

Public Health Detailing Brochure/Provider Guide:



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Rapid ART:

Immediate ART initiation upon HIV diagnosis

Immediate ART initiation:[1,2]

- Gets more people on treatment, and sooner, than waiting to start ART.
- Decreases the median time to virologic suppression by removing obstacles to care.

San Francisco citywide RAPID initiative (2013-2017):[1]

- Faster time from HIV diagnosis to first HIV care visit, to ART initiation, and to virologic suppression.
- Faster ART initiation and viral suppression regardless of race/ethnicity, sex/gender, age, and housing status.

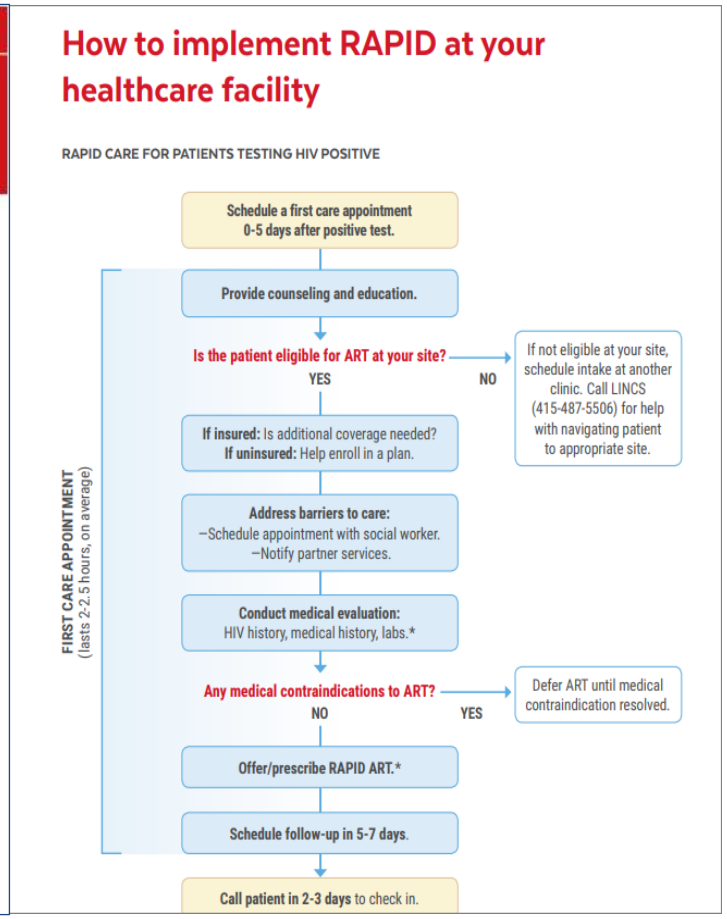
TIME TO HIV CARE, ART START, AND HIV SUPPRESSION

Median Days	2013	2014	2015	2016	2017
Diagnosis to 1st care first	8	7	7	5	4
1st care first to ART start	27	17	7	1	0
ART to VL <200 c/mL	70	53	50	38	46
Diagnosis to VL <200 c/mL	134	92	77	62	92

San Francisco General Hospital Ward 86 RAPID Program (2013-2017):[2]

- Highly acceptable to newly-diagnosed persons (98% accepted RAPID)
- Very high rate of viral suppression: 95.8% by 1 year

In San Francisco, RAPID has been implemented in community-based clinics, public health clinics, HMO clinics, hospitals, and private practices.



How to implement RAPID at your healthcare facility

RAPID CARE FOR PATIENTS TESTING HIV POSITIVE

FIRST CARE APPOINTMENT (lasts 2-2.5 hours, on average)

- Schedule a first care appointment 0-5 days after positive test.
- Provide counseling and education.
- Is the patient eligible for ART at your site?
  - NO → If not eligible at your site, schedule intake at another clinic. Call LINCS (415-487-5506) for help with navigating patient to appropriate site.
  - YES
- **If insured:** Is additional coverage needed? **If uninsured:** Help enroll in a plan.
- **Address barriers to care:** –Schedule appointment with social worker. –Notify partner services.
- **Conduct medical evaluation:** HIV history, medical history, labs.*
- Any medical contraindications to ART?
  - YES → Defer ART until medical contraindication resolved.
  - NO
- Offer/prescribe RAPID ART.*
- Schedule follow-up in 5-7 days.
- **Call patient in 2-3 days** to check in.

www.gettingtozerosf.org

RAPID CARE OPTIONS IN SF

Last Updated 4/10/2018

The Rapid ART Program Initiative for New HIV Diagnoses (RAPID) is a city-wide effort to offer HIV medication to everyone within 0-5 days of HIV diagnosis regardless of insurance status.

Clinic	RAPID Contact	Insurance Info/Eligibility Requirements (bold)
UCSF Positive Health Program Ward 86 San Francisco General Hospital 995 Potrero Ave, Bldg 80, Fl 6	Page PHAST team at 415-443-3892 Clinical staff can leave after-hours voicemail at 415-206-2460	• Medi-Cal: SF Health Plan (23421) • Medicare • Healthy San Francisco • Uninsured can enroll for ADAP or Medi-Cal
Larkin Street Youth Services 134 Golden Gate Ave	Page 415-257-6545	• **Age 12-24, low income, SF resident** • Medi-Cal: SF Health Plan (22096) • Healthy San Francisco • Uninsured (income less than $16,395/yr)
Southeast Health Center 2401 Keith St	Gwen Smith 415-671-7057	• Medi-Cal: SF Health Plan (21056) • Healthy San Francisco • Uninsured (income less than $16,395/yr)
San Francisco City Clinic Early Care Clinic 356 7th St	Andy Scheer, MSW 415-487-5511	• **Uninsured or currently not in HIV care, must be a SF resident** • Uninsured
HealthRight360 – Tenderloin Health Services Glide Memorial Church 330 Ellis St	Mike Wilk Program Manager 415-969-6530	• Medi-Cal: SF Health Plan (25203) and Anthem Blue Cross (XXA) • Medicare • Health San Francisco
San Francisco Community Health Center (formerly API) 726 Polk St, Fl 4 1800 Market St, Suit 401	Jawon Jang, RN 415-292-3400 (x707)	• Medi-Cal: SF Health Plan (25353) • Medicare • Uninsured (on sliding scale)
Kaiser Permanente 2238 Geary Blvd, Fl 4 West	Ed Chitty, RN Patient Care Coordinator 415-833-4258	• Medicare and privately-attained plans • CoveredCA: Kaiser • Medi-Cal: If you've had Kaiser within 6 mo, enroll in SFHP and request Kaiser enrollment
SF VA Medical Center 4150 Clement St, Blgd 203, Ward 1B	Elda Kong, NP 415-221-4810 (x23942) Mai Vu, PharmD 415-221-4810 (x24793)	• Active or eligibility for VA health coverage. For more info: https://www.sanfrancisco.va.gov/patients/eligibility
Mission Neighborhood Health Center—Clinica Esperanza 240 Shotwell St	Recruitment and Retention Coordinator 415-552-1013 (x2234) Treatment Linkage Specialist 415-552-1013 (x2319)	• **Eligibility documents expected to register (but not necessarily on first RAPID visit)** • Medi-Cal: SF Health Plan (21047) and Anthem Blue Cross (XK1000) • Medicare and some privately-attained plans • Healthy SF and uninsured (on sliding scale) • Covered CA: Blue Shield, Health Net
Family Health Center 995 Potrero Ave, Bldg 80	Page PHAST team at 415-443-3892. The first appointment at W86 with ongoing care provided at FHC.	• Medi-Cal: SF Health Plan (21044) • Medicare • Health San Francisco • Uninsured can in enroll in ADAP or Medi-Cal

RAPID CARE OPTIONS IN SF

Last Updated 4/10/2018

Private Medical Doctors		
Dr. Charles Moser, MD, PhD	415-600-4900	• Most PPO (commercial) plans. Call to make sure they accept Covered CA plan
Dr. Louis Cubba, MD / Dr. John Nienow, MD	415-621-4228	• Most PPO (commercial) plans. Call to make sure they accept Covered CA plan
Dr. William Kapla, MD	415-600-4760	• Most PPO (commercial) plans. Call to make sure they accept Covered CA plan
Dr. Lee Roy Liskey, MD	Israel Dedios 415-5642-2000 or 415-642-2001	• Most PPO (commercial) plans. Call to make sure they accept Covered CA plan
Hyper-Acute HIV Patients		
Viiv Clinical Study San Francisco General Hospital 995 Potrero Ave, Bldg 80, Fl 4	Referral must be made by paging PHAST team at 415-443-3892. Project Coordinator Lisa Harms can be reached at 415-476-9296 (x325)	• **HIV antibody (-) but RNA (+). Can provide labs and medication but needs linkage to PCP** • Insurance does not matter. Helpful for individuals living outside SF or uninsured
Outside of SF		
East Bay AIDS Center (EBAC) 3100 Summit St, Fl 2 Oakland, CA 94609	Call 510-655-4000 (x5065)	• **For individuals living in East Bay or wishing to receive treatment there** • Benefits navigators can work with public and private insurance options

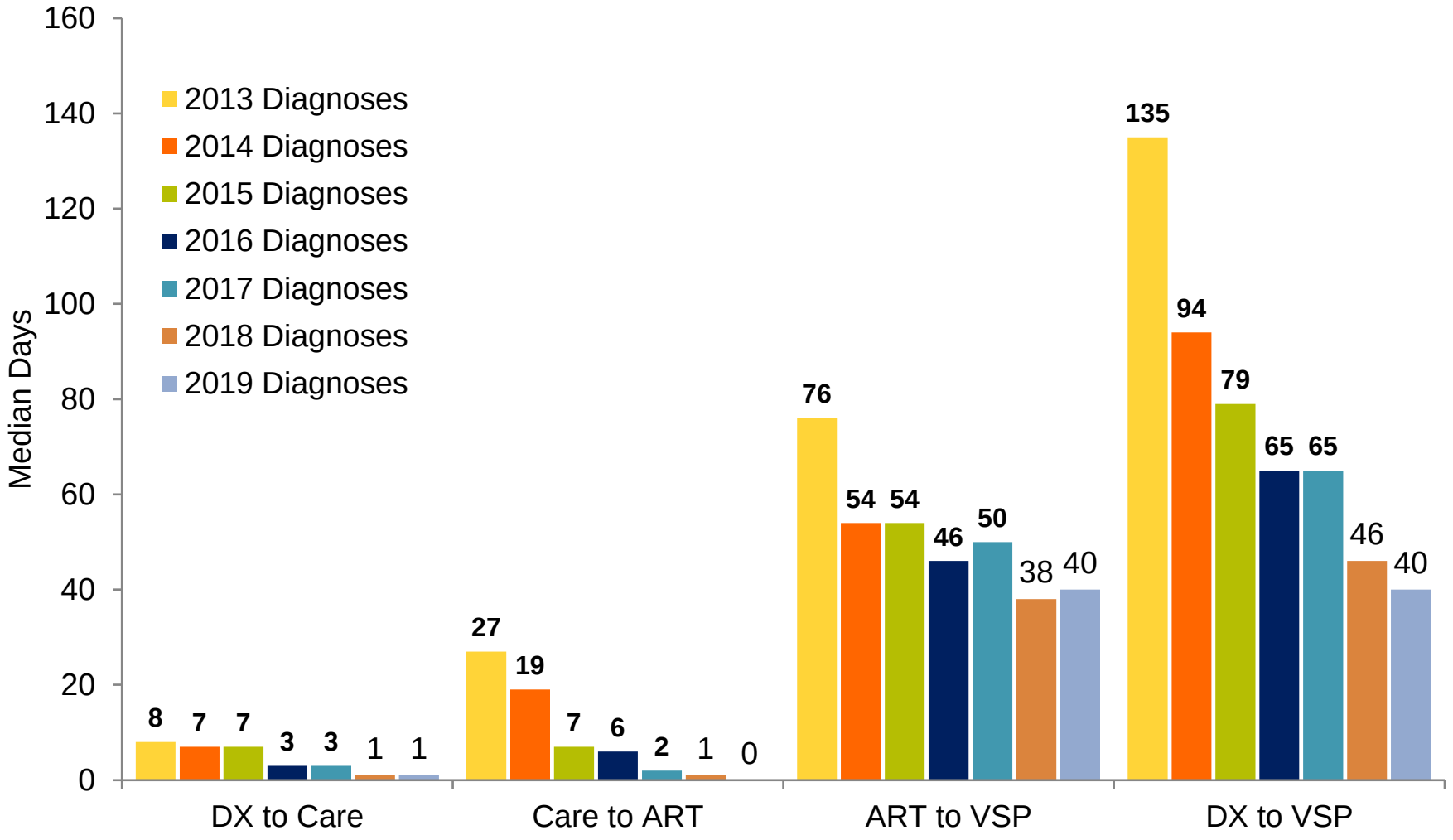
RAPID Screening Questions

1. **Residency**: Where do you live?
   - ☐ **SF resident** (includes homeless in SF)
   - ☐ **Lives outside of SF**. Which county?
2. Do you have **insurance?**
   a. **Yes**
      - ☐ **MediCal** in SF
      - ☐ **MediCare** in SF
      - ☐ **Private Insurance** via **Covered CA**, **employer sponsored**, or **other commercial plan**, **Kaiser**
      - ☐ **Healthy SF** (not insurance, but covers medical care in SF- good for **undocumented** patients who are NOT eligible for MediCal/MediCare)
      - ☐ **Select RAPID provider based on insurance, patient preference, location, special services**

   b. **No**
      - ☐ Are you **eligible to enroll in MediCal, Covered CA, employer sponsored, etc?**
3. What is your **income?**
   - ☐ **If LESS THAN $16,395/year or $1,366/month (for a household of one- pre-tax gross)**, then **MediCal eligible**
   - ☐ **If MORE THAN $16,395/year or $1,366/month (for a household of one)**, then **NOT MediCal eligible; will need commercial insurance (including Covered CA, Kaiser)**
   - ☐ **If NO income** (eg just lost job, or has no unemployment benefits), then **MediCal eligible**
   - ☐ **If below 500% of FPL, (e.g., $59,400 for a household of one)**, then **ADAP eligible**
   - ☐ **Select RAPID provider based on insurance, patient preference, location, special services**
4. Do you have a **PCP?**
   - ☐ **If already insured**, who is your **PCP?**
   - ☐ Do you have your insurance card to check provider network and active status?

Available Online: tinyurl.com/RapidOptionsInSF | **Direct Updates**: Patrick Kinley at patrick.kinley@sfdph.org

RAPID: Dx to viral suppression – 40 days



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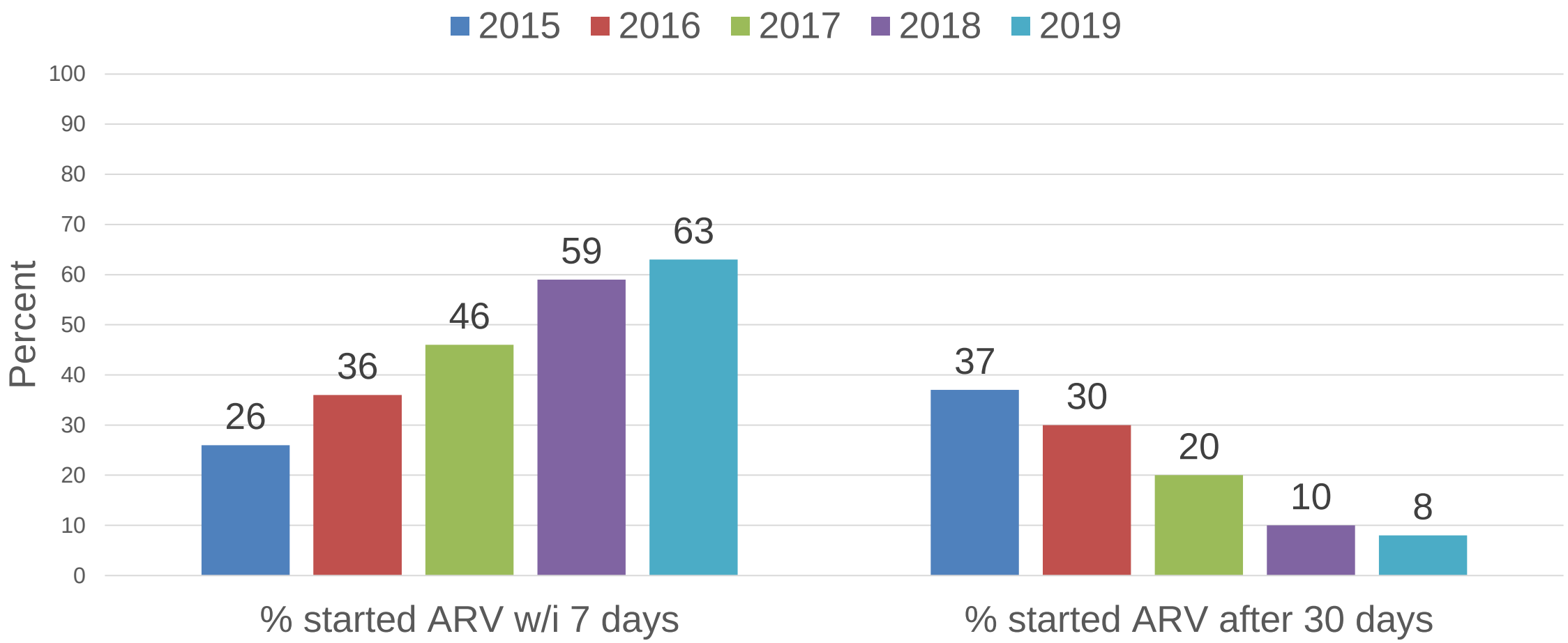
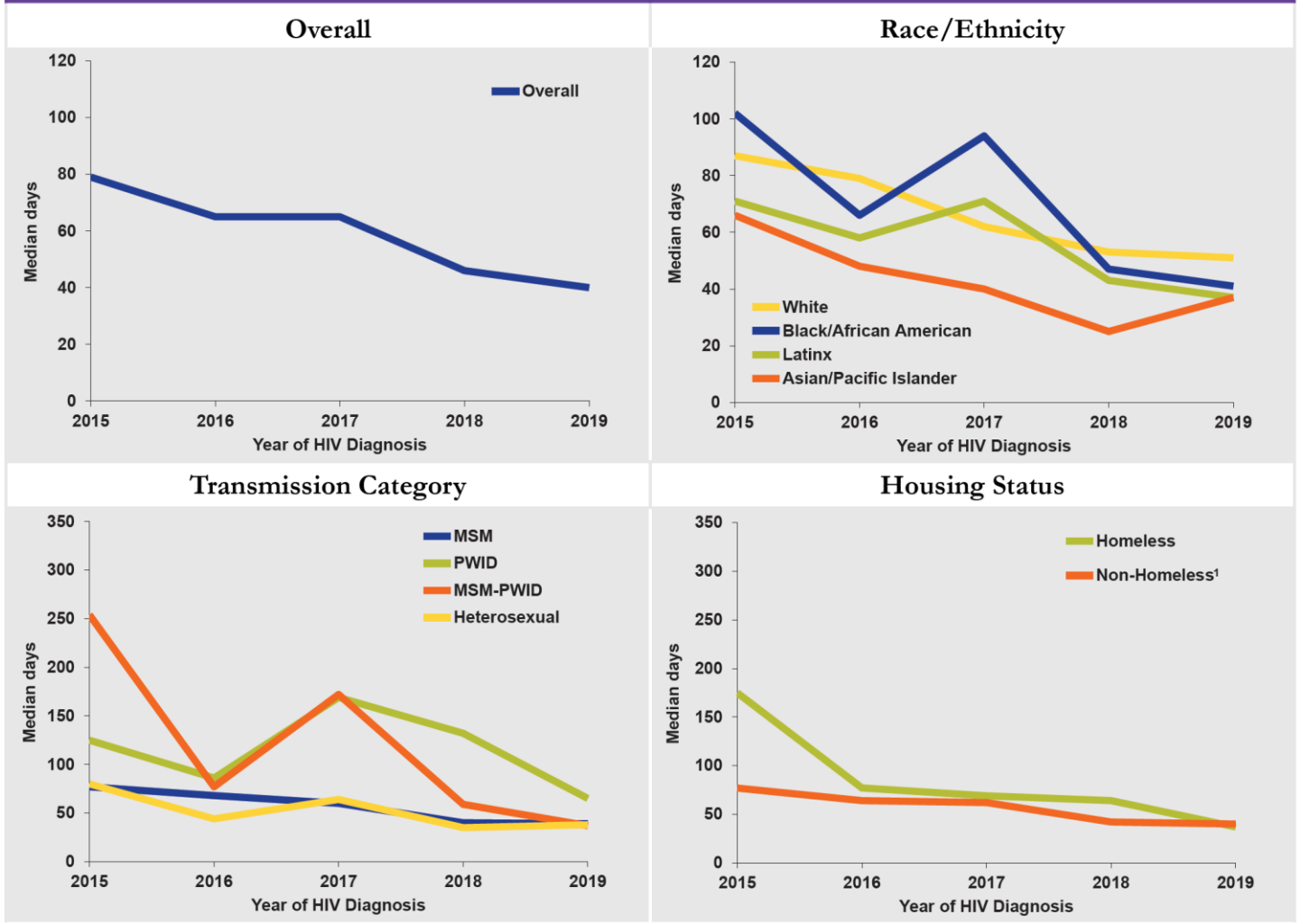
% starting ARVs within 7 days vs. > 30 days



Time from HIV diagnosis to viral suppression

Figure 3.7 Trends in median time from HIV diagnosis to viral suppression by race/ethnicity, transmission category, and housing status, 2015-2019, San Francisco



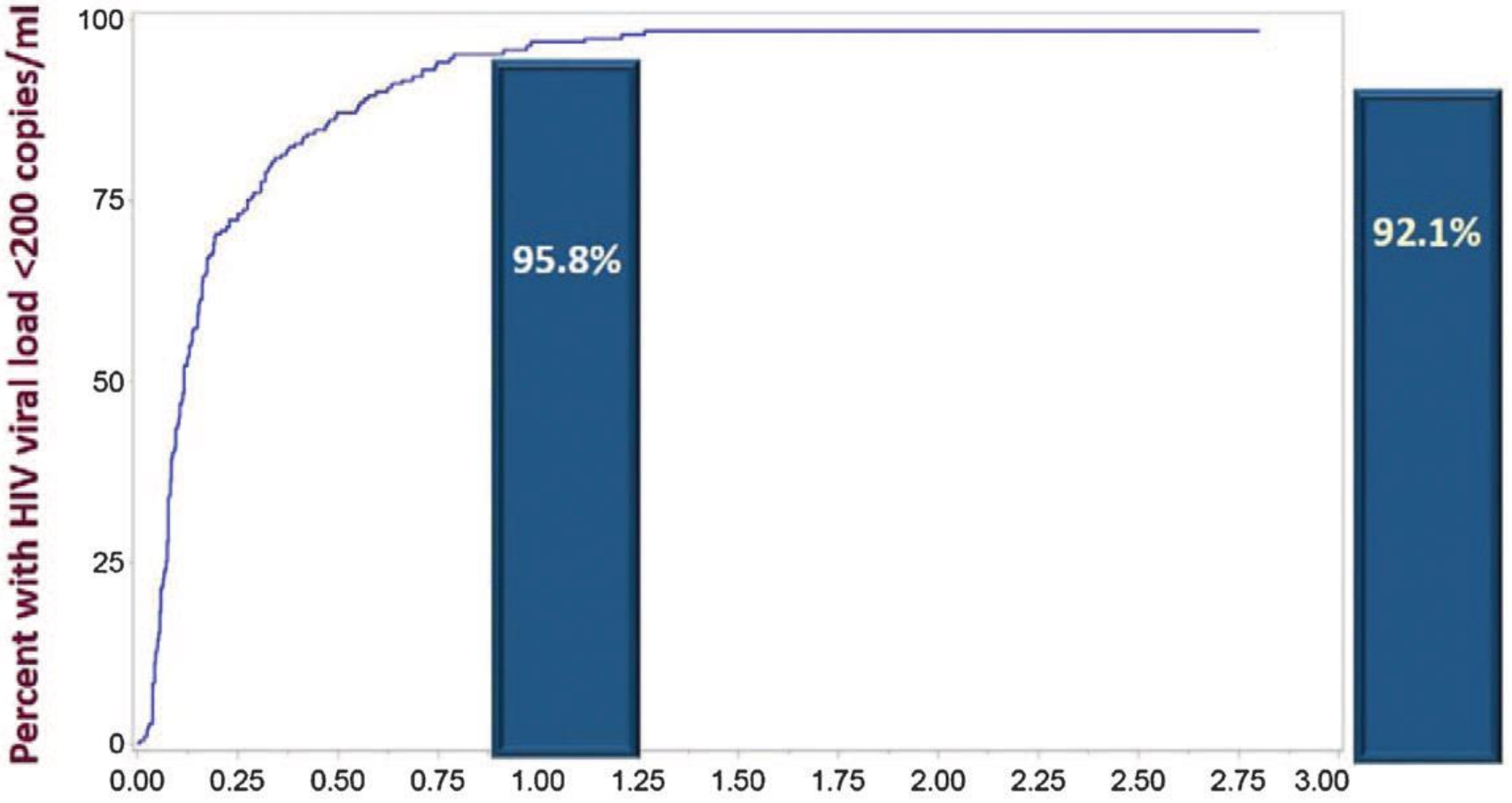
1 Includes persons whose addresses at diagnosis were unknown.

Disparities appear to be lessening in:

- Race/ethnicity
- Transmission category
- Housing status

San Francisco HIV Epidemiology Annual Report 2019

Time from ART start to viral suppression
Ward 86, ZSFGH, 2013-2017



Ever achieving VL <200 copies/ml 1 year after ART start

VL<200 copies/ml at last VL recorded

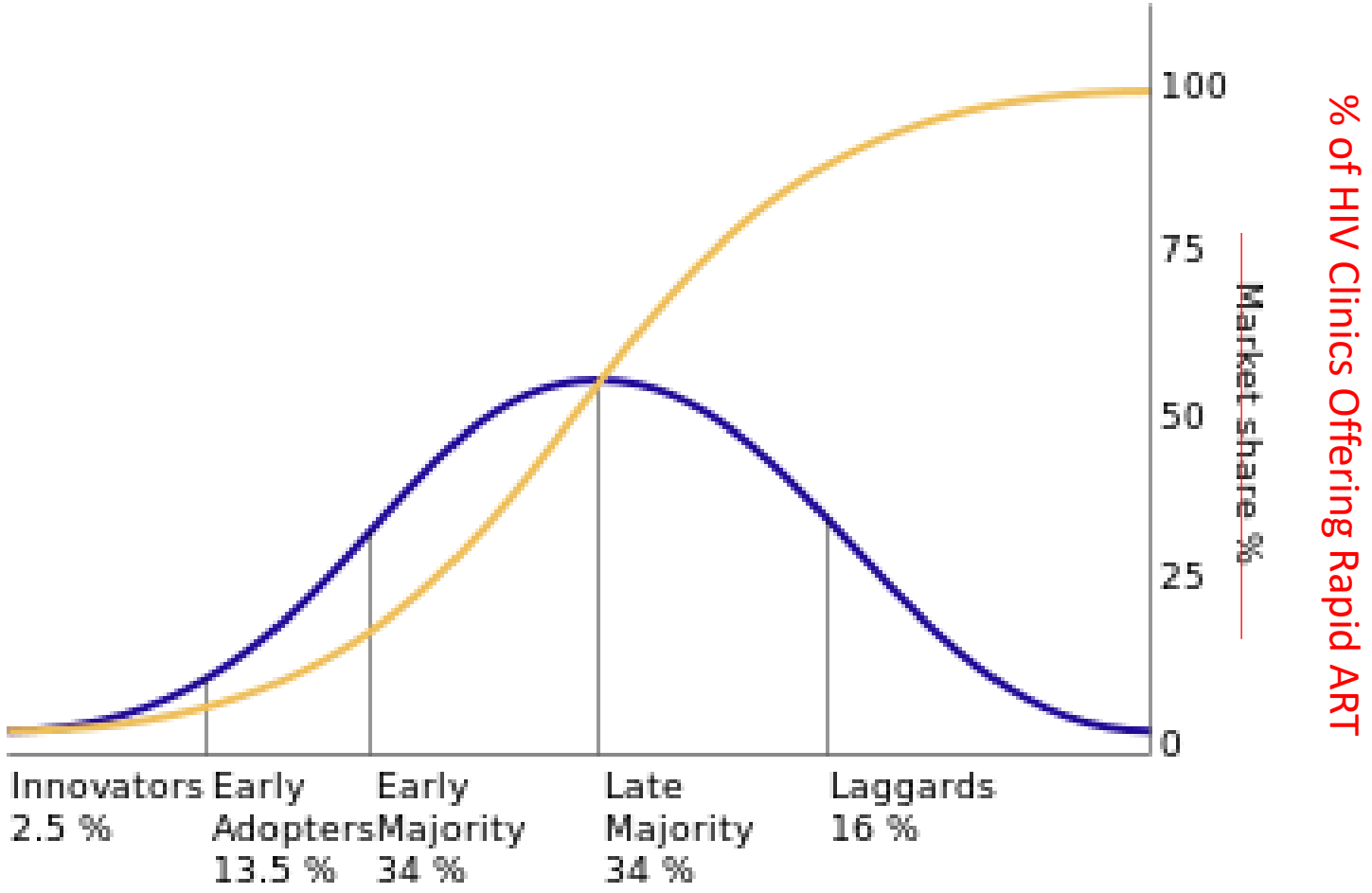
Patient characteristics

- 51% major substance use disorder
- 48% major mental health disorder
- 31% homeless

Coffey et al, AIDS 2019; 33:825-32

Citywide Rapid: Implementation and Diffusion

Rogers Everett - Based on Rogers, E. (1962) Diffusion of innovations. Free Press, London, NY, USA



Pushing the RAPID start curve

- Enlist local champions, opinion leaders early: Ward 86, Kaiser, DPH
- Outreach/dissemination: every way possible
  - Community level: public meetings (GTZ-SF Consortium quarterly mtgs)
  - Institutional level: Grand Rounds at HCOs
  - Provider Level: public health/academic “detailing” programs; peer-to-peer conversations
- Collaboration/collective effort: enlist allies
  - Public health
  - Academic and Community Medicine
  - Testing organizations
  - CBOs (HIV service organizations, advocacy groups)
  - Local press

Common objections to RAPID during implementation

Challenge	Response
Patient readiness, need for preparation (often voiced by individual providers)	• Qualitative studies of patient, provider experience argue against this • Making vulnerable populations wait to start ART only widens disparities • RAPID is not mandatory
The practice transformation needed for RAPID is difficult (often voiced by larger clinics/HCOs)	• Easier than it seems • Start slow • RAPID Champion is crucial to success
Systems barriers (finding a culturally appropriate clinic, insurance obstacles……)	• Yes. They are real. • Starter packs can bridge some delays • Linkage/benefits navigators ESSENTIAL • Tools: RAPID Provider Guide

(Re) Engagement in Care

GETTING TO ZERO SAN FRANCISCO
www.GettingToZeroSF.org

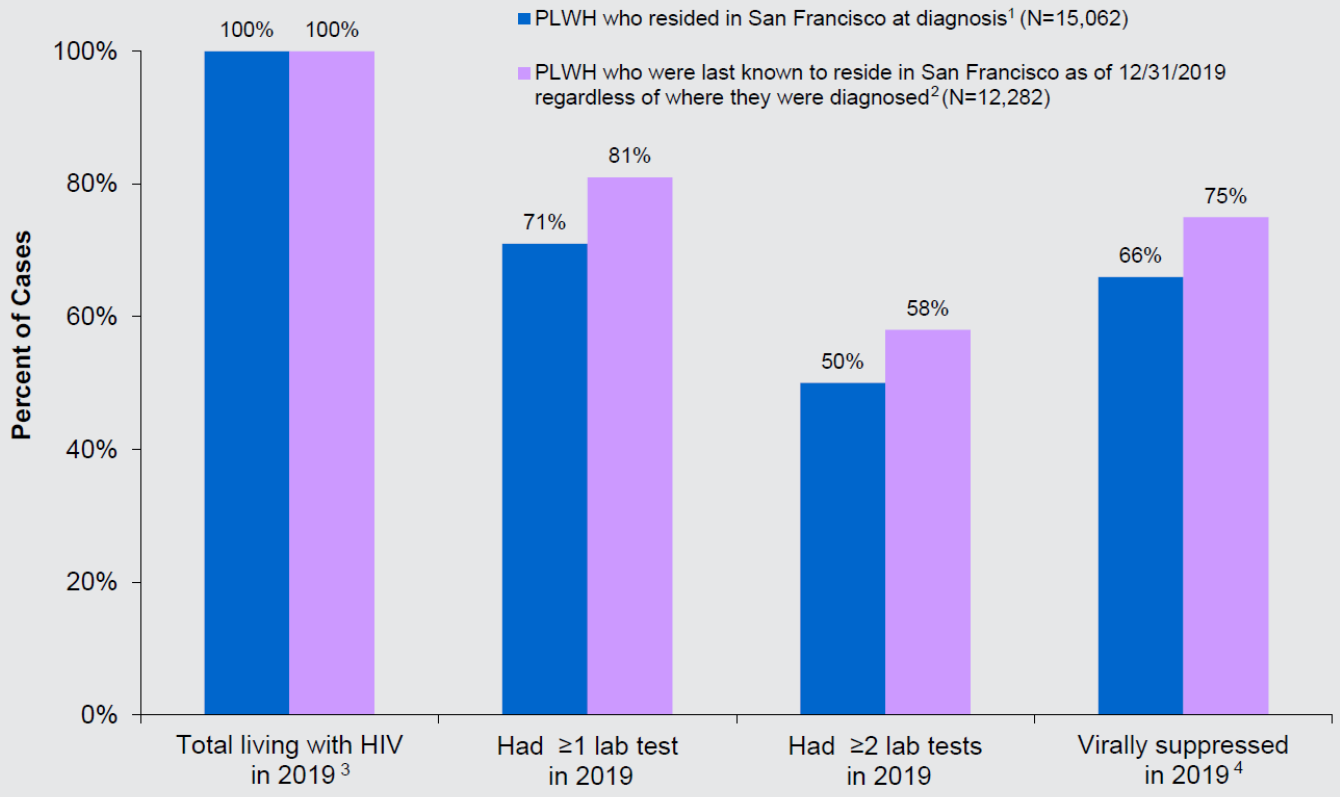
Retention and Re-engagement:
The toughest steps in the care continuum

- Expand “LINCS”: Linkage, Integration, Navigation, and Comprehensive Services for PLWH not in care
- Embedded retention specialists at clinics with most vulnerable populations
- Scale-up of intensive case management
- Food security
- Employment services
- Front-line organizing group
- Cell phone charging stations
- Need to address housing, mental health/substance use treatment

GETTING TO ZERO SAN FRANCISCO
www.GettingToZeroSF.org

Care cascade among PLWH in SF 2019

Figure 3.2 Continuum of HIV care among persons living with HIV, 2019, San Francisco

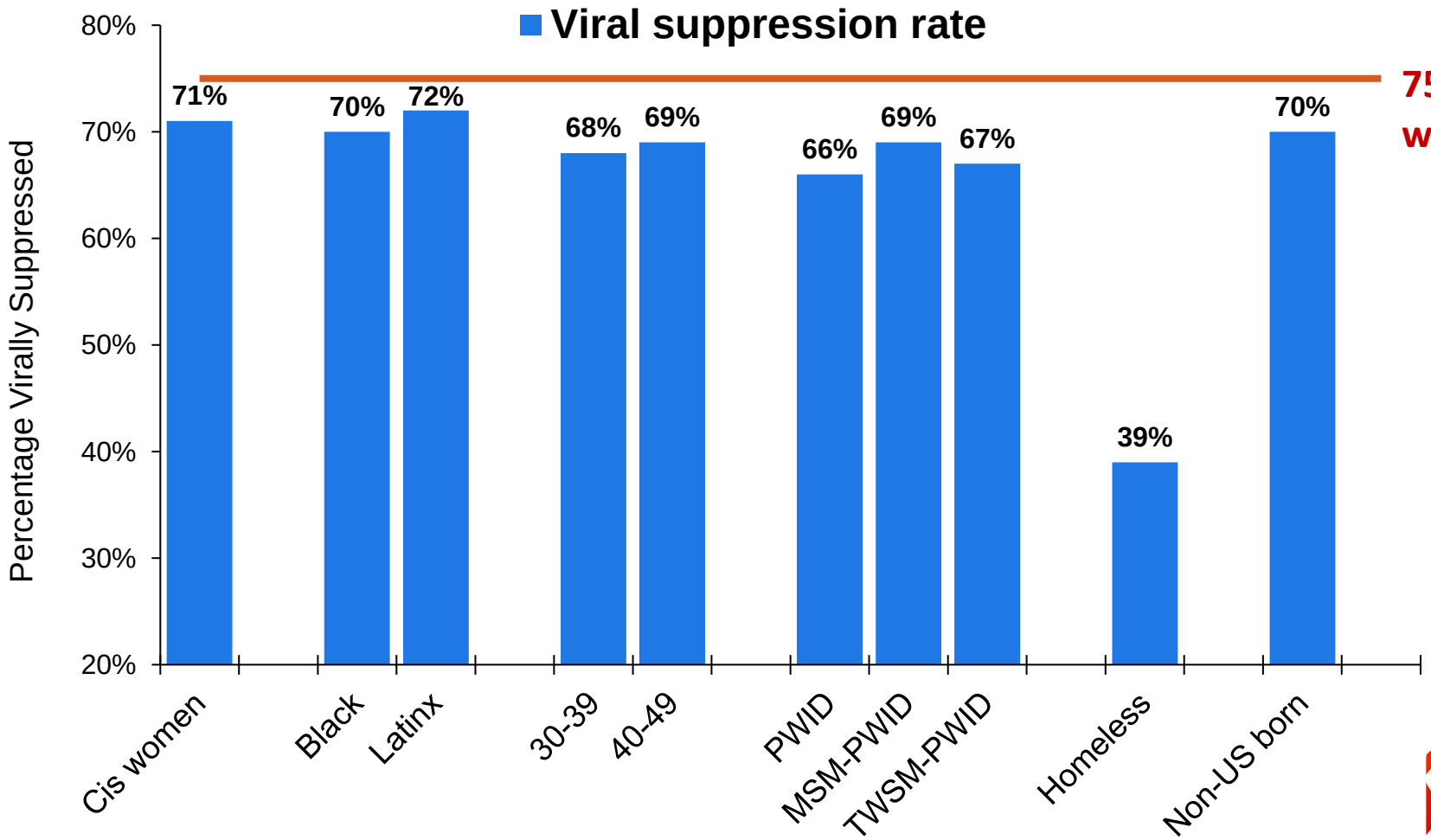


1 Excludes persons who were non-San Francisco residents at time of HIV diagnosis but San Francisco residents at HIV stage 3 (AIDS) diagnosis.
2 See Technical Notes "Residence and Receipt of Care for PLWH."
3 Includes persons living with HIV at the end of 2019 (≥ 13 years old) and diagnosed by the end of 2018.
4 Defined as the latest viral load in 2019 <200 copies/mL.

- Only 6% unaware of diagnosis
- Of people diagnosed in SF, known to be residing in SF:
  - 81% had at least 1 lab test
  - 58% had 2 or more lab tests
  - 75% were virally suppressed on their last HIV test
- Compare with US data (2018): **56%** virally suppressed

San Francisco HIV Epidemiology Annual Report 2019

Disparities in viral suppression, 2019



75% of known PLWH were virally suppressed

San Francisco HIV Epidemiology Annual Report 2019

GETTING TO ZERO SAN FRANCISCO
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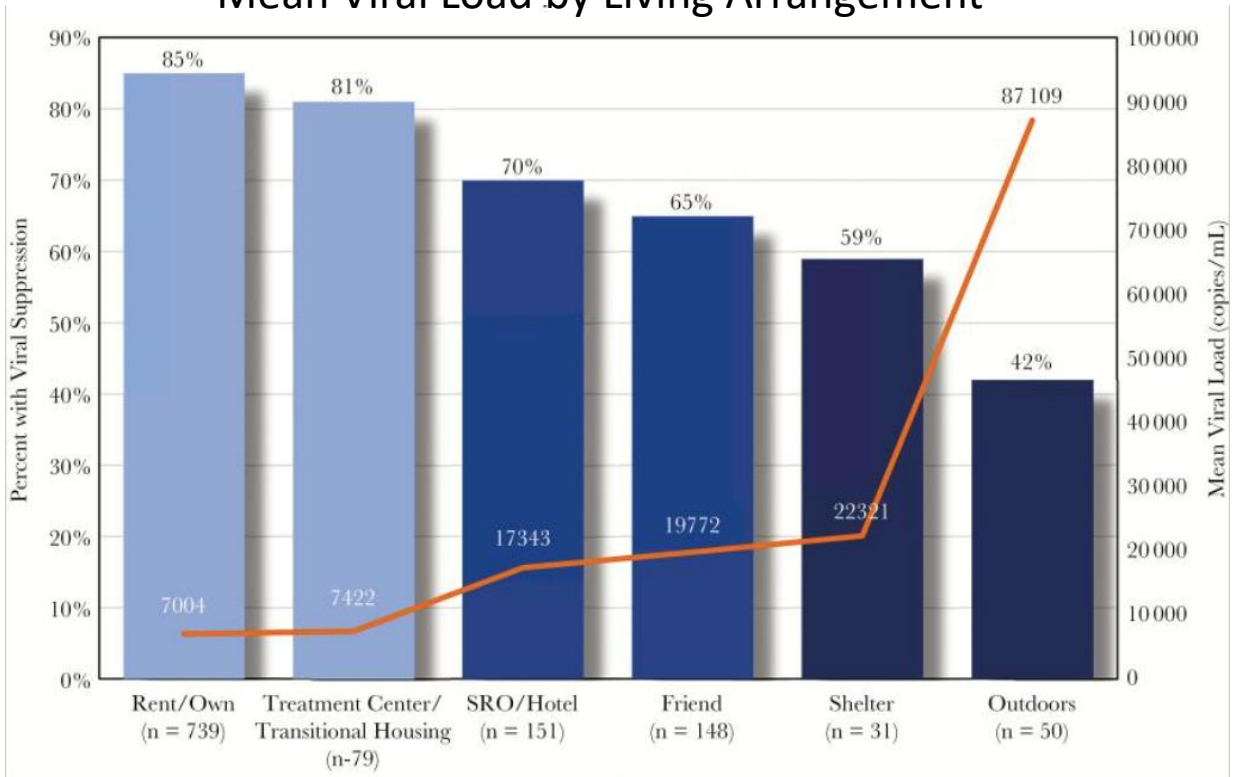
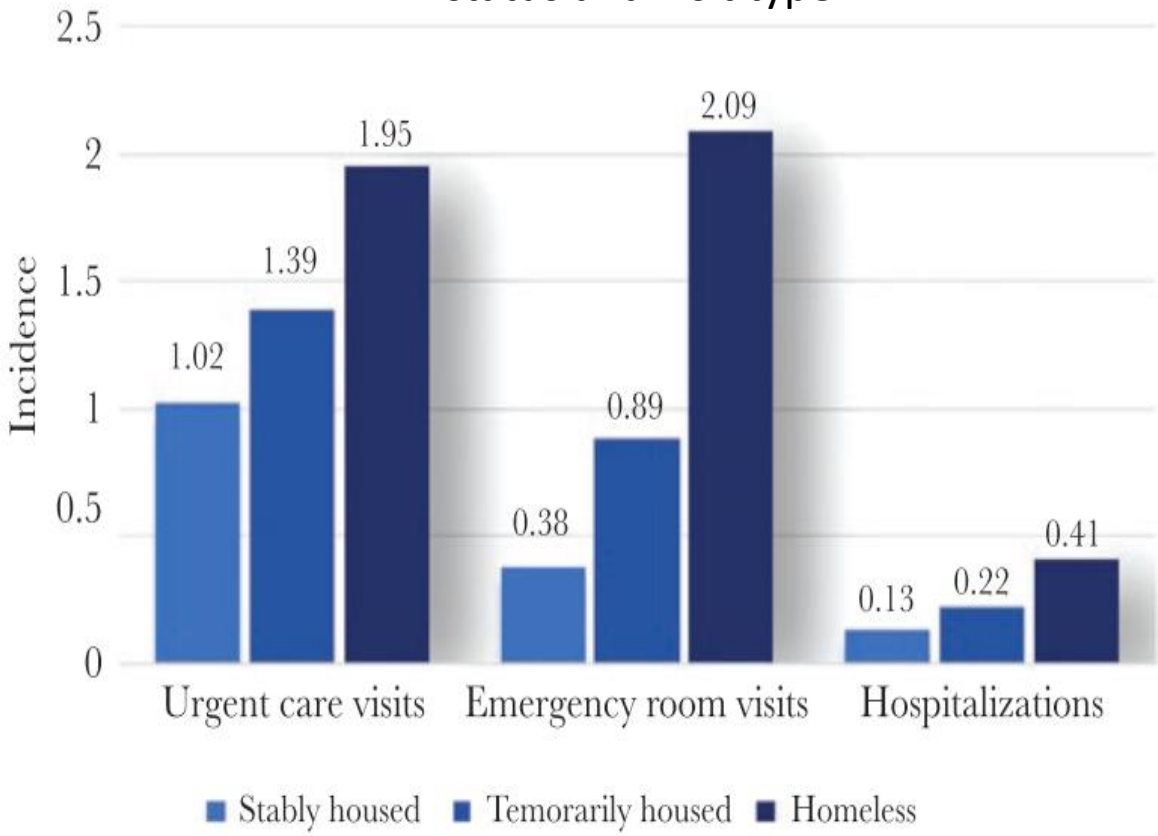
With increasing housing instability, decrease in viral suppression and increase in acute care utilization

Percent of Patients with Viral Suppression and Mean Viral Load by Living Arrangement



aOR (95% CI)	Reference	0.97 (0.52–1.81)	0.49 (0.32–0.73)	0.38 (0.25-0.57)	0.27 (0.13-0.60)	0.16 (0.09-0.30)

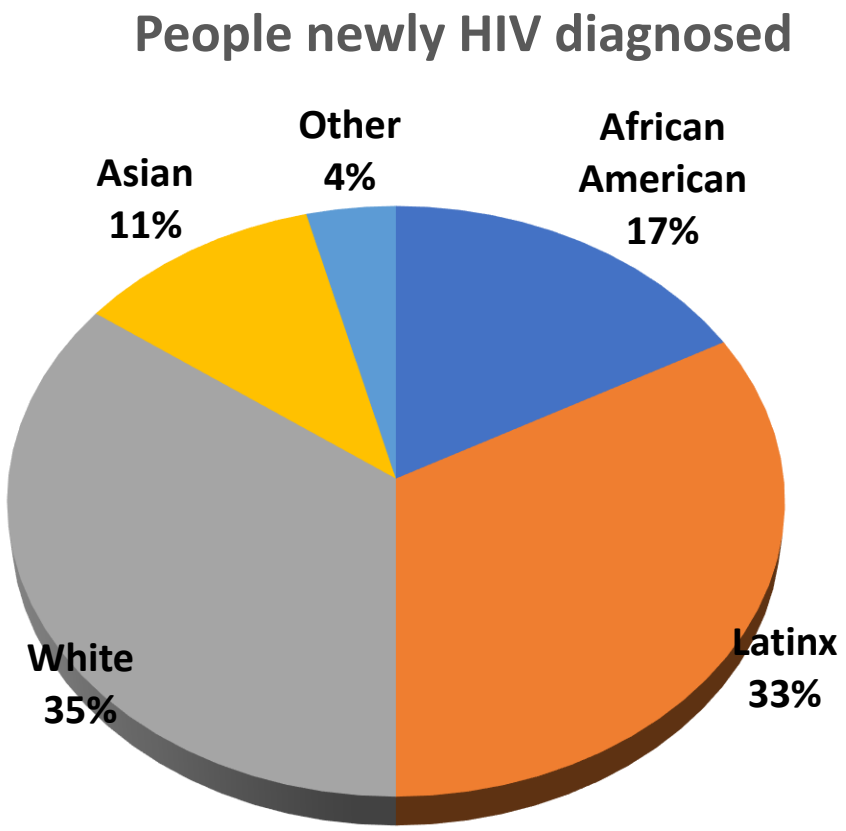
Rates for acute care visits by housing status and visit type

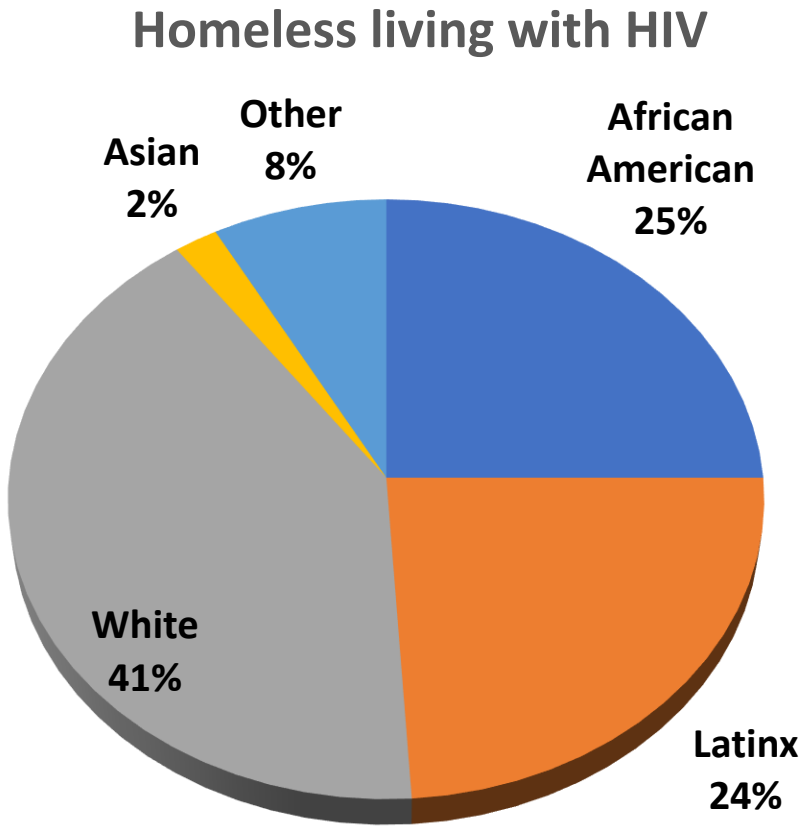


GETTING TO ZERO SAN FRANCISCO
www.GettingToZeroSF.org

Clemenzi-Allen AA et al. OFID 2018; Clemenzi-Allen AA et al. OFID 2019.

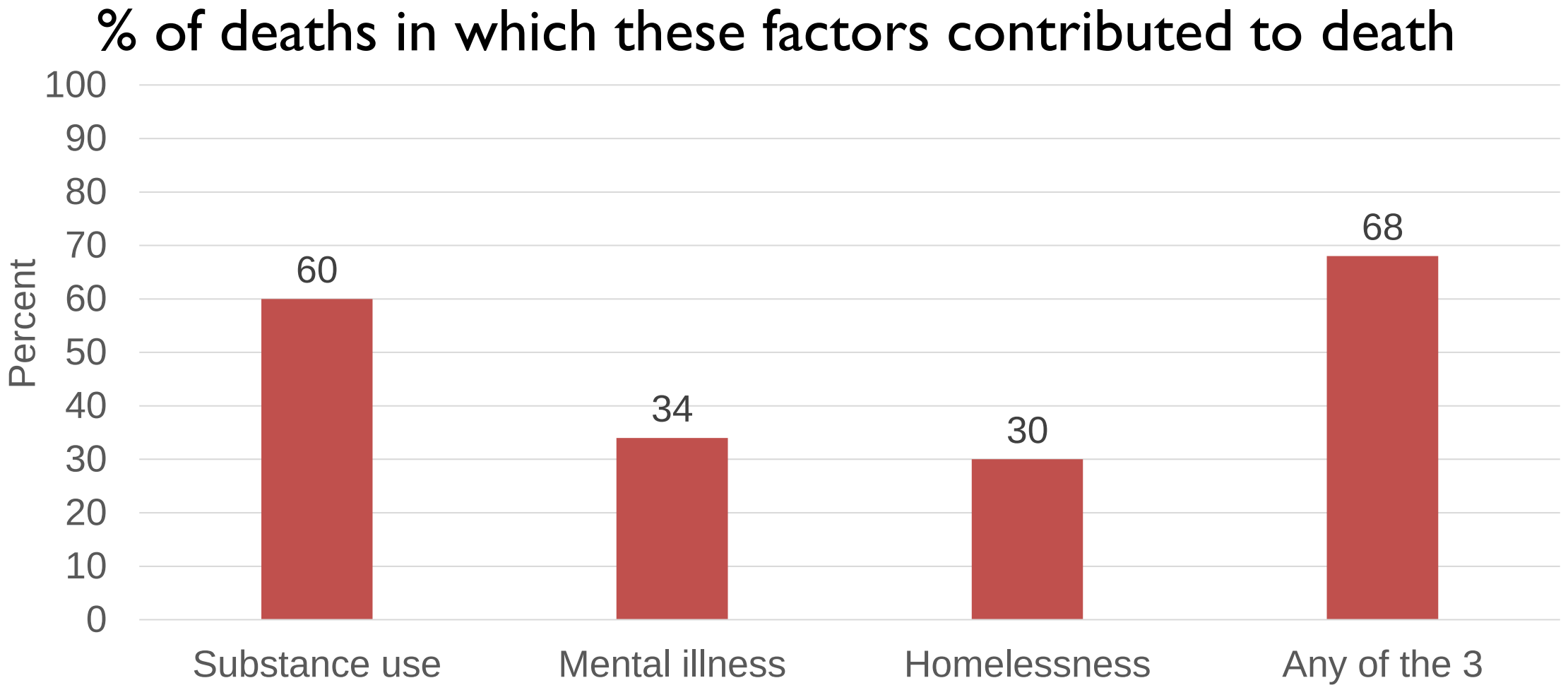
In 2019, African-Americans made up 5.6% of the SF population, 17% of newly diagnosed, and 25% of PEH w/ HIV





SF HIV Epidemiology Annual Report 2019

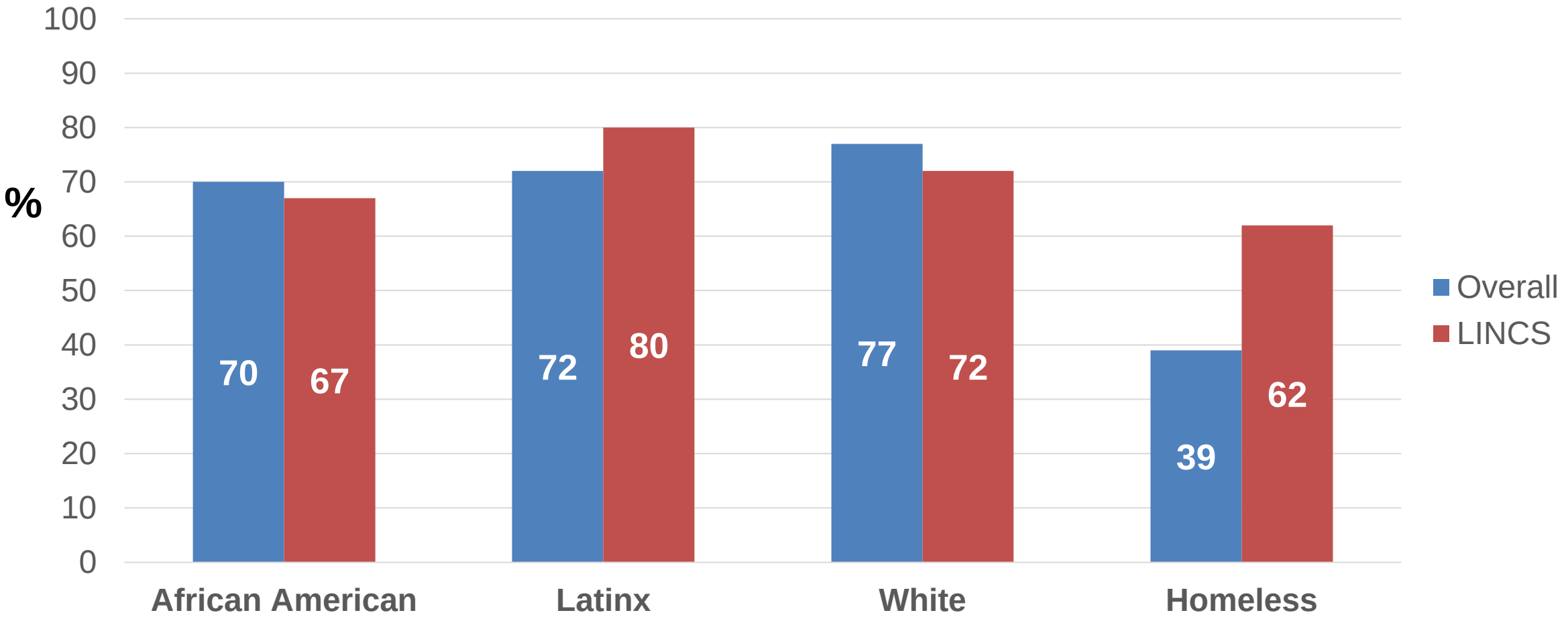
Contribution to deaths among people with HIV



Spinelli, AIDS 2019;33:1789-1794

Proportion virally suppressed, 2019

Overall vs. LINCS

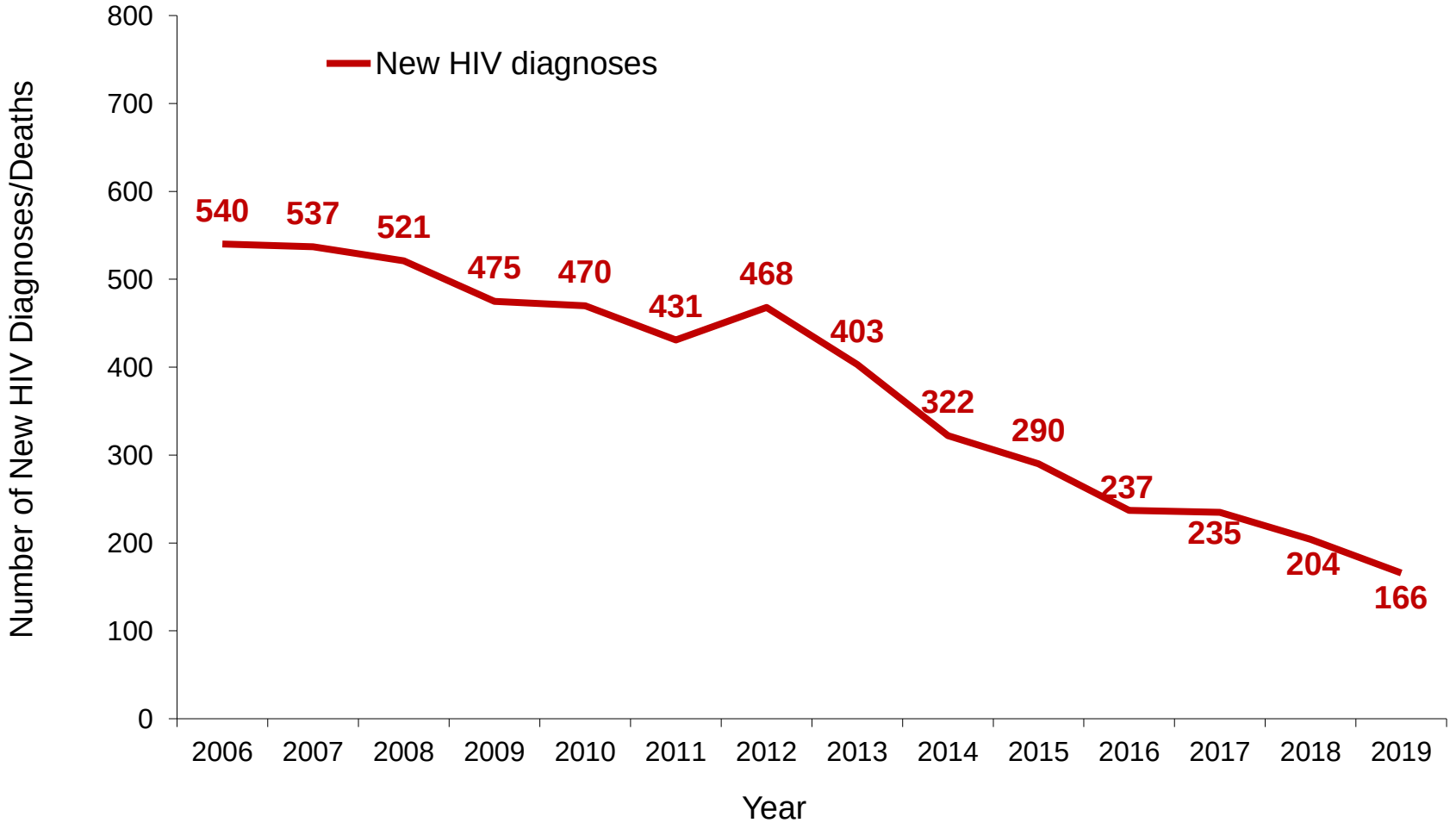


SF HIV Epidemiology Annual Report 2020

Getting to Zero:
Not Without Housing

- Formed a homelessness task force in 2018
- GTZ Call to Action Spring 2018
  - Influence city housing program to include medical vulnerability in prioritization
- Proposition C/Our City Our Home Coalition
  - Tax city's wealthiest companies to provide homeless resources
- Clinical innovation: Ward 86 Pop Up Clinic
  - Wrap-around drop-in services for people unstably housed
- OPT-IN: Citywide efforts to deliver integrated HIV/STI/HCV services to people who are unstably housed

New HIV diagnoses, 2006-2019



- **US**, after no decline for many years, reported **8%** decline in new dx'es from 2015-2019
- **SF**, **59%** decline from 2013-2019, and **43%** decline from 2015-2019

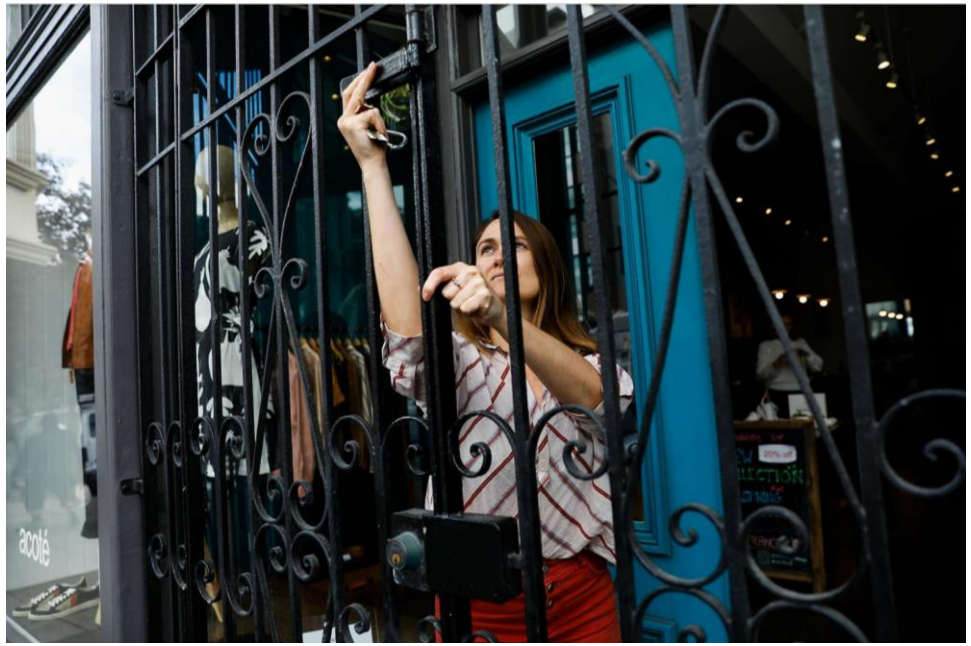
San Francisco Chronicle

BAY AREA

Bay Briefing: Bay Area, stay home

Taylor Kate Brown

March 16, 2020 | Updated: Ma



Good morning, Bay Area. It's Tuesday, March 17, and the Bay Area is now in the strictest coronavirus measure in the U.S. — and we're answering your questions. Here's what you need to know to start your day.

Stay home

Six Bay Area counties announced a "shelter in place" order for all residents on Monday — the strictest measure of its kind yet in the country — directing everyone to stay inside their homes and away from others as much as possible for the next three weeks as public health officials desperately try to curb the rapid spread of the coronavirus across the region.

The directive begins at 12:01 a.m. Tuesday and involves San Francisco, Santa Clara, San Mateo, Marin, Contra Costa and Alameda counties — a combined population of more than 6.7 million. It is to stay in place until at least April 7.

SF Chronicle, March 17,2020

HIV testing declined in both medical facilities and community testing sites: San Francisco

Figure S.1 HIV screening tests at select medical facilities during January 2020 to Marc 2021 compared to 2019, San Francisco

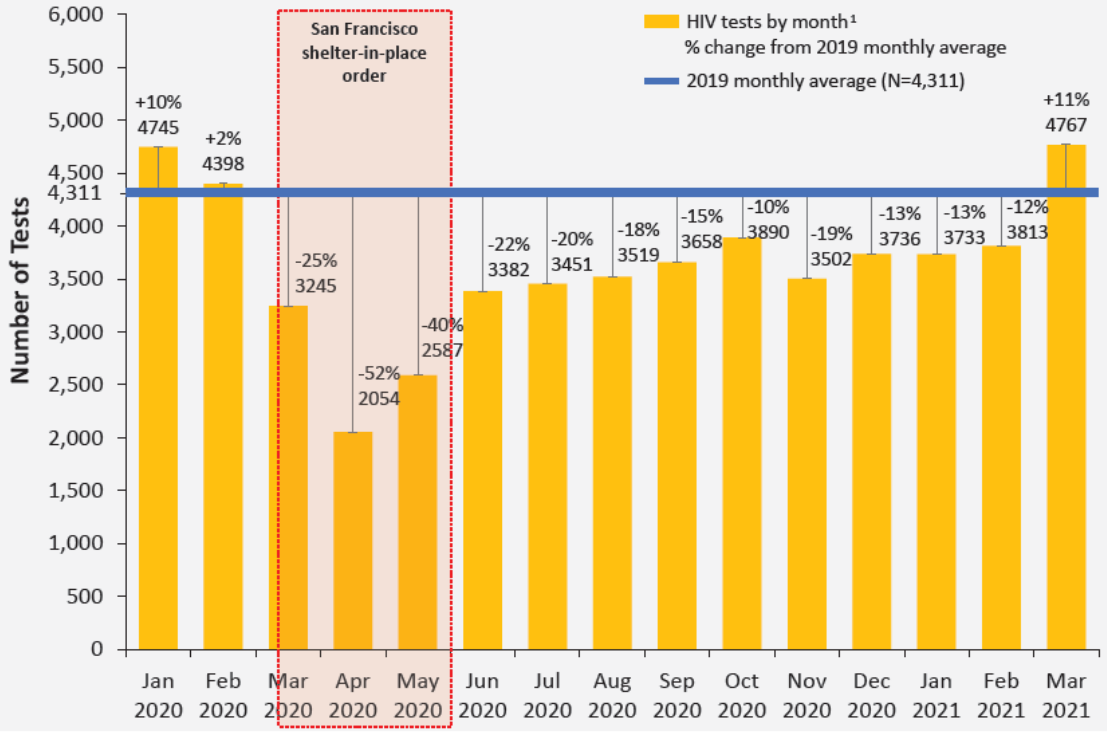
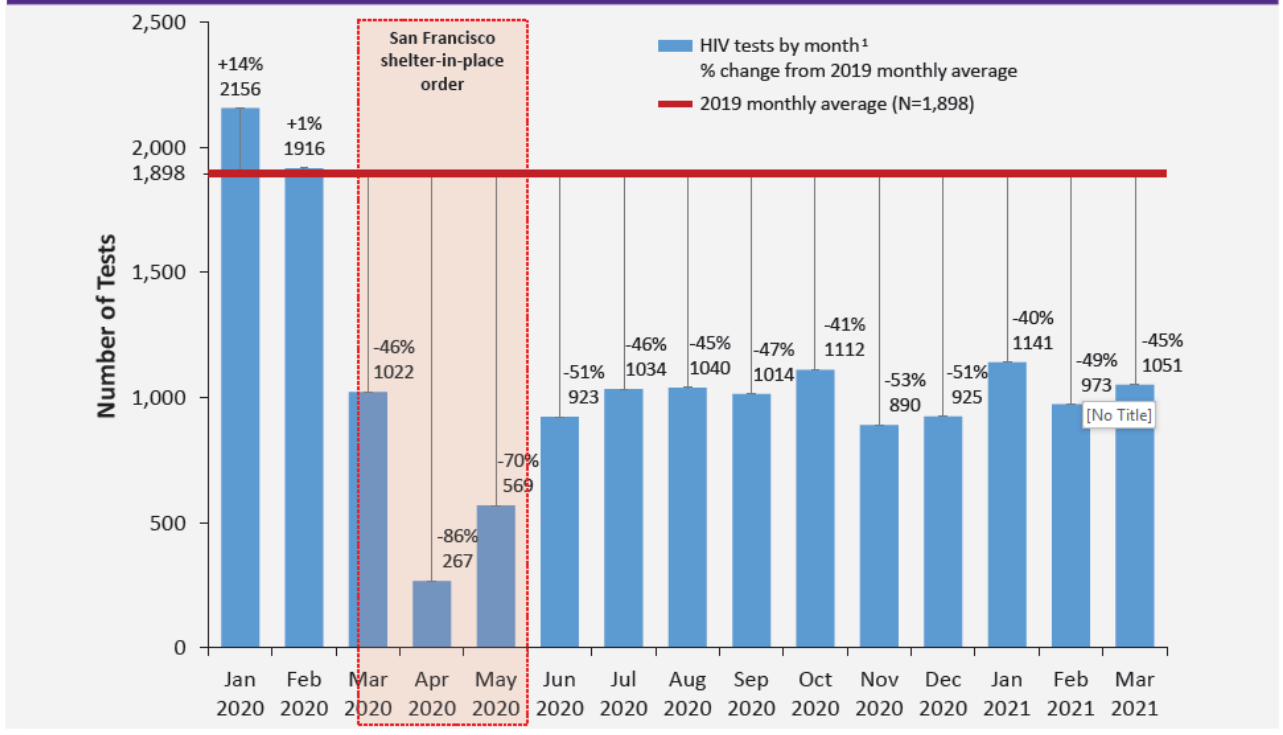
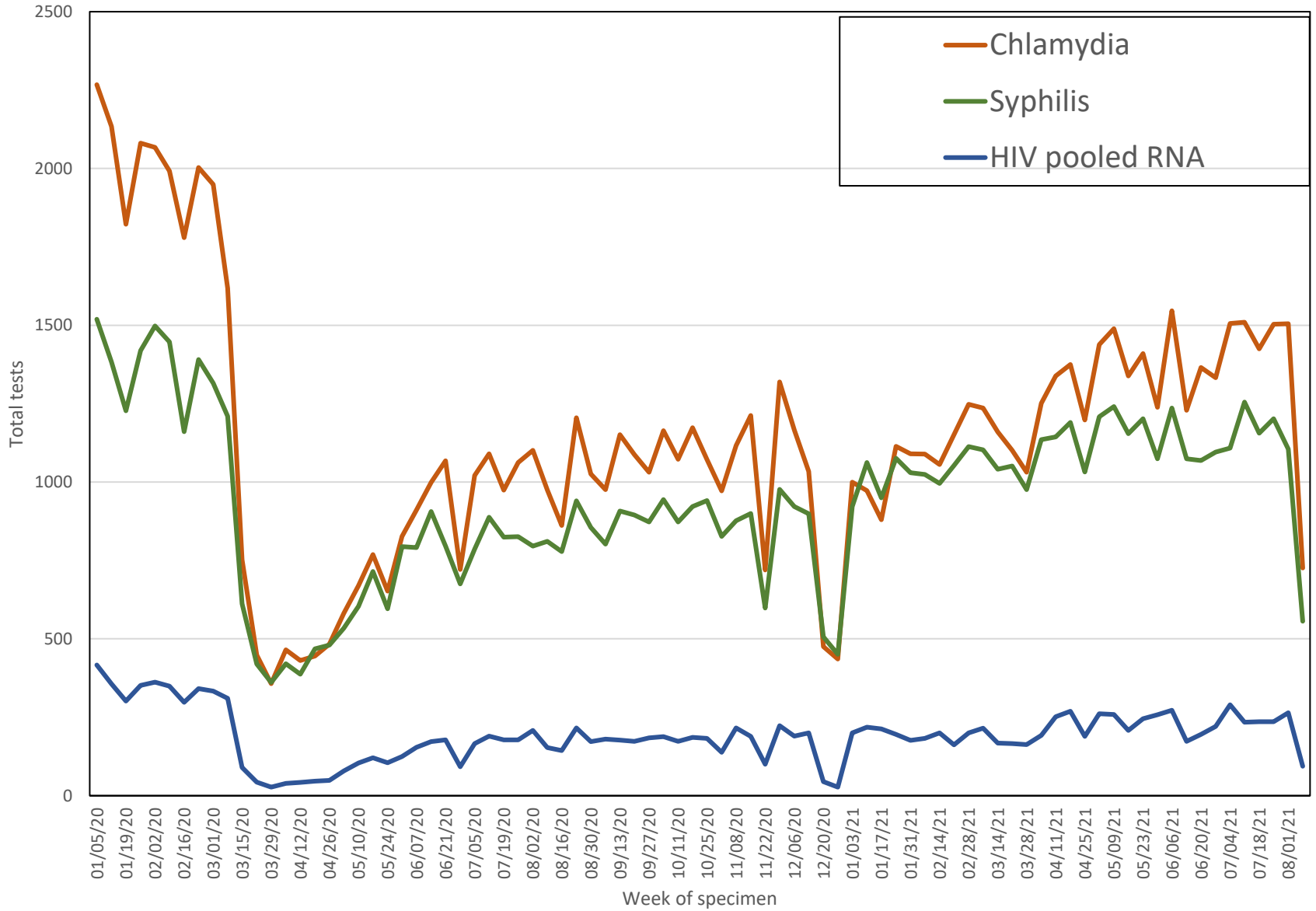


Figure S.2 HIV screening tests at community sites during January 2020 to March 2021 compared to 2019, San Francisco

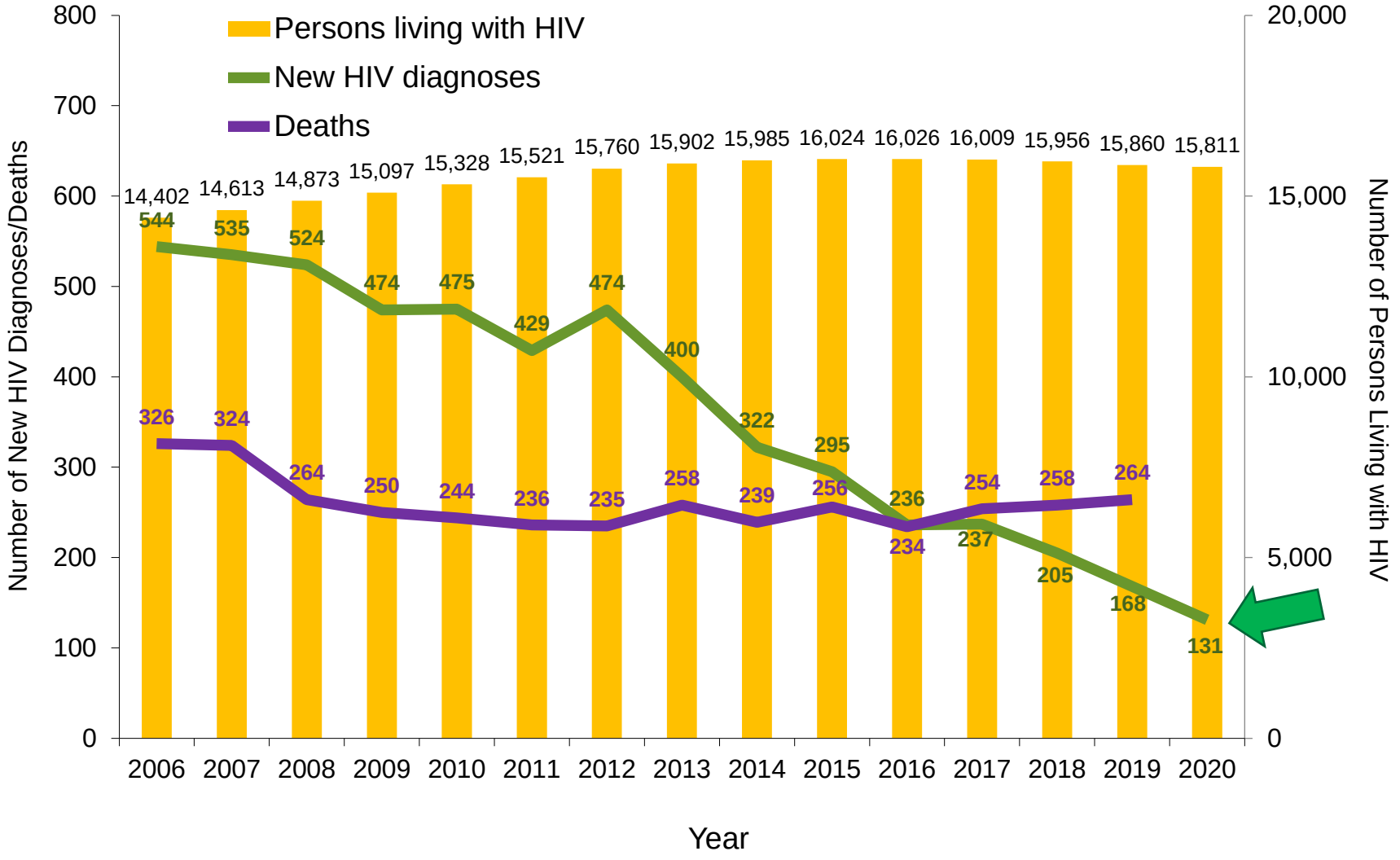


Declines in HIV, CT, and syphilis testing: San Francisco Municipal STD clinic (Jan 2020-Aug 2021)



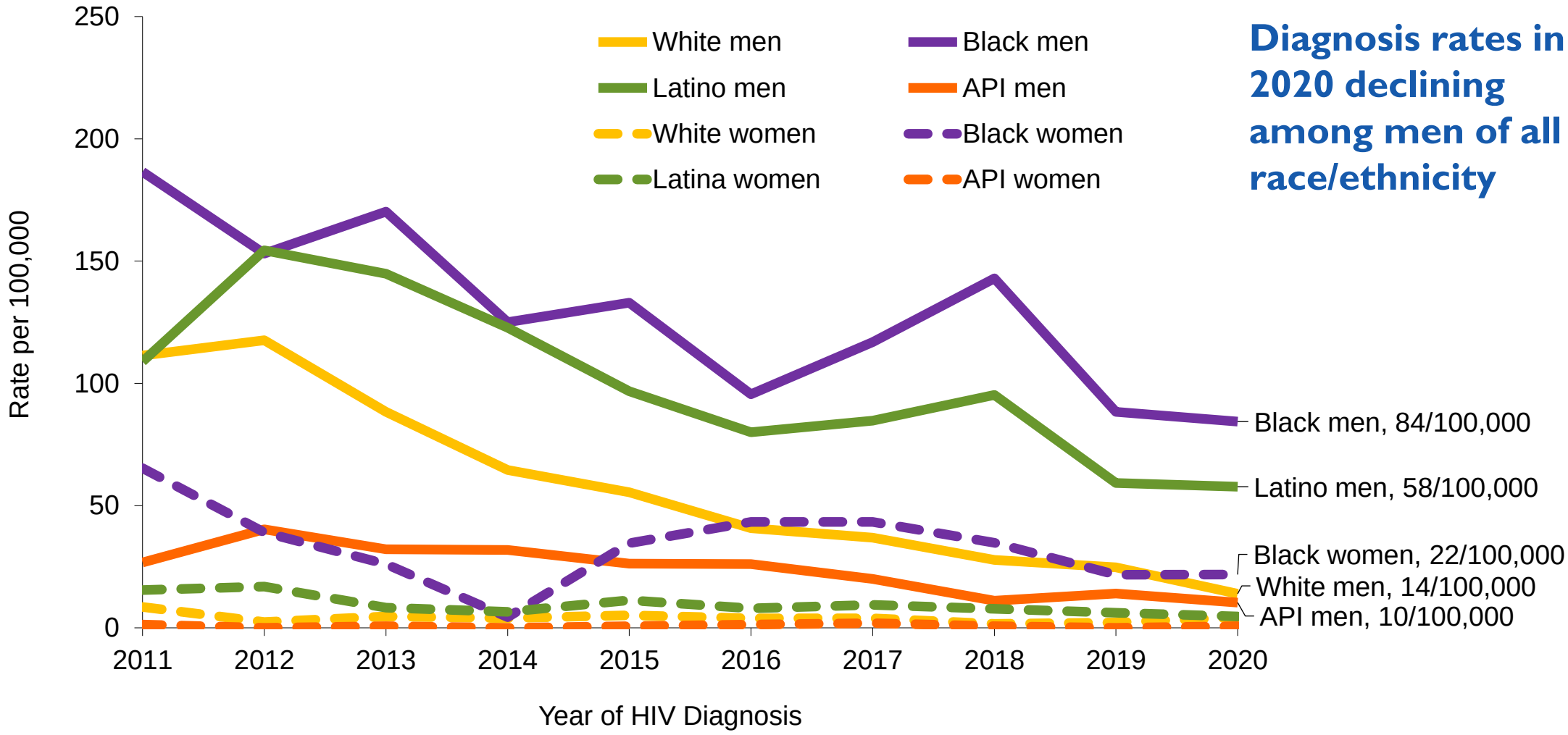
Slide from S Cohen, SF City Clinic

HIV Diagnoses, Deaths, and Prevalence, 2006-2020



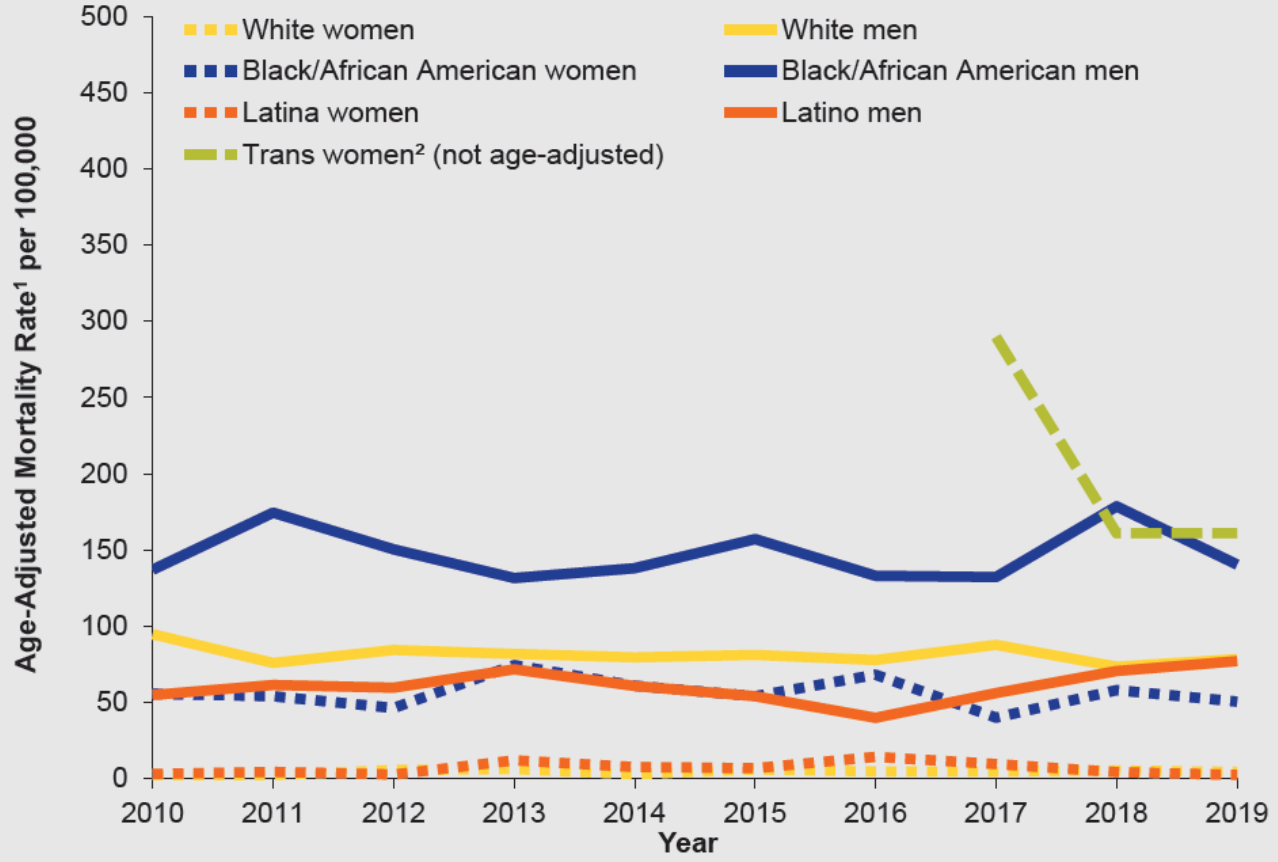
- Continuing decline in new diagnoses
  - 2019-2020: -22%
    2018-2019: -18%
    2017-2018: -14%
- Deaths remained relatively stable
  - HIV-related causes continued to decline
  - 48% in 2008-2011
  - 31% in 2016-2019
- Nearly 16,000 SF residents at diagnosis living with HIV
  - 70% ≥ 50 years

Annual rates of HIV diagnosis by gender and race/ethnicity



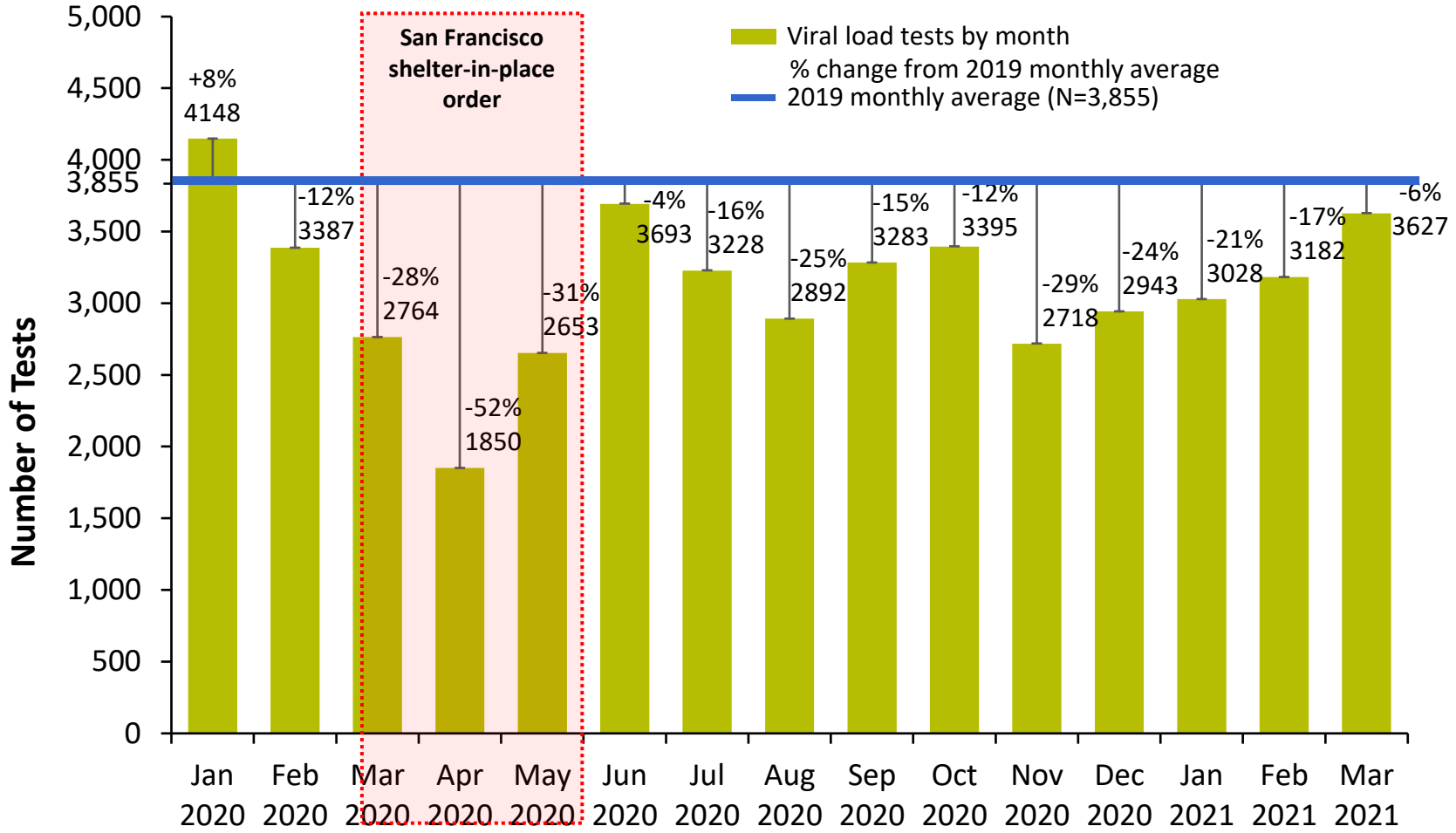
Age-adjusted mortality rates in PLWH reveal disparities by race/ethnicity and gender

Figure 5.1 Age-adjusted mortality rates among persons aged 18 and older with HIV per 100,000 by gender and race/ethnicity, 2010-2019, San Francisco



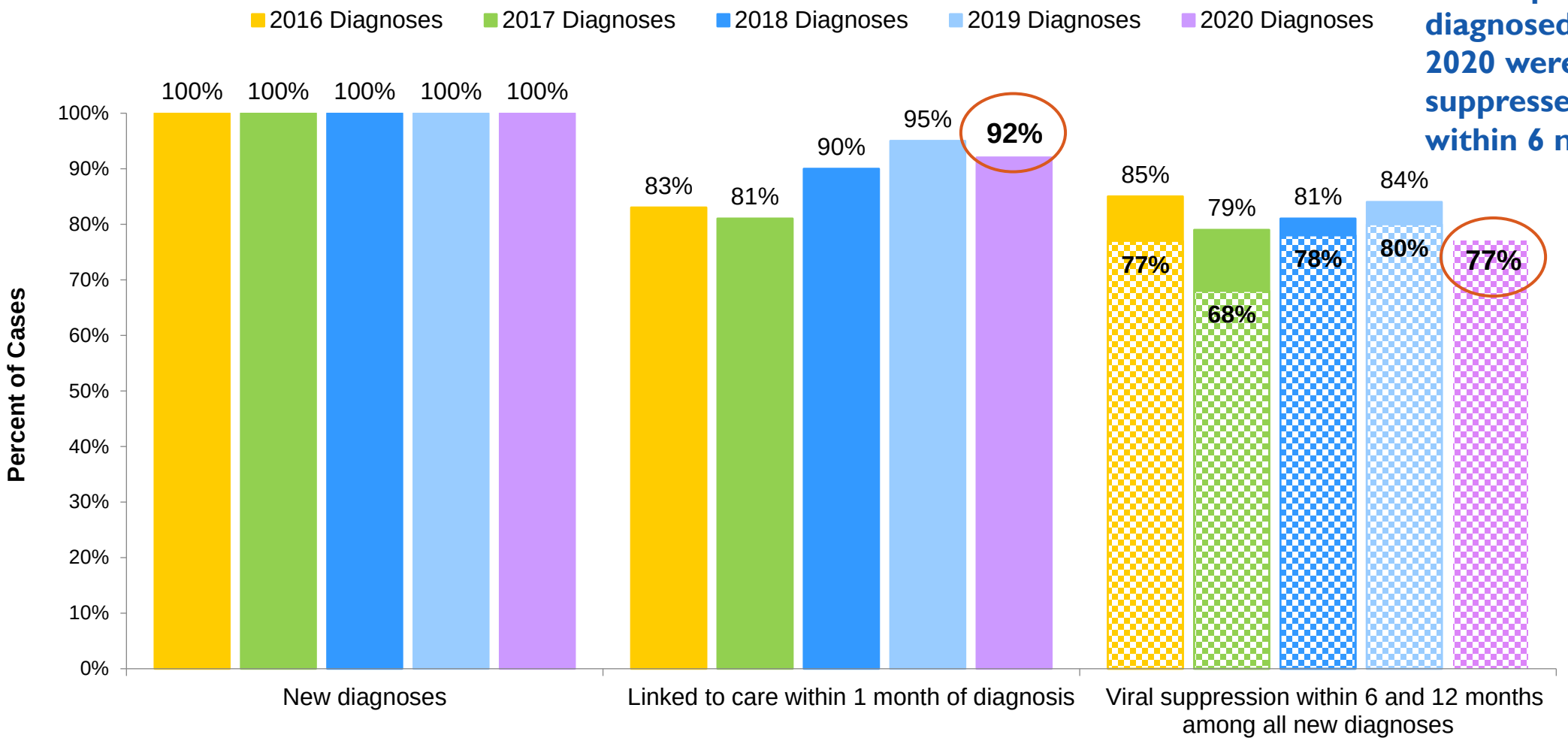
- Relatively level over time
- Death rates among PLWH highest in Black/African American men and transgender women
- Latino men and White men have comparable mortality rates
- Black/African American women have higher mortality than Latina or White women

HIV viral load tests among persons living with HIV January 2020-March 2021 compared to 2019



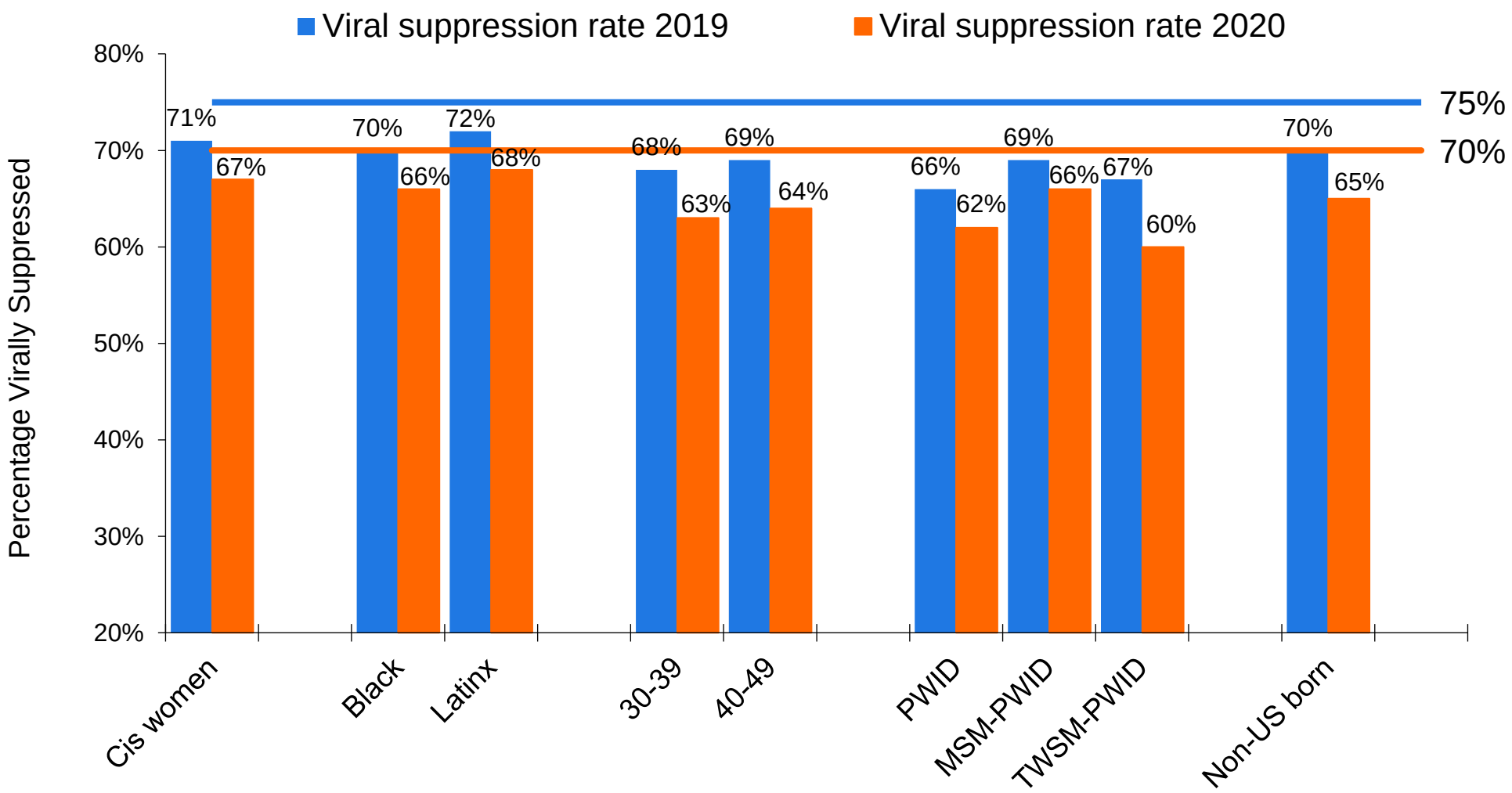
Timely linkage to care and viral suppression after diagnosis

77% of persons diagnosed Jan-Jun 2020 were virally suppressed within 6 months



* Receipt of care is measured by having an HIV-related lab test (CD4, viral load, genotype) therefore is underestimated for 2020.

Disparities in Viral Suppression



Disparities in care outcomes by housing status

Care indicators	Homeless		Non Homeless	
	2019	2020	2019	2020
Linked to care within 1 month of diagnosis	95%	88%	95%	93%
Virally suppressed within 12 months of diagnosis	68%	--	88%	--
Receipt of care among persons living with HIV (PLWH)	56%	33%	82%	77%
Viral suppression among all PLWH	39%	20%	76%	71%
Viral suppression among PLWH who received care	71%	61%	93%	92%

* Receipt of care is measured by having an HIV-related lab test (CD4, viral load, genotype) therefore is underestimated for 2020.

Background and rationale for new structure

- Getting to zero has catalyzed progress in reducing HIV infections and improving lives of those with HIV, but we have not yet reached our target goals
- New challenges (e.g. COVID) and opportunities (e.g. long-acting agents) have emerged.
- Our member organizations and community groups have evolved over the last 5 years
- We need to:
  - Pivot to a structure that responds to current landscape, incorporates a diverse leadership and members that includes both community and technical representation
  - Engage with community organizations in a way that makes sense to them
  - Optimize approaches for communication
  - Center on racial equity and justice

GTZ-SF Committees & Leadership, 2021-2025

PrEP+ PEP
Leads: Al Liu + Nikole Trainor


RAPID 2.0
Leads: Susa Coffey + Miguel Ibarra


People Experiencing Homelessness
Leads: Liz Imbert + Nicky Mehtani


Aging MSM Living with HIV and Private Sector Engagement
Leads: Brad Hare + Ramon Matos


GTZ-SF Areas of Advocacy

HIV & COVID
Leads: Brad Hare + Janessa Broussard


Accidental Drug Overdose Prevention
Leads: Paul Harkin + Mary Lawrence Hicks


Adolescent & Young Adult
Leads: Tonya Chaffee + Adam Leonard


Mental Health
STIs
Housing

Stay Tuned

COVID-19 and HIV

Formed in Spring 2020 in response to the emerging COVID-19 pandemic

Goals:

1. Monitor the impact of COVID on HIV treatment and prevention services
2. Disseminate COVID information to the HIV impacted community
3. Identify, support and amplify best practices for service providers during COVID

COVID education

Join Us for a Town Hall

HOSTED BY GETTING TO ZERO SAN FRANCISCO & WARD 86 @ SFGH

COVID-19 & Living with HIV

Thursday, April 23, 2020
6:00-8:00 pm PST
Virtual Meeting via Zoom

This forum is an opportunity to learn how to maintain your health, hear personal testimonials, and ask questions

Brief Talks by: Dr. Monica Gandhi - UCSF/SFGH Ward 86
Andy Scheer, LCSW -SF City Clinic
Bill Hirsh, JD - AIDS Legal Referral Panel
Testimonials from Community Members
Q&A and Discussion

To RSVP & send questions, visit Eventbrite link below ~
https://sfvirtualtownhall_covid19andhiv.eventbrite.com

GETTING TO ZERO SAN FRANCISCO
www.GettingToZeroSF.org

Guidance for People Living with HIV During COVID-19 Surge
Updated September 3, 2021

COVID-19 with the Delta variant is surging across the United States, including the San Francisco Bay Area. The Delta variant is more transmissible than previous variants. It may cause more serious disease. Measures to protect yourself and stop the spread of this virus are more important than ever.

Getting to Zero SF recommends you take these precautions to keep yourself and others safe during this COVID surge:

1. **IF YOU ARE NOT VACCINATED, GET VACCINATED!**
   Vaccination remains **the most powerful tool** in the fight against COVID-19, including the Delta variant. Being fully vaccinated decreases your chances of getting infected with COVID. And if you do get infected, being vaccinated reduces your chances of having

GETTING TO ZERO SAN FRANCISCO
VIRTUAL MEETING SERIES

HIV & COVID-19 : Fact Checking & SF's Vaccination Plan

Thursday, January 28 @ 5pm

Is there new information about outcomes for People Living with HIV?
What is a vaccine? Will this vaccine prevent me from getting COVID?
Are people living with HIV prioritized for the vaccine in the tiered system?
Where can I get the vaccine? How do I pay for it?

Join us to learn more from San Francisco experts & leaders in the field of public health, HIV and vaccinology

Dr. Monica Gandhi, UCSF/SFGH Ward 86
Dr. Susan Buchbinder, Bridge HIV & SFDPH
Dr. Susan Philip, San Francisco Acting Health Officer

To register Eventbrite - https://gtzsf_hiv_covid_factcheck_sfvaccinationplan.eventbrite.com

Community engagement in the era of COVID

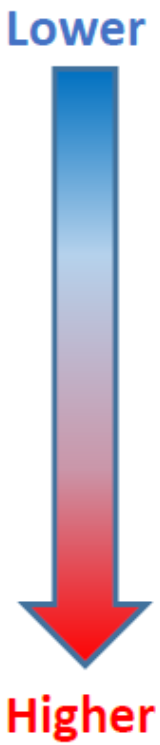
Guidance on Safer Sex and COVID-19: reducing stigma through harm reduction

San Francisco Department of Public Health

Guidance

Tip Sheet for Safer Sex During the COVID-19 Pandemic

UPDATED September 05, 2020



- Virtual sex, masturbation, sex talk, porn while alone or with someone in your household
- Sex with household members only, indoors or out
- Sex with a small, stable group of partners outdoors, or indoors with windows open and increased ventilation, touched surfaces and shared objects are wiped down
- Sex with a small stable group of partners indoors with little or no ventilation, all shared objects and shared touched surfaces are wiped down
- Sex with more people, less distance, more time indoors with small and/or poorly ventilated spaces, close sharing of breath, lips, mouth, eyes, unprotected anal play, and all objects shared without wiping down

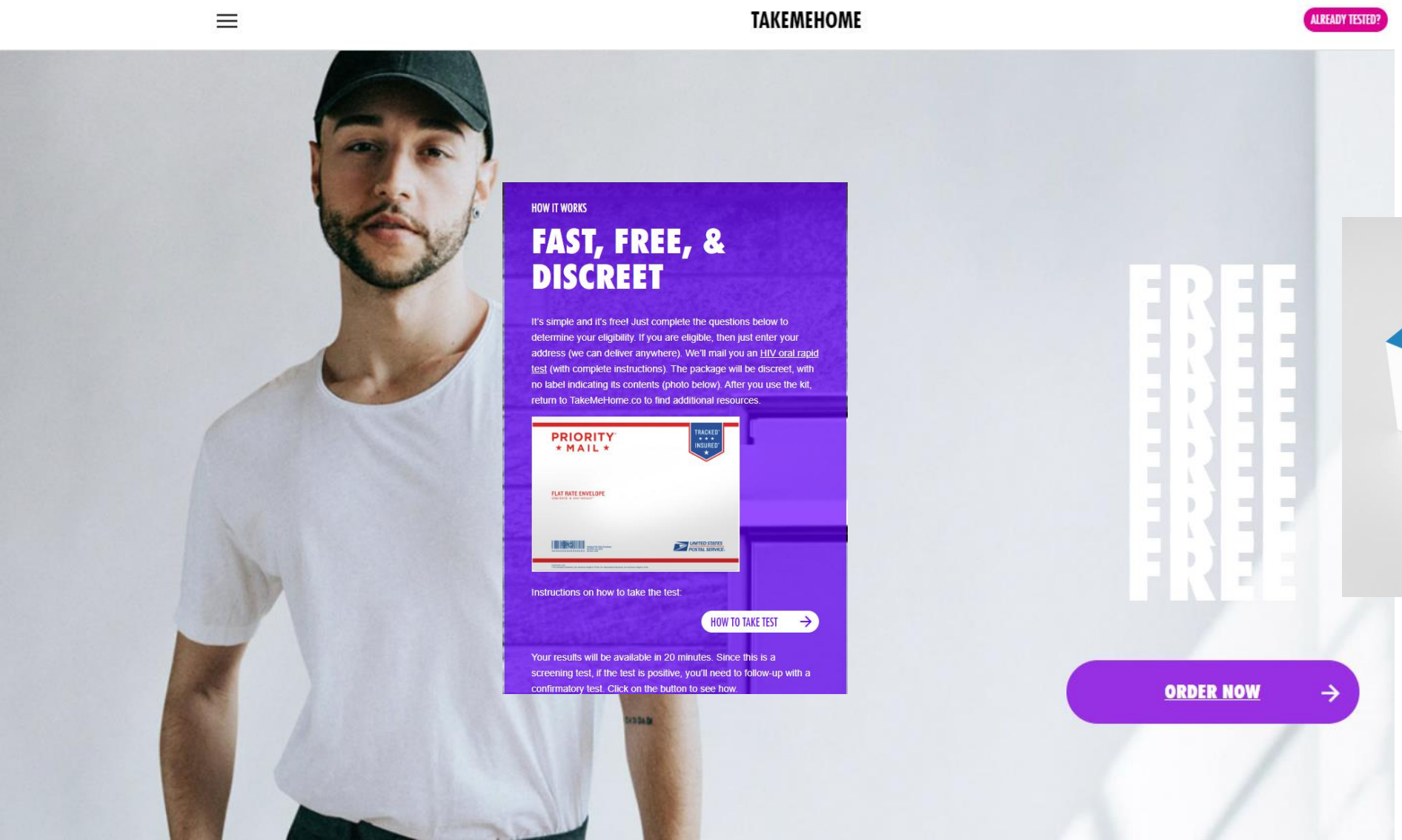
https://www.sfdph.org/dph/files/ig/Tips-Safer-Sex.pdf

Prevention and care of HIV, Hep C and STIs are ESSENTIAL SERVICES: San Francisco

- **HIV Prevention**
  - HIV testing / screening
  - Pre-Exposure Prophylaxis (PrEP) – New starts and continuation; Home HIV/STI monitoring
  - Post-Exposure Prophylaxis (PEP)
- **HIV Treatment**
  - Laboratory monitoring – Viral load
  - Medication refills and adherence support
  - Linkage and Retention in care – RAPID treatment initiation
- **Hepatitis C**
  - Screening & Treatment
- **Sexual Health / Sexually Transmitted Infections**
  - Screening (Symptomatic and Asymptomatic) &Treatment – Target highest risk groups

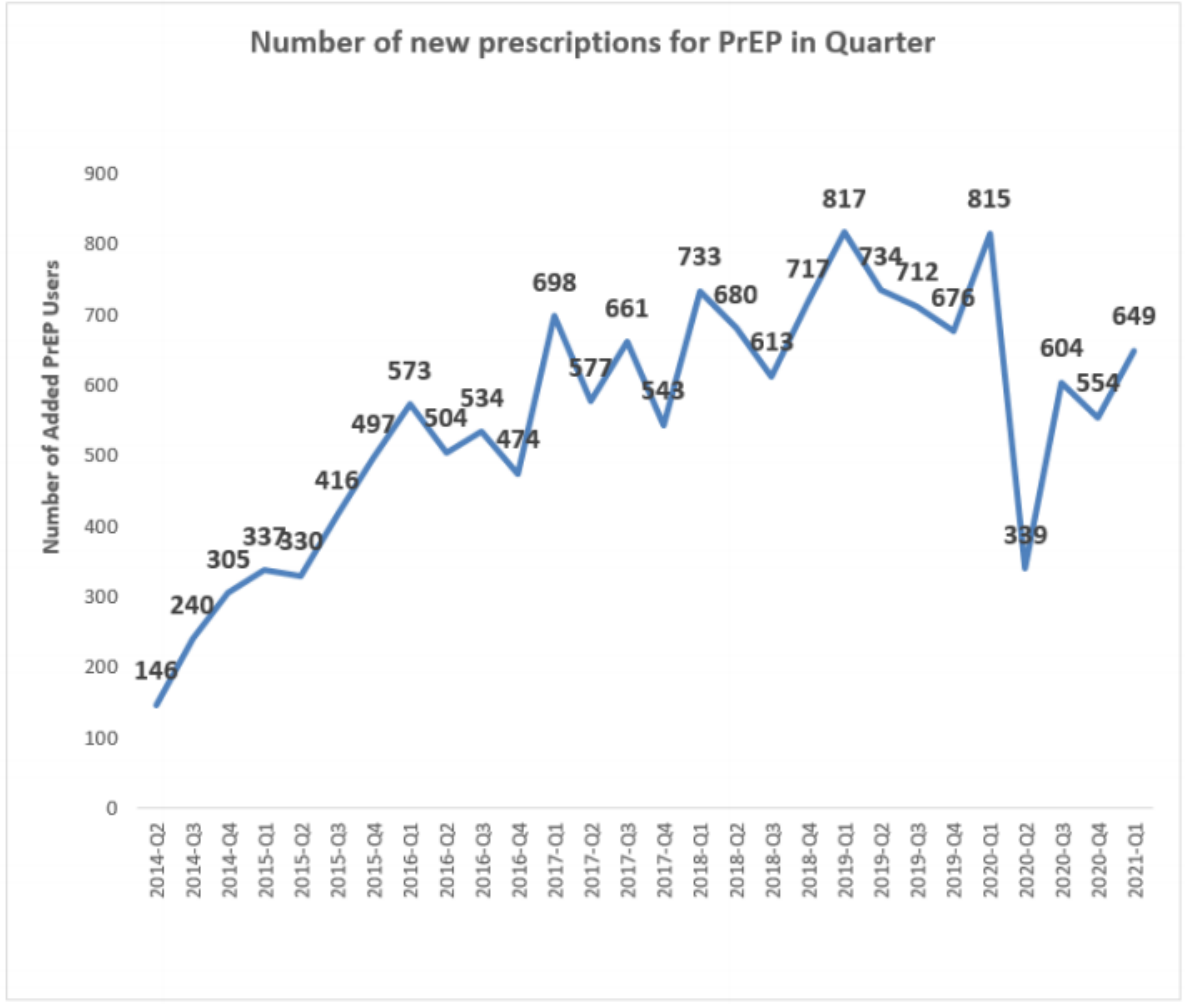
https://www.sfcdcp.org/wp-content/uploads/2020/09/COVID19-HIV-STI-HCV-Services-FAQ-2020.09.16.pdf
https://www.sfcdcp.org/wp-content/uploads/2020/09/COVID-19_Tips-for-Safer-Sex_FINAL_COVID-19-Sexual-Health-Tips_09.05.2020.pdf

Innovations in home HIV/STI testing and PrEP monitoring: TakeMeHome.org



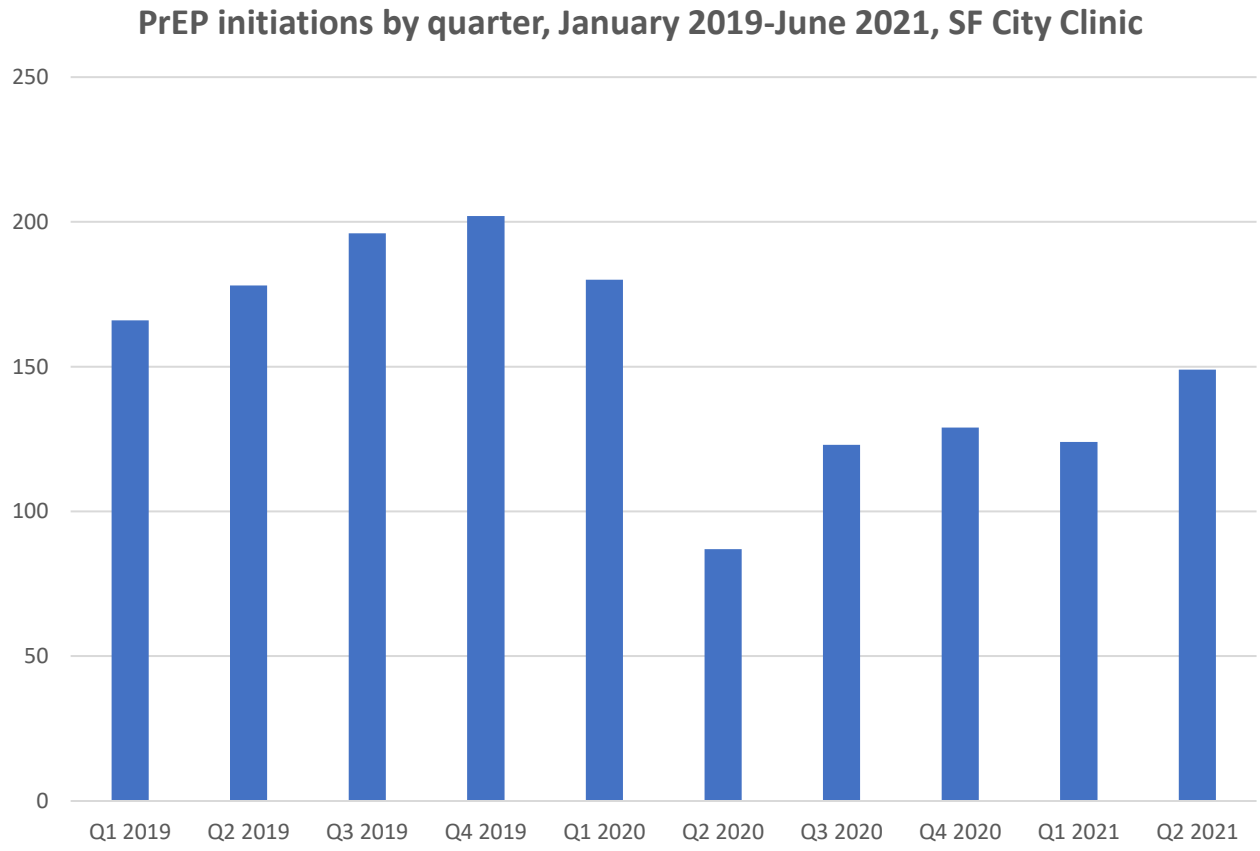
Trends in new PrEP prescriptions in San Francisco

Kaiser Permanente, Northern CA



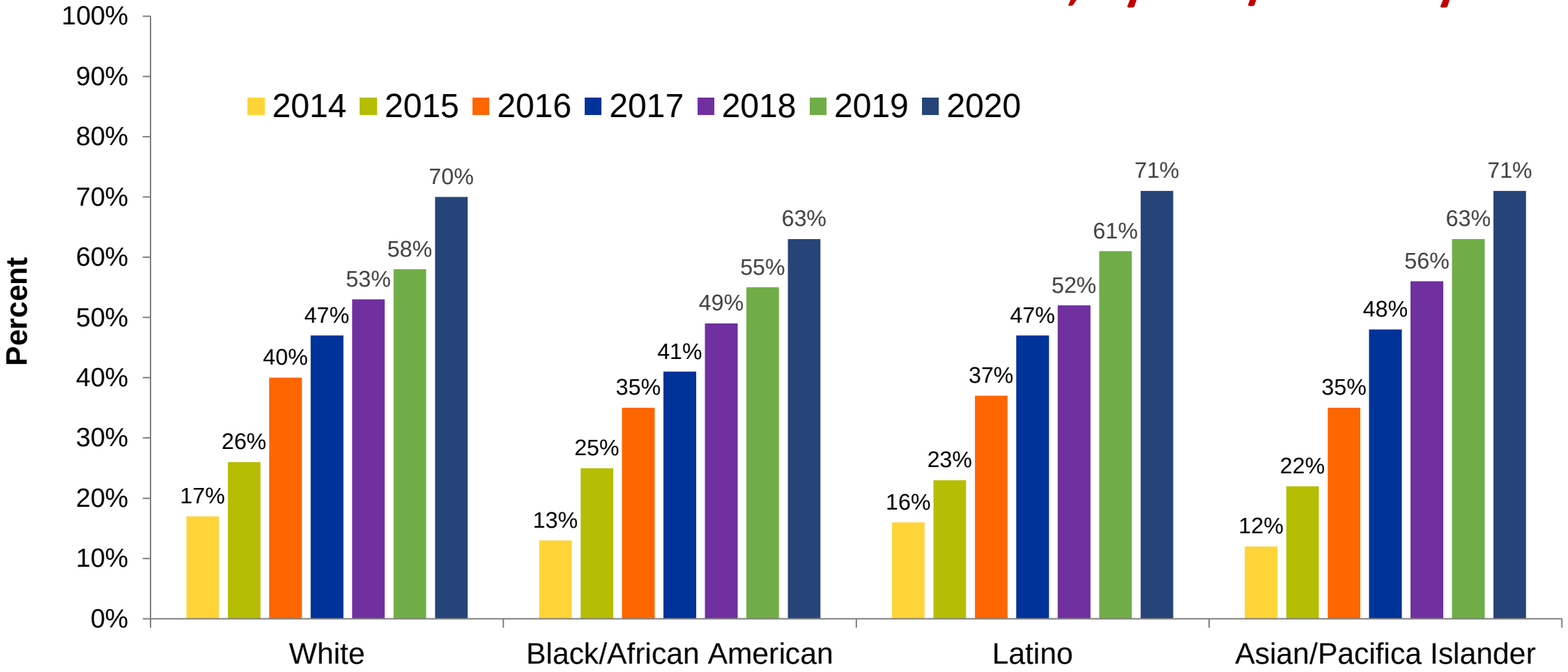
Source: Kaiser Permanente Northern California Division of Research

San Francisco City Clinic



Slide from Brad Hare, Kaiser Permanente; Stephanie Cohen, San Francisco City Clinic

San Francisco City Clinic:
% of MSM on PrEP at their SFCC visit, by race/ethnicity

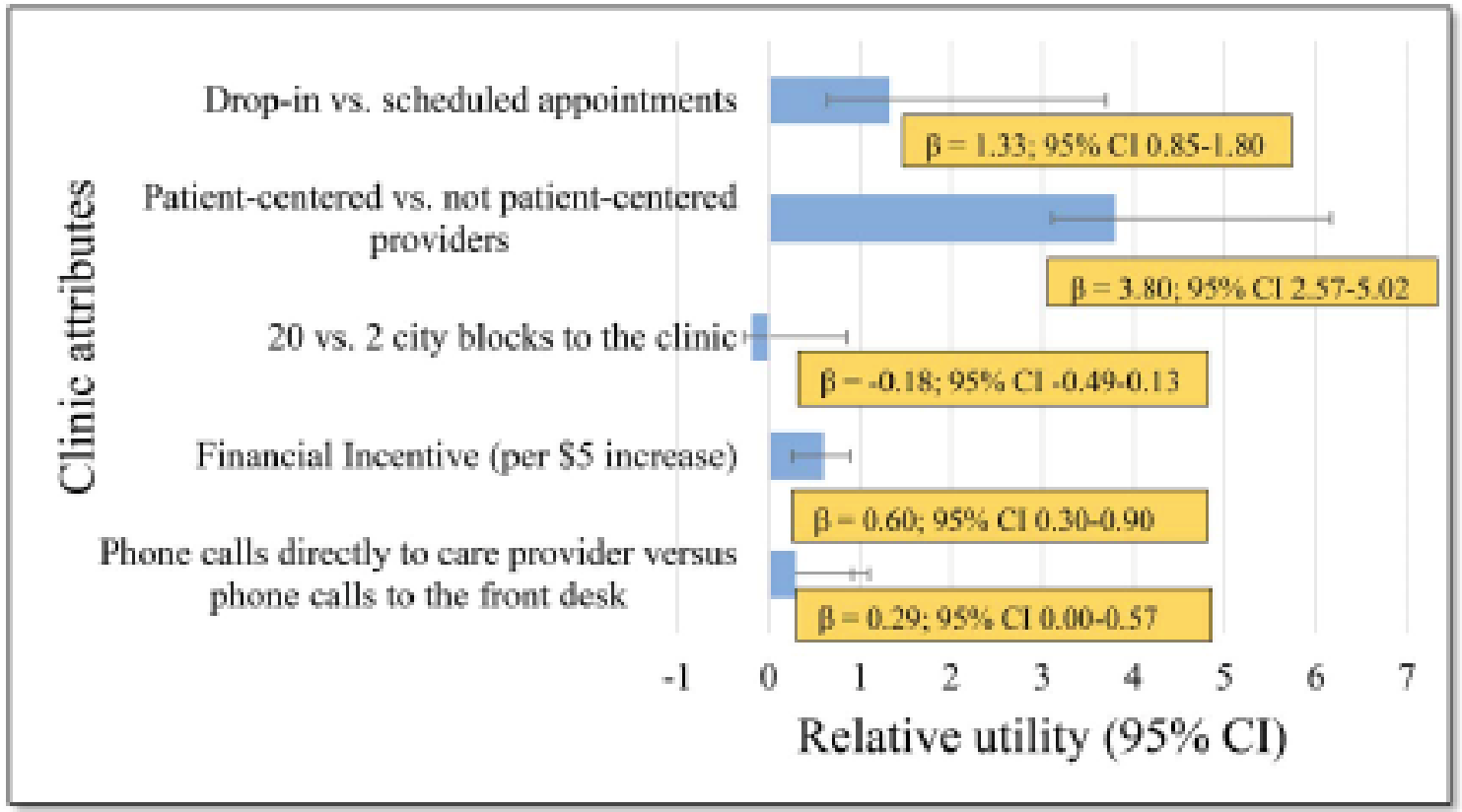


- Despite reduced capacity for in-clinic visits during SIP, PrEP pts were prioritized for appts
- Black/African American uptake lags behind other racial/ethnic groups

PrEP Committee Goals

1. Systematic monitoring of PrEP use
   - Establish “PrEP Equity” targets
2. Equitable implementation of CAB-LA
   - Core protocol
3. Increase PrEP uptake among cisgender women at risk for HIV, PWID, PEH
4. Coordinate strategies to minimize the impact of COVID on PrEP

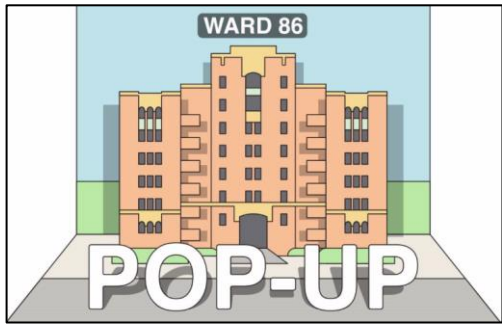
Discrete choice experiment: Clinic attributes



Strongest preferences for patient-centered providers and drop-in clinic appointments with a willingness to trade **$32.79** (95% CI 14.75 - 50.81) and **$11.45** (95% CI 2.95 - 19.95) in gift cards/visit, respectively, for each component.

Conte M et al. AIDS 2020, JAIDS 2020

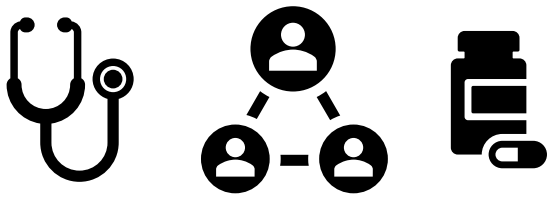
POP-UP



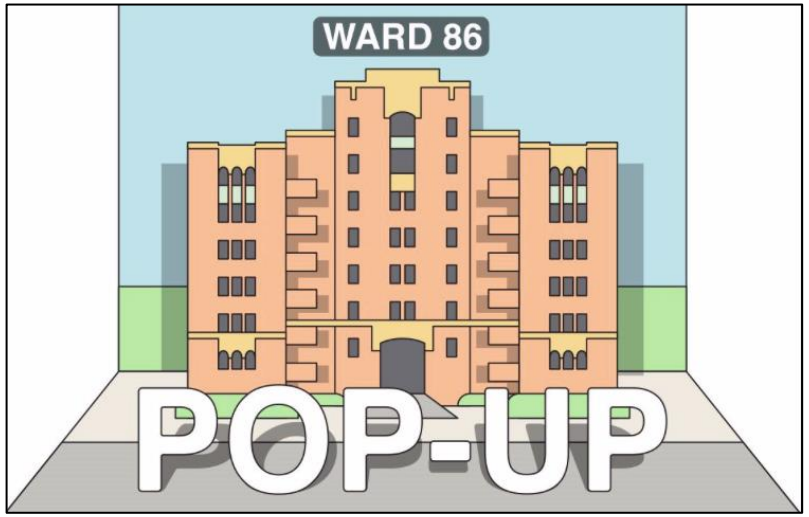
Eligibility criteria:

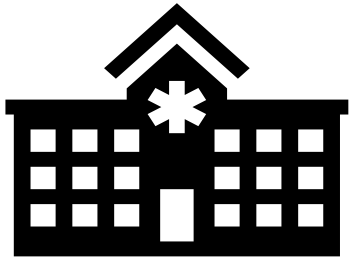
- ✓ Homelessness/unstable housing
- ✓ Virally unsuppressed (≥ 200 copies/mL) or report being off HIV ART
- ✓ Difficulty engaging in primary care:
  - ✓ ≥1 missed primary care visit
  - ✓ ≥2 unscheduled drop in visits

POP-UP Program Design



Comprehensive primary care



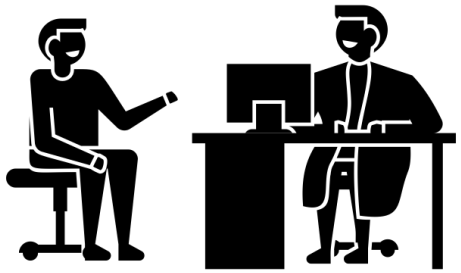


Drop-in access

Enhanced Outreach

$$$

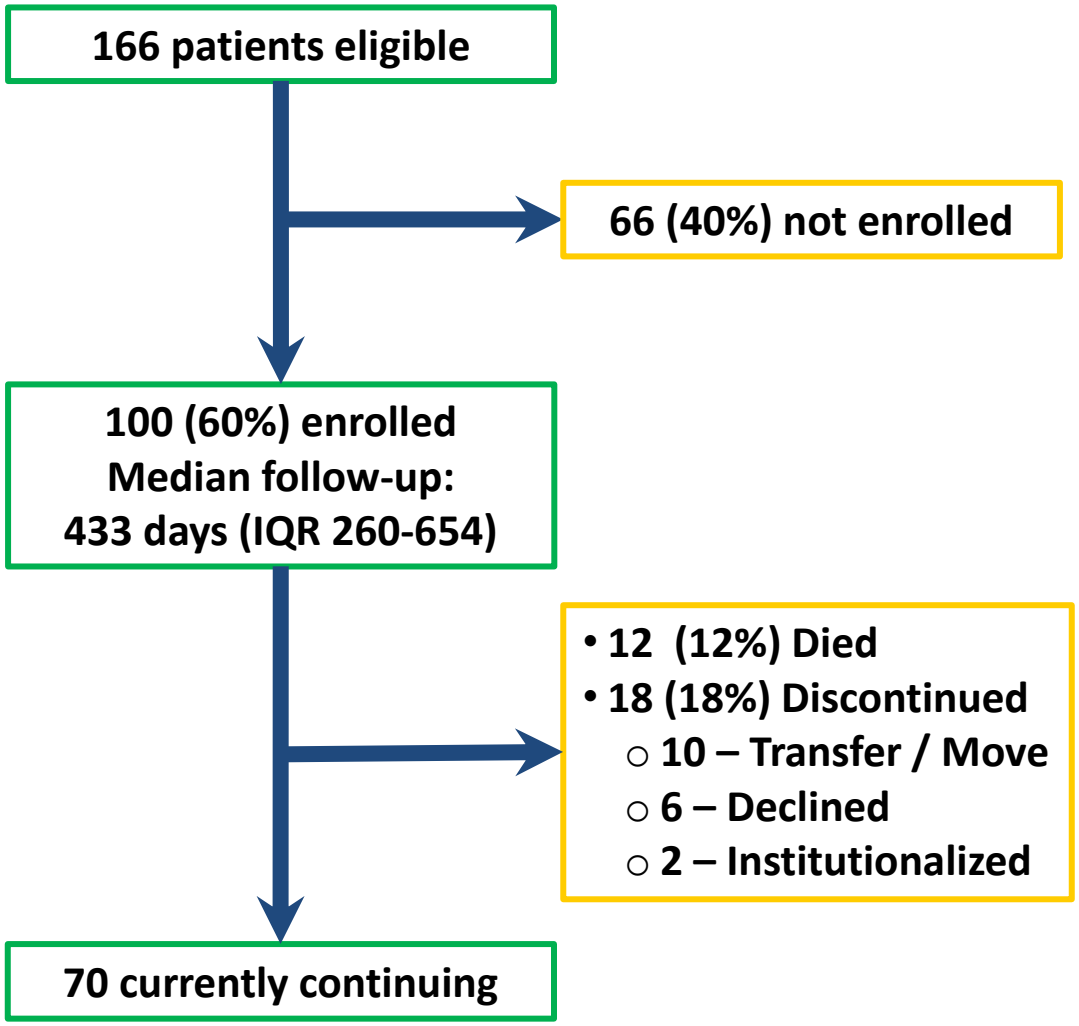
Incentivized care



Relationship centered care

Dombrowski J et al. OFID 2019.; Gardner LI et al. CID 2014.; Conte M et al. Imbert E et al. AIDS 2021.

Recruitment and Retention

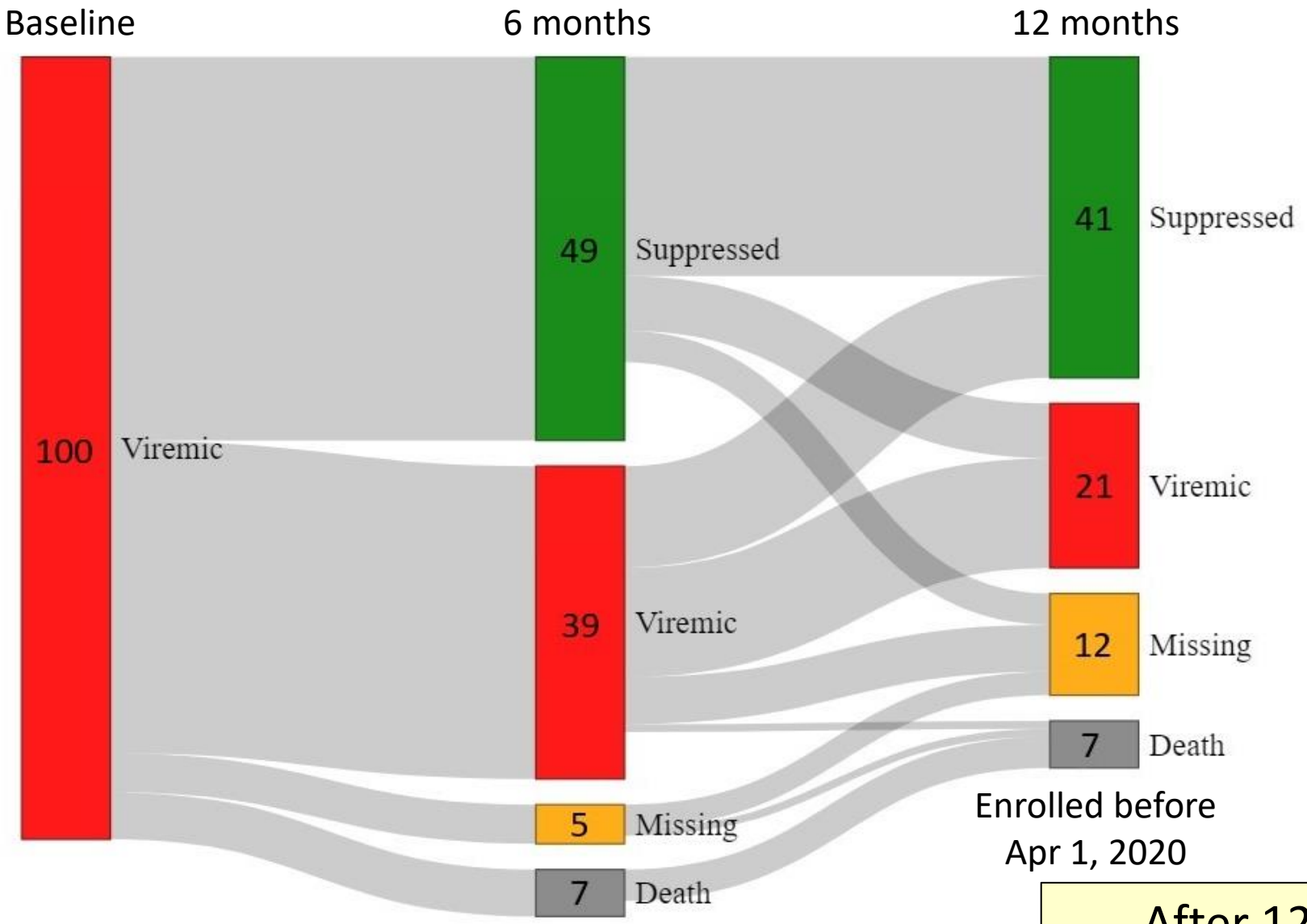


Demographics of Patients Enrolled

Age	
Median, [IQR]	42, [35-52]
Race/Ethnicity	
White	44 (44%)
Black	37 (37%)
Hispanic/Latinx	10 (10%)
Native American	5 (5%)
Asian or Pacific Islander	1 (1%)
Other	3 (3%)
Gender	
Cis male	82 (82%)
Cis female	8 (8%)
Transgender	8 (8%)
Nonbinary	2 (2%)

Housing Status	
Street	53 (53%)
Shelter	11 (11%)
Couch-surfing	12 (12%)
Treatment	3 (3%)
Transitional	13 (13%)
SRO	8 (8%)
Substance Use and Mental Health	
Meth Use	85 (85%)
Depression	48 (48%)
Anxiety	19 (19%)
Psychotic disorder	18 (18%)
Bipolar disorder	13 (13%)
Immunosuppression	
CD4 < 200	37 (37%)

Viral Response and Care Engagement



At 6 months post-enrollment (N= 100)	
In care†	83 (83%)
Suppressed	49 (49%)

At 12 months post-enrollment (N= 81)	
In care†	56 (69%)
Suppressed	41 (51%)

†Defined as having ≥1 visit in the 4 months prior to the end of the period.

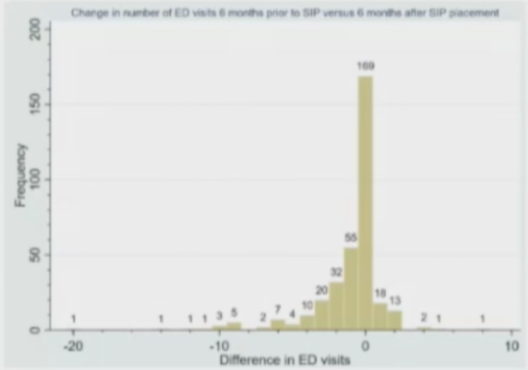
After 12 months in POP-UP, virologic suppression rate went from 0% to 51%.

Experience from Shelter-in-Place hotels for PEH

SIP stay associated with reduced ED use

Number of ED visits	Mean	Range
6 months **PRIOR** to SIP	1.95	(0-55)
0-6 mo **AFTER** SIP	0.82	(0-49)
6-9 mo **AFTER** SIP	0.39	(0-21)

Difference in ED visits (6 months prior vs 6 months after SIP): p-value = <0.0001



SIP stay associated with increased outpatient care	Any Encounter in System	Provider Encounter in System
6 months PRIOR to SIP (%)	55%	43%
0-3 months AFTER SIP (%)	**88%**	**72%**
3-6 months AFTER SIP (%)	73% (2% N/A)	50% (2% N/A)
6-9 months AFTER SIP (%)	62% (15% N/A)	41% (17% N/A)

***Takeaway**: best opportunity for high engagement in first few months*

*N/A = not in SIP long enough at time of data entry or exited from SIP by date

James: A chance to get things straight.

—

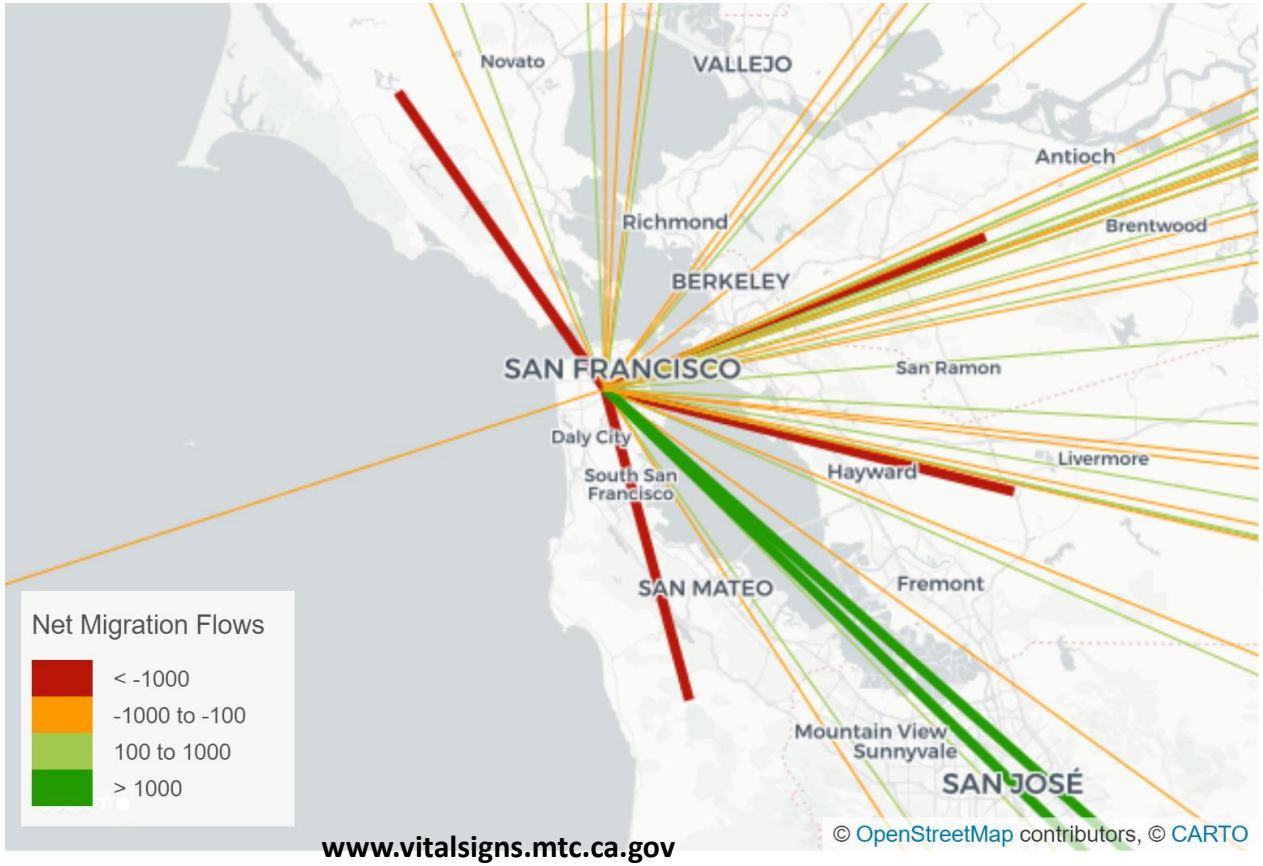
"It afforded me that opportunity to get all of my medical appointments…It's been great experience. **I had the chance to get things straight, and organize, keep appointments… It's hard to keep appointments, and be on time, and do things when you're homeless.** It would be definitely a struggle. I might not have accomplished some of the things I have."

People Experiencing Homelessness (PEH) Committee Goals

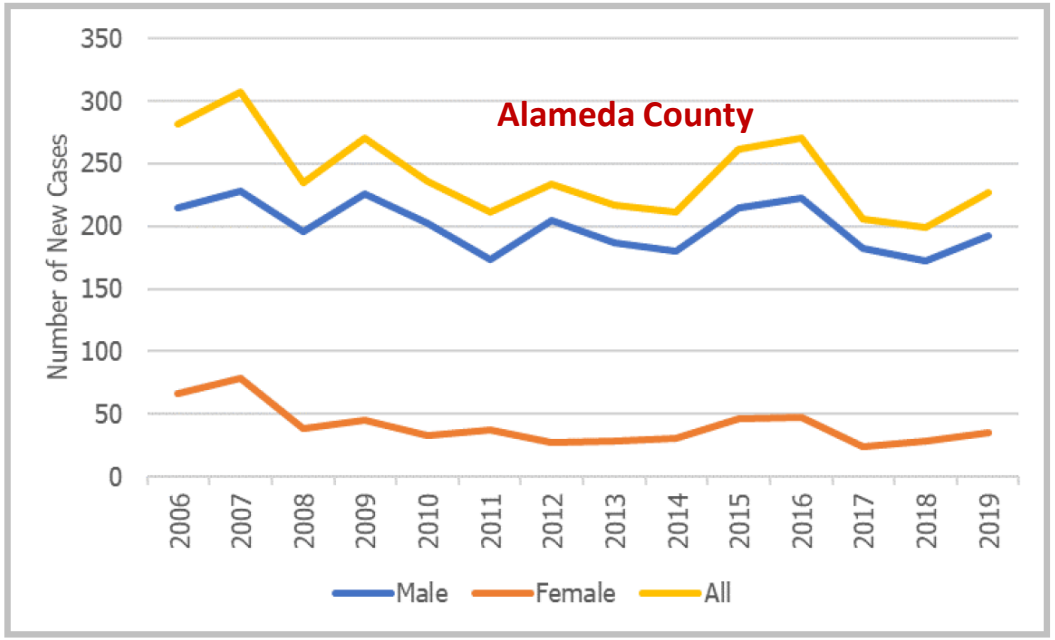
1. Identify current gaps in care
   - Evaluate DPH epi data for PEH
   - Inventory programs and services, evaluate program data to find pressure points
2. Develop countermeasures
   - Enhance existing programs and pilot new programs
3. Create advisory group of people with lived experience

Need for a regional approach: Migration and level HIV rates

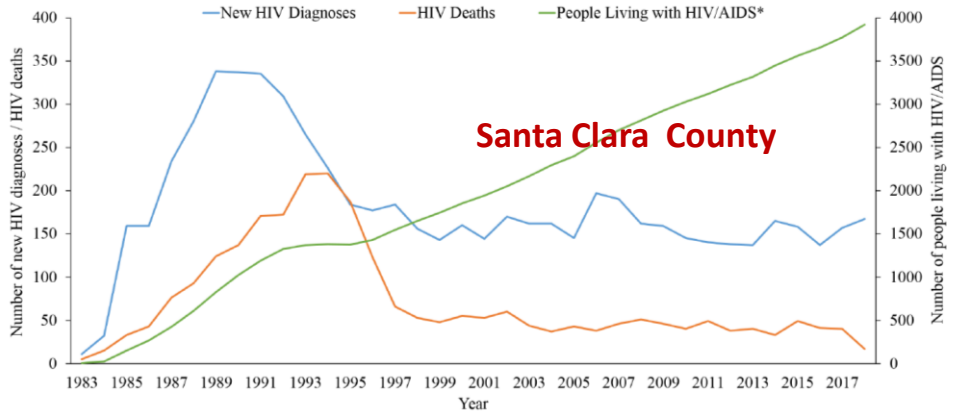
Top In-Migration from:	Top Out-Migration to:
Santa Clara: 1,663	Alameda: 5,031
San Diego: 1,218	San Mateo: 4,465
Orange County: 759	Contra Costa: 2293



www.vitalsigns.mtc.ca.gov



NOTE: "Sex" here refers to sex assigned at birth.



Alameda County HIV Epidemiology Report 2017-2019
Santa Clara County Epidemiology Report 2018

Community engagement: A new paradigm

UNIDOS EN SALUD UNITED IN HEALTH

SAN FRANCISCO

Sharing best practices with other jurisdictions

- US (CA, CO, DC, FL, GA, IL, LA, MA, MO, OK, NC, NV, NY, PA, SC, TN, TX, VA)
- Australia
- Brazil
- Canada
- Central America
- Finland
- France
- Kenya
- Netherlands
- Portugal
- Taiwan
- Thailand
- Uganda
- UK

GETTING TO ZERO SAN FRANCISCO
www.GettingToZeroSF.org

Why Collective Impact?

"The complex nature of most social problems belies the idea that any single program or organization, however well managed and funded, can singlehandedly create lasting large scale change."

- Fay Hanleybrown, John Kania, & Mark Kramer

Does Collective Impact Really Make an Impact?

Stachowiak and Gase, Stanford Social Innovation Review, 2018

- Evaluated 25 US initiatives
- Assessed using “process tracing”
- Found impact in some but not all projects
- Major lessons:
  - There was a diversity in approaches that worked
  - Quality of implementation matters; backbone support and common agenda most important
  - Equity lens must be systematically applied to make a difference
  - It takes time to create real change: 4-7 years for successful projects
  - Lots more to learn about collective impact

GETTING TO ZERO SAN FRANCISCO
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Collective Impact Principles of Practice

Collective Impact Forum

- Design and implement the initiative with a priority placed on **equity**
- Include **community members** in the collaborative
- Use **data** to continuously learn, adapt, improve
- Build a **culture** that fosters **relationships, trust, and respect** across participants
- Customize for **local context**

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Conclusions

- Collective impact has been a fruitful mechanism for working together
- Great progress is being made but disparities remain
  - Must dig deeper into addressing poor outcomes for Black/African Americans, Latinx, people experiencing homelessness
  - More programs for PWID including safe injection sites
  - Address needs of trans and cis women
- Integrating interventions for HIV with STI/HCV prevention and treatment
- Need Bay Area-wide efforts
- Next stage of programs must focus on homelessness, substance use, mental health

GTZ-SF Steering Committee


Diane Havlir, Co-Chair


Susan Buchbinder, Co-Chair


Ben Cabangun


Brad Hare


Chip Supanich


Clair Farley


Hyman Scott


Lori Thoemmes


Maceo Persson


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Paul Harkin


Tracey Packer


Courtney Liebi, Coordinator

Many thanks to our >300 members for all of their volunteer work and our sponsors for financial support!

Additional Thanks

Diane Havlir, Co-Chair
Courtney Liebi, Coordinator
Oliver Bacon
Susa Coffey
Monica Gandhi
Liz Imbert
Al Liu
Hyman Scott

San Francisco Support

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