

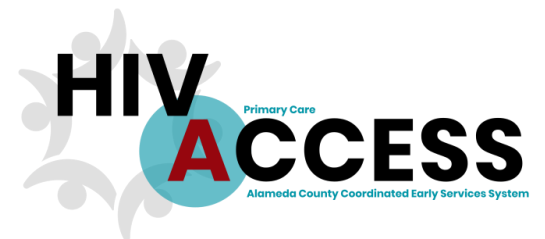
Improving Access to HIV Care in the East Bay

October 25, 2022
Megan Crowley, MPH
Senior Program Manager
Alameda Health Consortium

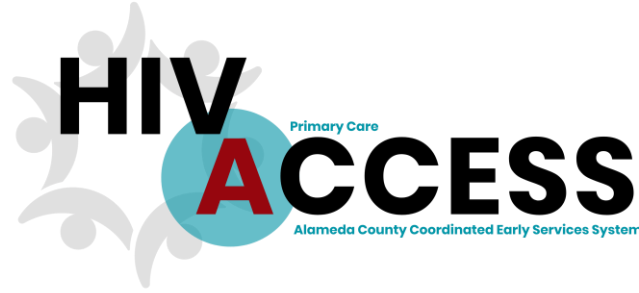


Discussion Overview

- HIV ACCESS background and structure
- Strategies for improving access to care:
 - Linkage and rapid ART efforts
 - Other clinic-level efforts
 - Local collaborations with East Bay Getting to Zero and Public Health Department



HIV ACCESS Collaborative Network Structure



ALAMEDA HEALTH
CONSORTIUM



ASIAN HEALTH SERVICES



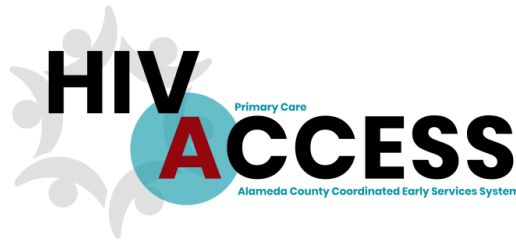
LifeLong
Medical
Care



La ClínicaSM

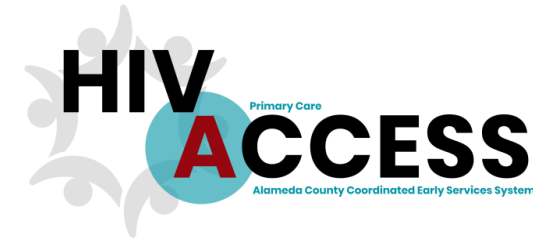
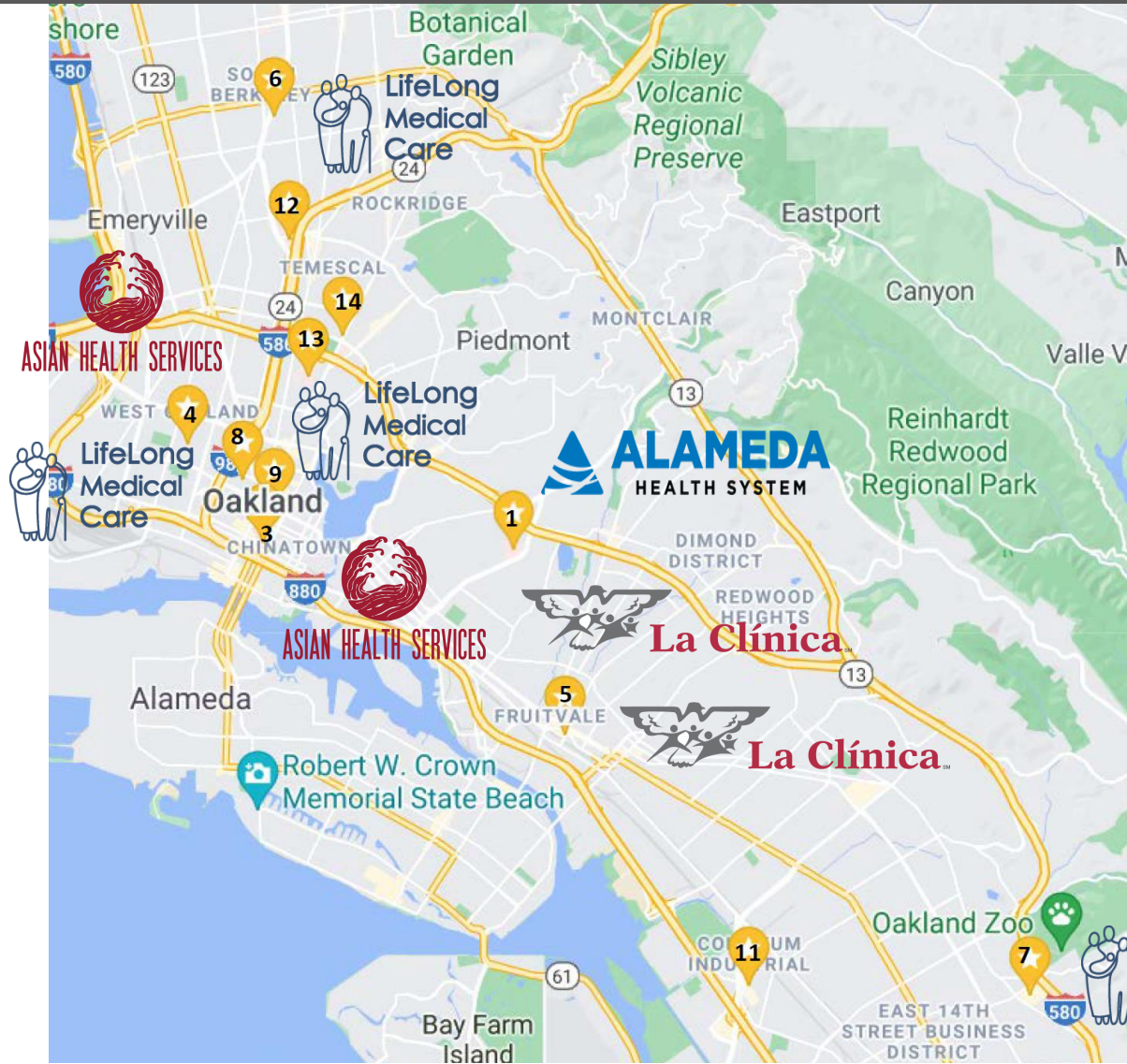
- Diverse staff: race/ethnicity, gender identity, age, class, languages.
- Lots of collaborative learning, training and projects.
- Many access points and opportunities for connection with clients.

HIV ACCESS History & Overview

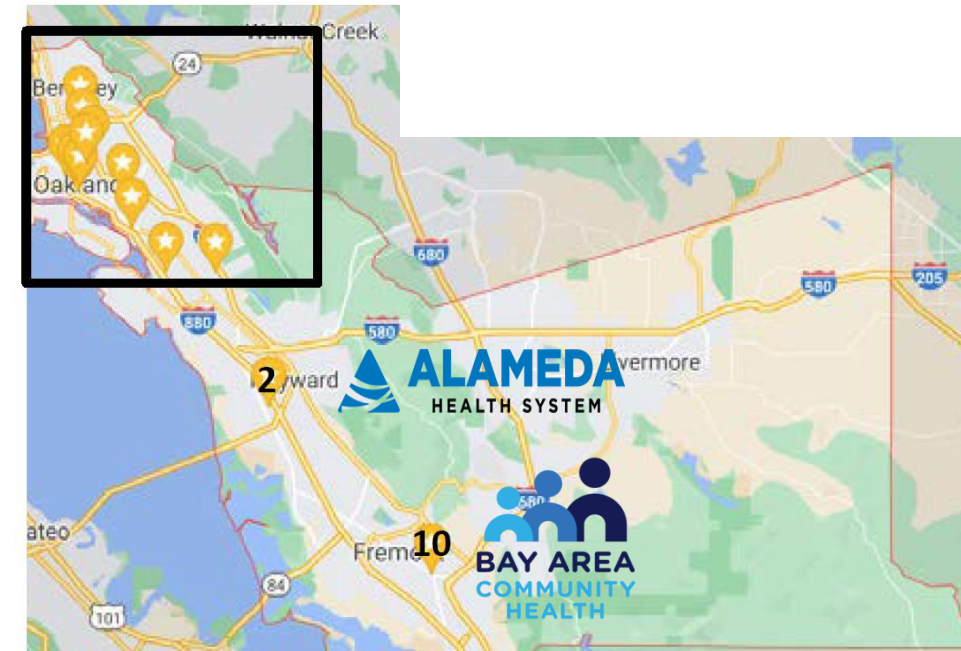
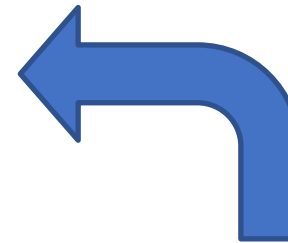


- Founded in 1992
- Mission: to provide coordinated, comprehensive, high quality primary health care for people living with HIV/AIDS (PLWH) with the goal of ensuring early access to treatment, mitigating health disparities, and reducing the spread of HIV.
- Multi-site HIV primary care network serving 1,333 clients as of 6/2022, constituting 27% of PLWH in care in Alameda County.
- HIV primary care, case management, behavioral health, oral health, substance use treatment and medical nutrition services are available.

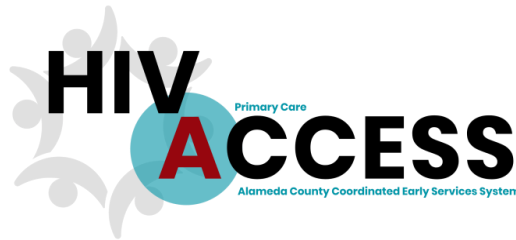
HIV ACCESS Network Locations: Alameda County



- 4 community health centers
- 1 public hospital
- 12 clinic locations



HIV ACCESS Client Demographics



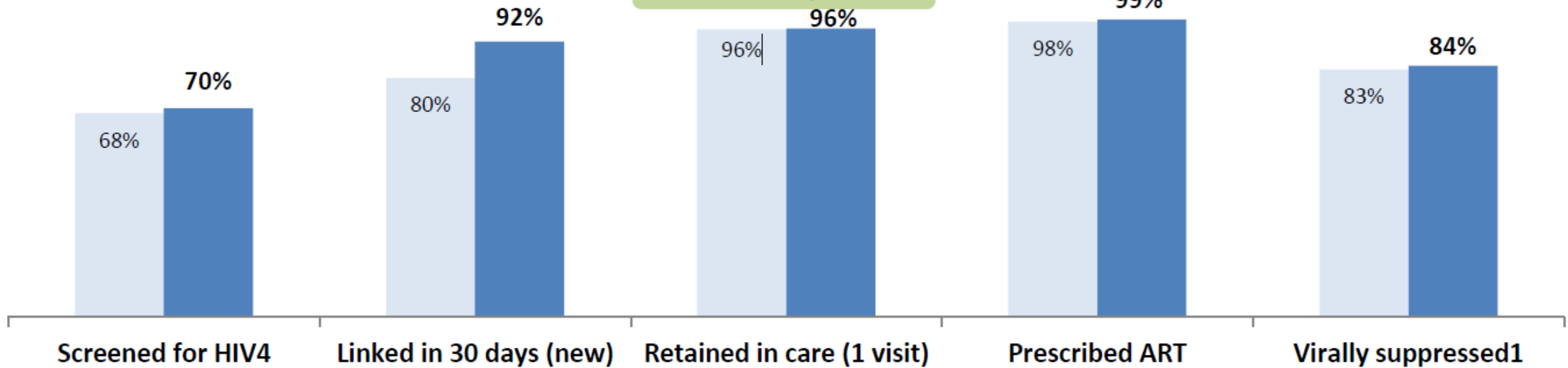
- 83% people of color (42% Black, 31% Latinx)
- 75% cis male, 21% cis female, 4% transgender
- 50% over the age of 50
- 49% MSM, 33% Heterosexual, 10% PWID



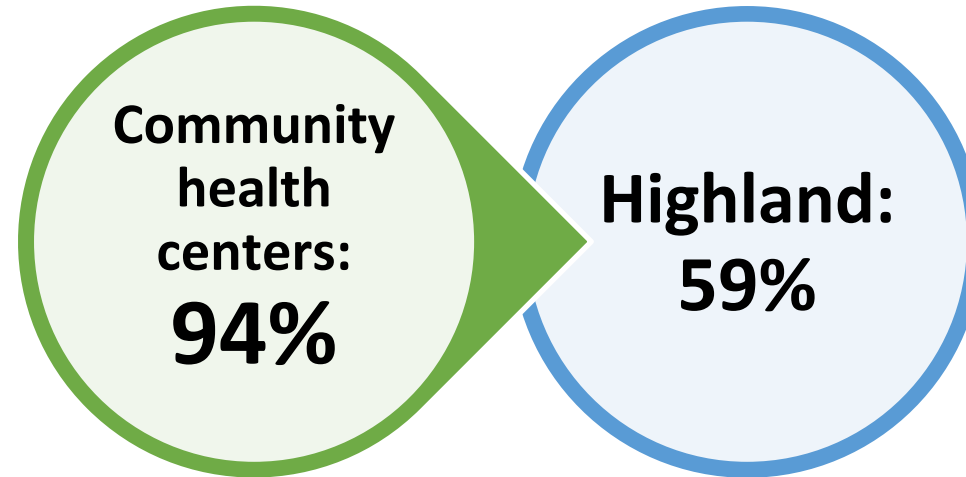
HIV ACCESS Care Continuum

All sites Q2 2021 vs. 2022

1333 active patients



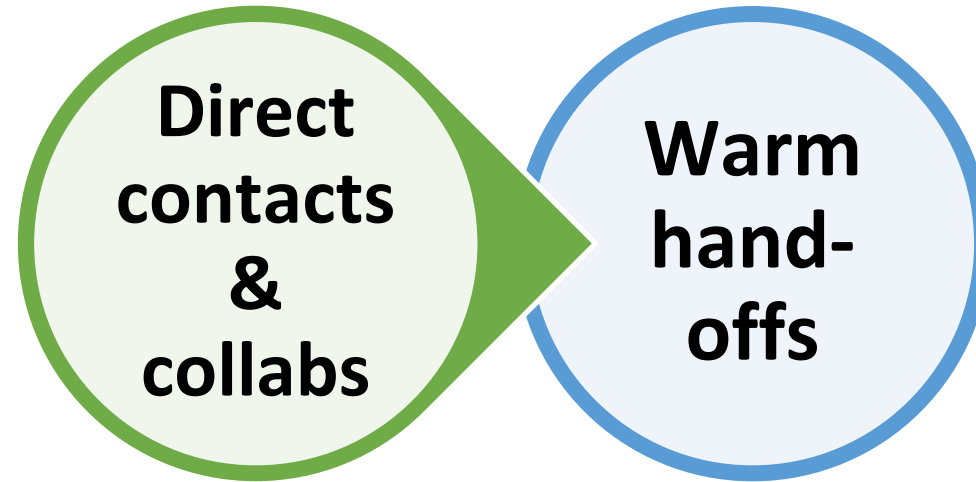
Disparities in Highland ED linkages: 2020



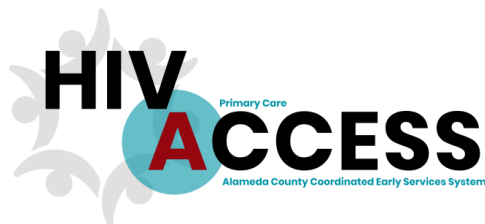
25 people not linked from the Highland ED, Jan-Sept 2020:

- 86% substance use disorder (SUD)
- 56% phoneless; 44% phoneless + SUD
- 24% mental health diagnosis
- 12% houseless

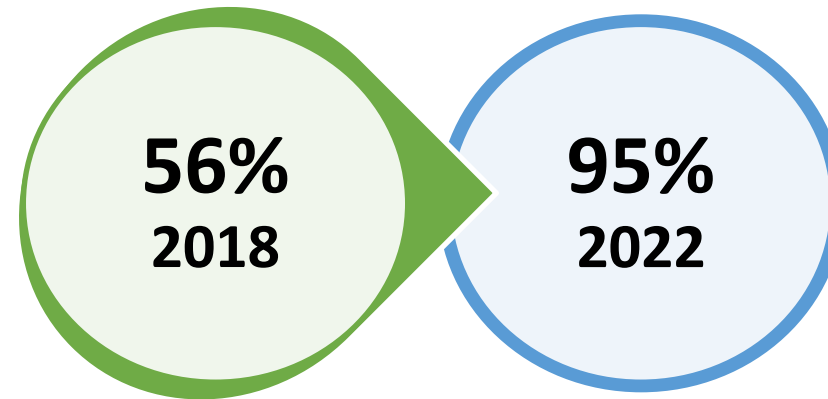
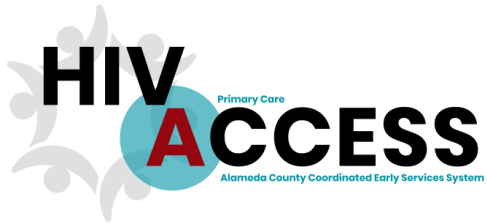
Impact of interventions in ED linkages 2017 to 2022:



- Highland Hospital ED 30-day linkages: 51% → **85%**
- Community Health Center 30-day linkages: 93% → **96%**



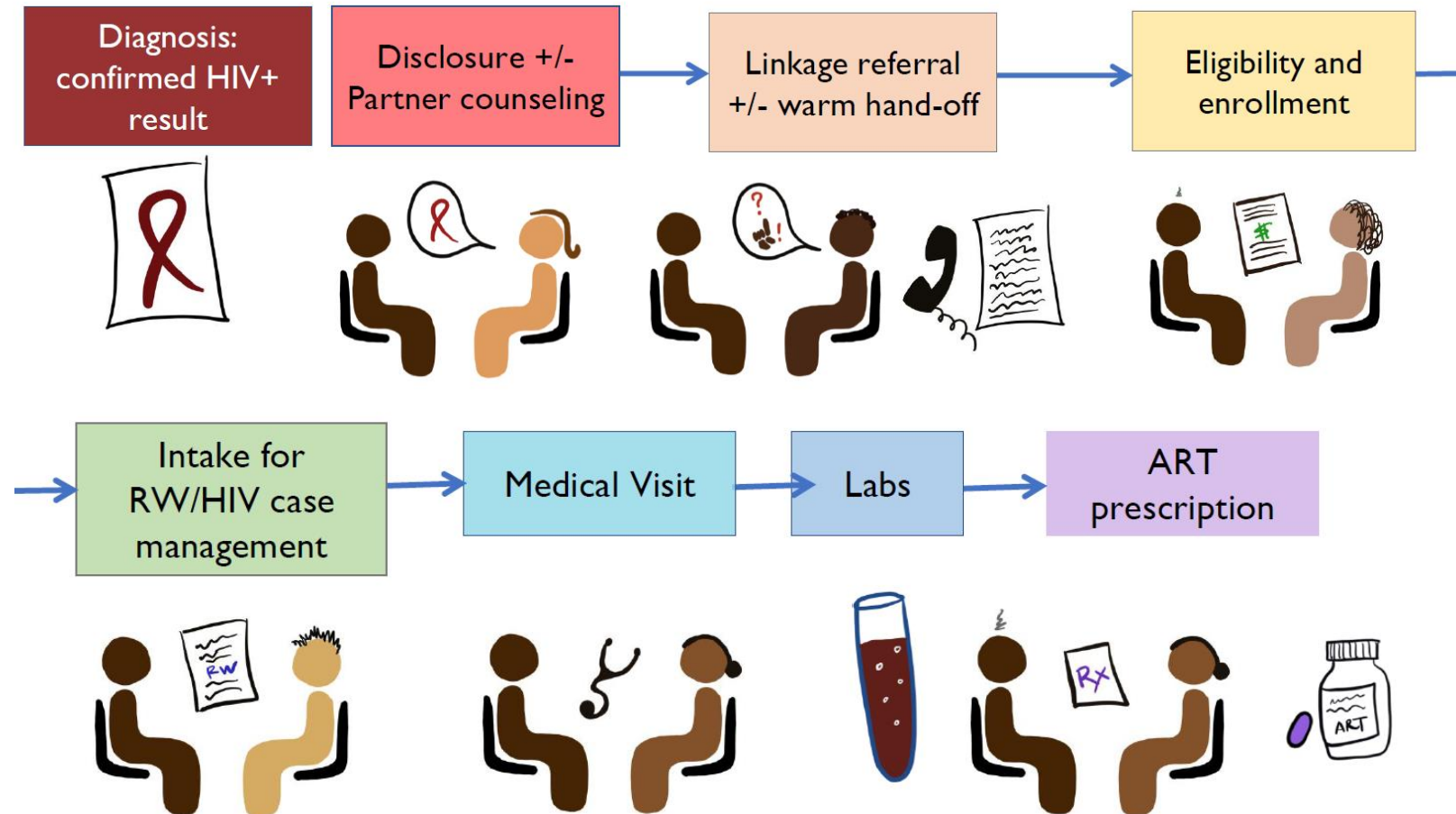
HIV ACCESS Rapid ART Initiative



- Began rapid ART project in 2017 and started formally tracking in 2018
- Activities included:
 - Development of shared definition for Rapid ART: Rx within 1 business day of first in-person contact with HIV team
 - Creation of linkage tracking sheet
 - Rapid ART protocols and workflows tailored to each clinic
 - Clinic-level interventions to address structural barriers (e.g., prescriber coverage)
 - Problem-solving individual and systemic barriers as a team and network

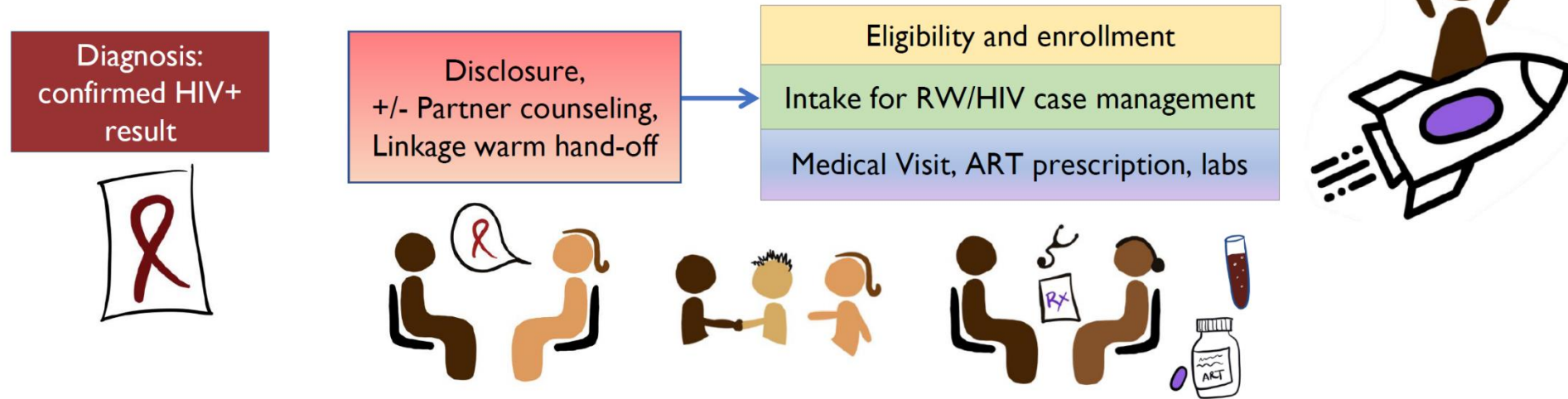
HIV ACCESS Rapid ART Initiative

Linkages before Rapid ART: 90+ days



HIV ACCESS Rapid ART Initiative

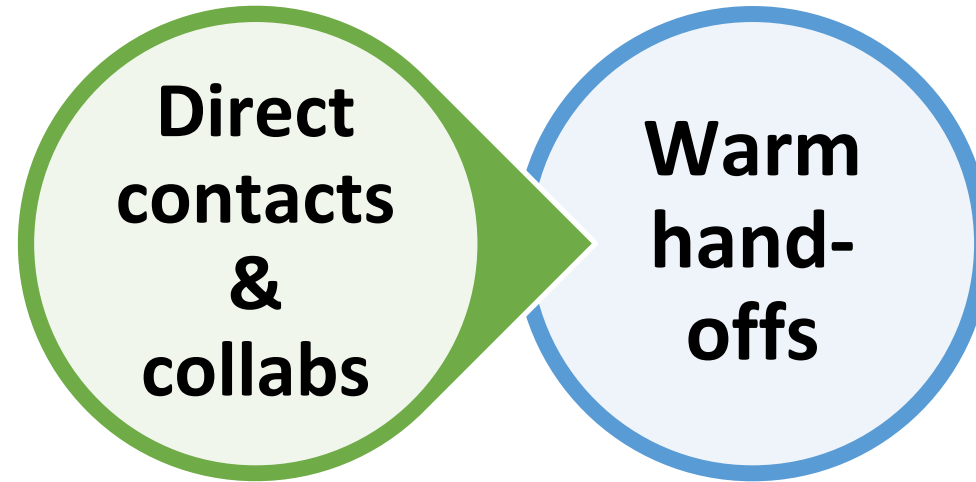
Linkages with Rapid ART: ≤ 6 days



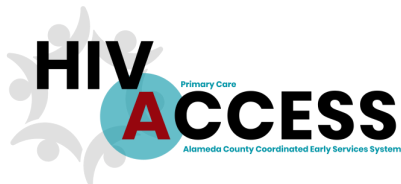
Other Access to Care Activities

- Direct access to linkage navigators via work cell phones (referring agency staff and new patients)
- Protecting HIV provider drop-in slots
- HIV provider on-call schedule and/or training PCPs to provide back-up for rapid ART starts on days when there is no HIV provider available
- Offering hybrid in-person linkages with navigators and virtual provider visits to ensure coverage even when providers are not on-site
- Providing periodic reminders to PCPs re: testing and linkage via agencywide provider meetings

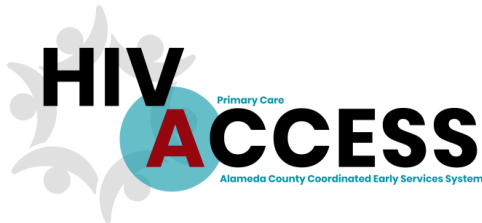
Impact of strengthening outreach for people experiencing homelessness: 2020-2021



- HIV ACCESS LifeLong Trust Clinic viral load suppression: 35% → 68%
- 344 people experiencing homelessness screened for HIV
- 96% PLWH experiencing homelessness linked to care



11 years of regional collaborations!



HIV ACCESS Involvement with EBGZ: Steering Committee & POZ+ Members

CORE TEAM



SAMALI LUBEGA, MD
EBGZ
Medical Director



**YAMINI OSEGUERA-
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EBGZ
Program Manager



SOPHY S. WONG, MD
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Medical Director

COMMUNITY MESSAGING INTERNS

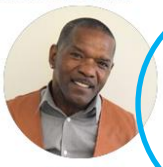


RAMIREZ BROWN
EBGZ
Community Education Intern



GABRIEL JIMENEZ
EBGZ
Community Education Intern

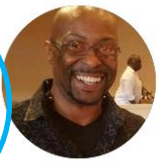
ADVISORY BOARD



JESSE BROOKS
AIDS Healthcare Foundation
Community Advocate



DAVID GONZALEZ
Asian Health Services, Inc.
Program Manager
and EBGZ Advisory Board Chair



RAMON JACKSON
Oakland TGA Community Planning
Council
Co-Chair



LISA RYAN
CAL-PEP
Executive Director



SALLY B. SLOME, MD
ex-officio member
(Formerly Director of HIV
Services and Chief of ID at Kaiser
East Bay

STEERING COMMITTEE



AGRIPINA CEJA
PoZ Plus Group Facilitator, EBGZ



**TERESA COURVILLE, RN, MN,
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UCSF Benioff Children's Hospital
Oakland
Pediatric Clinical Nurse Specialist



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Consultant



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Chair & ATHSS Executive Director



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HIV Program Manager



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AHIP Coordinator, Eden I&R
Housing working group facilitator,
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Oakland LGBTQ Community
Center
Executive Director



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Wellpath at Santa Rita Jail
Assistant Health Service
Administrator



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HEPPAC: HIV Education and
Prevention Project of Alameda
County
Harm Reduction Services
Manager



JANELLE LUSTER
Bay Area Community Health
TransVision Program Supervisor



MARSHA MARTIN, DSW
Get Screened Oakland and Fast-
Track Cities



AISHA MAYS, MD
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Director of Adolescent and
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Solutions
Housing working group facilitator,
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HIV Program Coordinator



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LifeLong Medical Care and
Alameda Health Systems
HIV Clinical Lead



JESSICA OSORIO
Contra Costa Health Services
HIV/AIDS & STD Program Director



INGRID FLOYD, MBA
Women Organized to Respond to
Life-threatening Diseases
(WORLD)
Interim Executive Director



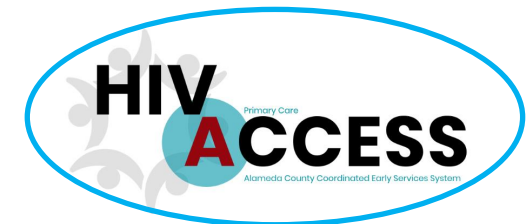
ARIANNA SALINAS
St. James Infirmary
House Manager, Bobbi Jean
Baker House



MICHELE TANG, MD
East Bay Advanced Care (EBAC),
Sutter
Medical Director



MIKIYA FEFE THOMAS
APEB
HealthLink Navigator



EAST BAY HIV Strategic Activities for 2022



COMMUNITY MESSAGING:

East Bae Love and
Sexy Loteria
campaigns

Murals

Transit Ads



IMPROVING COLLABORATIONS:

HIV services in ED,
Street/shelter,
housing
And substance use
settings

Substance use
overdose prevention
and safety Plans



INNOVATIVE MODELS:

Home HIV/STD
testing

Mobile Clinic with
HIV prevention &
Care



YOUTH ENGAGEMENT:

Low-barrier
access to care

Sex positive
Education
In Oakland Schools



HOUSING INITIATIVES

:

Housing 101
User's Guide

Share housing
info across
agencies

Biomedical interventions such as testing, Rapid ART, same-day PrEP, and injectable ART and PrEP are integrated into the activities above.



Equity & key communities

Key Communities:

Race/Ethnicity:

People of color (non-white identified)

Age:

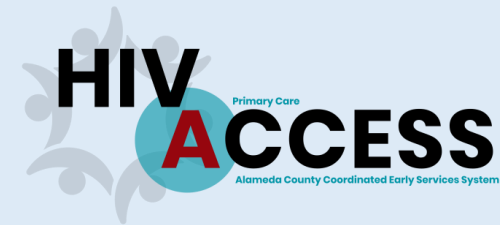
Youth & Older Adults

Sexual Orientation & Gender Identity:

MSM & Cis/Trans Women

Life Experience

**Drug use, incarceration, homelessness,
mental health conditions, lack of insurance,
HIV diagnosis in the ER**



Disparity trends:

Fewer HIV tests conducted in 2020 and fewer HIV diagnoses, not likely a significant drop in actual incidence.

Increasing disparity gaps in 2020:

- New diagnoses
 - Latinx people
 - young people of color
- Retention and viral load suppression
 - Black/African American residents
 - People who inject drugs
 - Youth and young adults
 - Uninsured residents.

**HIV ACCESS
QI priorities**

Improving Collaborations

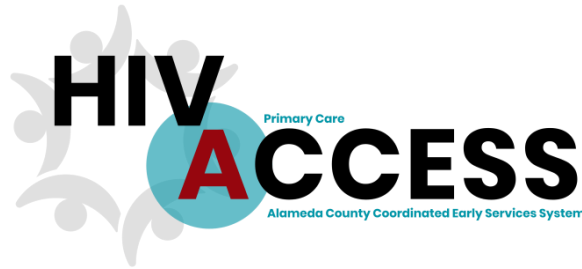


Vision: A collaborative community of HIV service organizations, advocates and community members who work together on common goals and amplify each other's work.

Key Activities of 2021:

- 1. New and revised online tools for collaboration:** HIV ACCESS participated in improvements to the regional directory, local events, resources on EBGTZ.org.
- 2. Collaborative meetings:** April workshop on online tools, August workshop on HIV ACCESS ED and substance use linkages, October workshop on housing.
- 3. Improvements in linkage rates:** Highland ED linkage rates 44% → 85%; HIV ACCESS rapid ART rates 68% → 95% from 2020 to 2022.

HIV ACCESS + Alameda County Public Health



HIV ACCESS involvement with Alameda County Public Health activities:

1. Close collaboration on the Ryan White client survey
2. HIV data-to-care project
3. HIV QM data sharing
4. The first Rapid ART program in the county, initiated in 2017
5. Healthcare for the Homeless HIV linkages and care coordination

