

# San Francisco's efforts to "Getting to Zero":

**Zero HIV infections**

**Zero HIV deaths**

**Zero HIV stigma**

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**POPULATION HEALTH DIVISION**  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Positive trends  
are a result of  
political and  
community  
commitment

The Mayor, Board of Supervisors, and Director of Public Health have shown their commitment to the health and well-being of San Francisco by:

- **Providing ongoing support** for successful existing programs
- **Back-filling positions** cut through federal, state, and local budget tightening
- **New multi-year commitment** to Getting to Zero

## How it began?

December 2013: A forum was held for World's AIDS Day called:

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

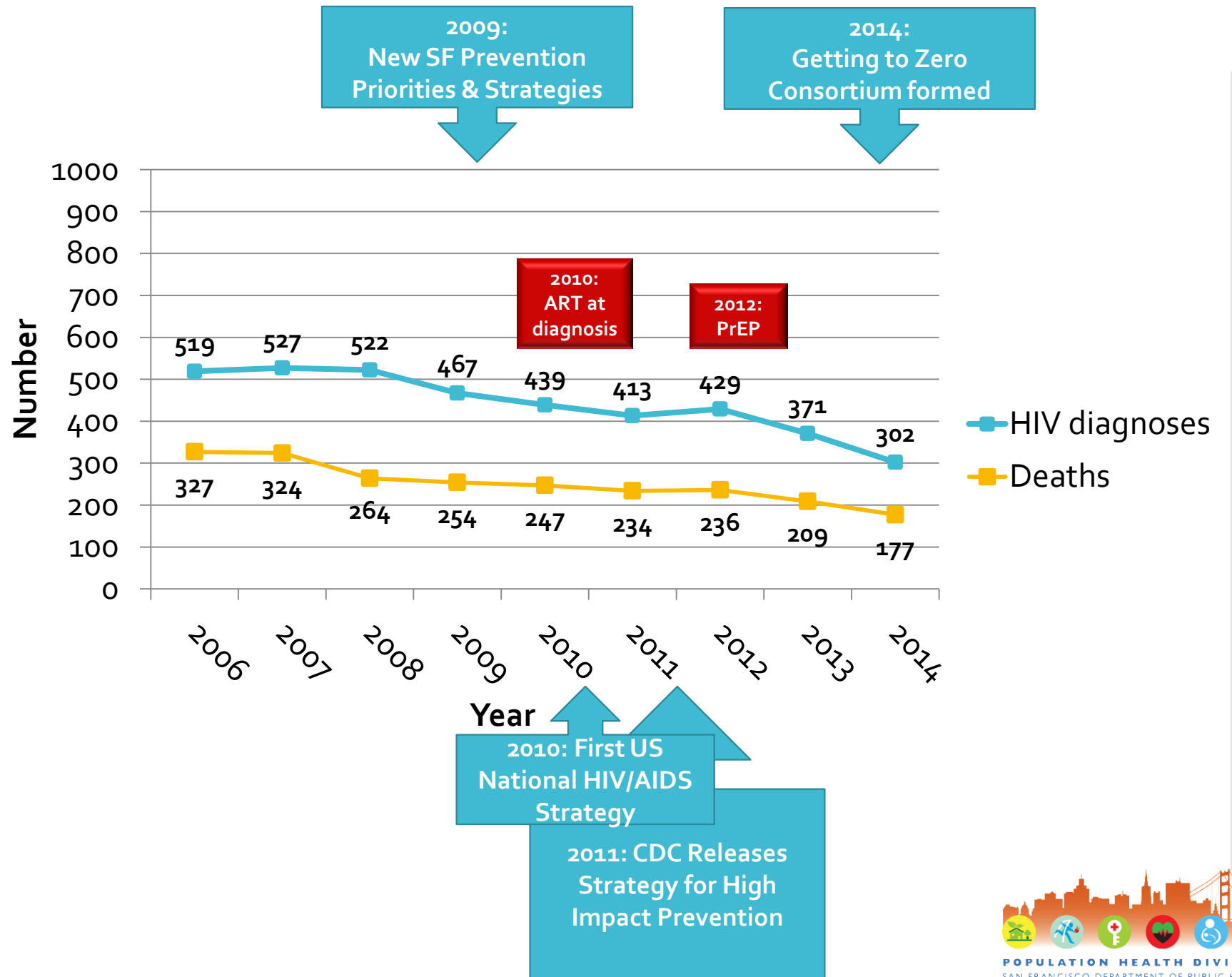
“This is all interesting, but are you working together?”

*--Community member*

# Getting to Zero SF

- Multi-sector independent consortium– operates under principles of collective impact:  
*"Commitment of groups from different sectors to a common agenda to solve a specific social problem."*
- Vision
  - Become the first municipal jurisdiction in the United States to achieve the UNAIDS vision of *"Getting to Zero"*
- Getting to Zero SF is building on the existing infrastructure and systems changes that have been developed in our health jurisdiction over time.

**We are on our way to zero!**  
 New HIV diagnoses and deaths in SF



# Changing Strategies and “Business” Practices in HIV :

## **2009 New SF Prevention Priorities & Strategies:**

- Focus efforts and resources on populations disproportionately impacted by HIV- Gay/Males who have sex with males (MSM), People who inject drugs (PWID), and Transfemales
- Focus on evidence based, scalable interventions; drivers of HIV; and prevention with positives.
- Address the larger social and environmental factors and systems that can support the reduction of the acquisition and transmission of HIV

## **2010 United States National HIV/AIDS Strategy:**

- Reducing HIV incidence
- Increasing access to care and optimizing health outcomes
- Reducing HIV-related health disparities

## **2011 Centers for Disease Control and Prevention (CDC) High-Impact Prevention:**

- Better geographic targeting of resources
- Expanding HIV Testing
- Identifying the Combination of Approaches with the Greatest Impact

Reaching people at greatest risk for acquiring HIV in SF

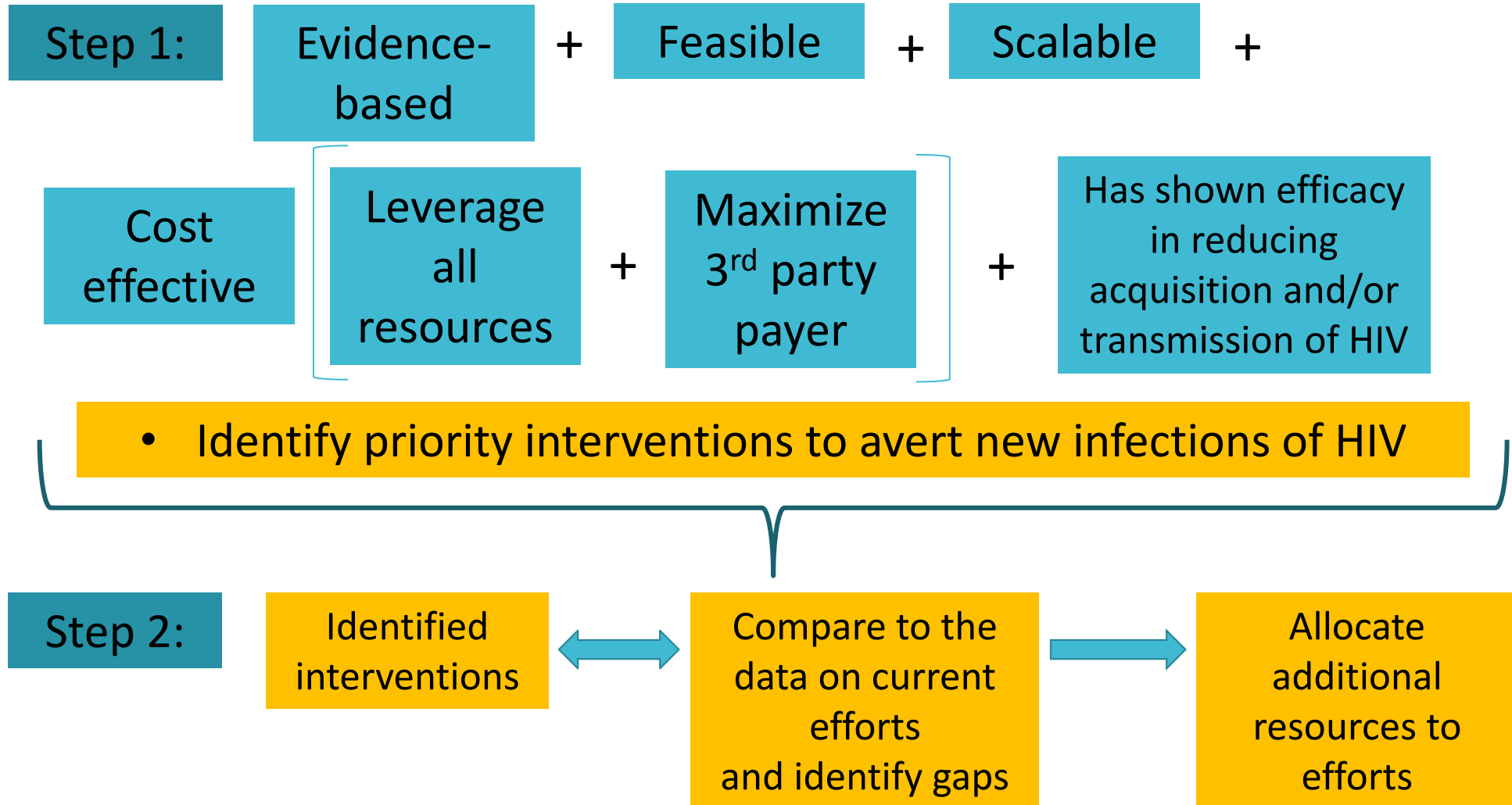
61,723

<u>Gay/MSM</u> <b>(59,909)</b>		<u>PWID (18,942)</u>		<u>Transfemales</u> <b>(1,064)</b>	
<u>HIV-</u> <b>(46,244)</b>	<u>HIV+</u> <b>(13,565)</b>	<u>HIV-</u> <b>(14,820)</b>	<u>HIV+</u> <b>(4,122)</b>	<u>HIV-</u> <b>(659)</b>	<u>HIV+</u> <b>(405)</b>



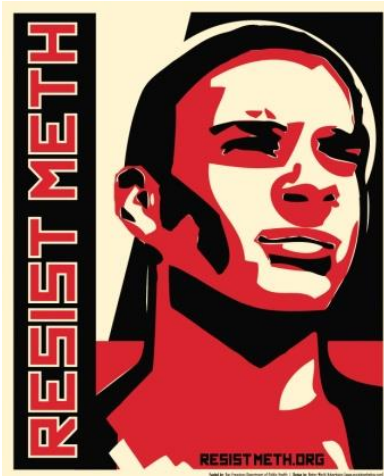
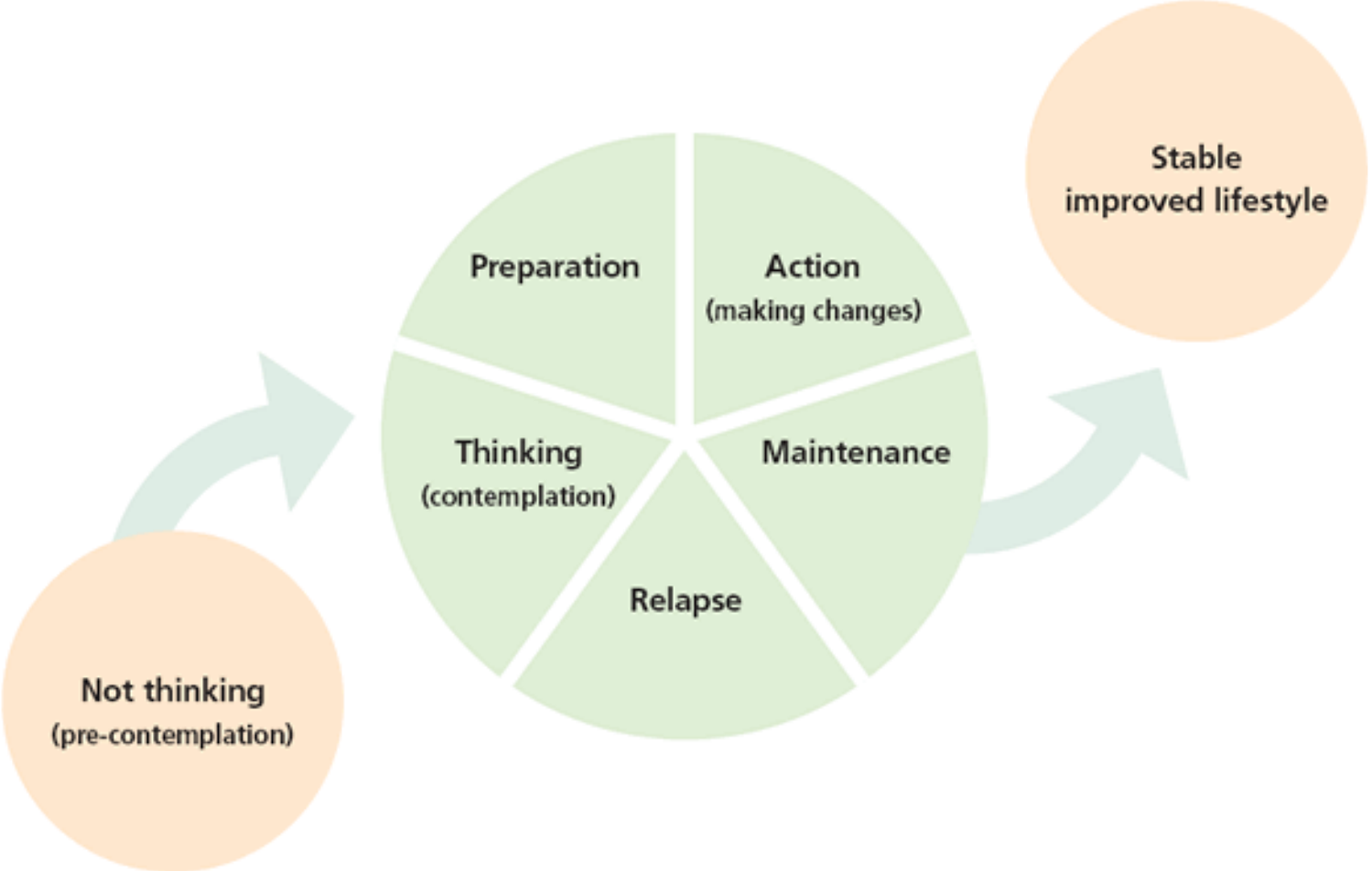
Source: SF National HIV Behavioral Surveillance Project; Transfemale Needs Assessment; and 2011 HIV Consensus Estimates

# Key Elements in Selecting Interventions





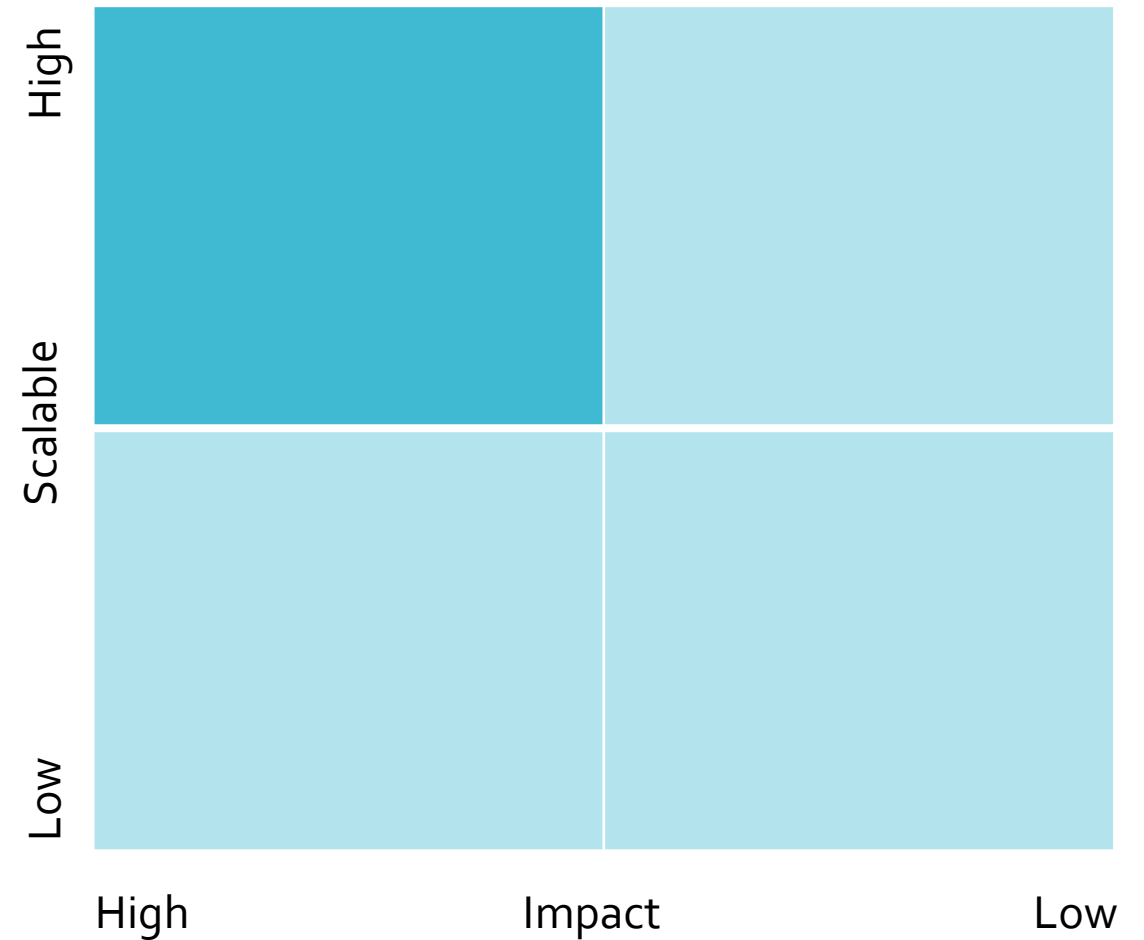
# Behavioral change still plays a critical role in the comprehensive approach



# Scalability and Impact of an intervention

**Scalable:** The ability of the intervention to reach a broad number of the population

**Evidence-based with High Impact:** The intervention is based on science and has demonstrated efficacy at a population level



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<b>Free Condoms</b>	79%	70%	67%	69%	76%	84%
<b>Free Needles</b>			76%	97%		
<b>Individual counseling</b>	11%	16%	17%	16%	41%	41%
<b>Group counseling</b>	5%	11%	8%	16%	38%	40%

<b>Parameters</b>	<b>2004-5 (%)</b>	<b>2008-9 (%)</b>
Among MSM, HIV Test in Last 12 mos.	65	71
Among Transfemales, HIV Test in Last 12 mos.	NA	61 (2010)
HIV-Positive People Unaware of Status	24	17 (15-20)

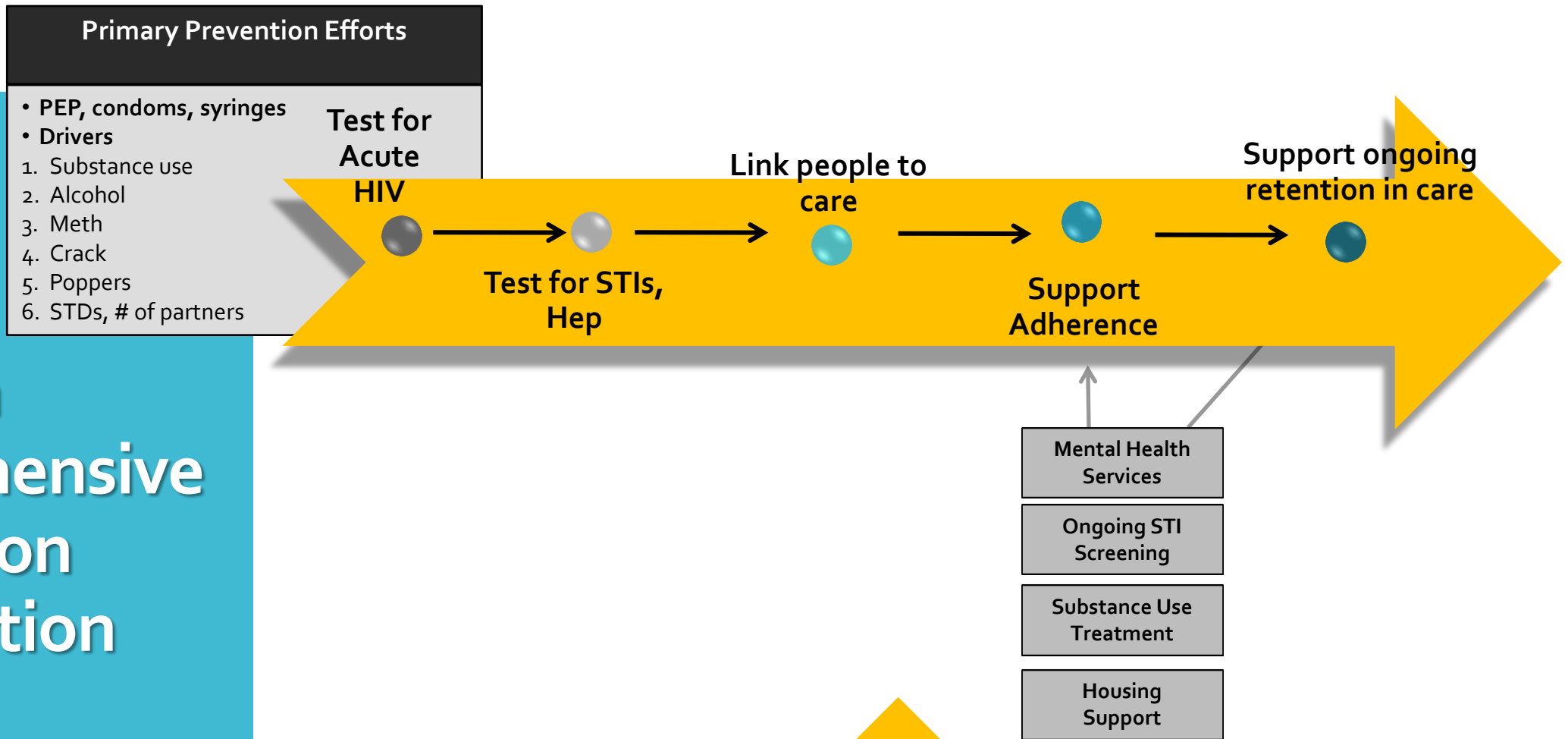
<b>Populations</b>	<b>At risk pop. size*</b>	<b>% <u>NOT</u> tested past 6 mos.**</b>	<b>Testing deficit, 6 mos.</b>
MSM	46,244	54%	24,972
IDU	15,020	58%	8,712
Transfemales	659	63%	415
<b>Min. total additional tests needed every 6 months</b>			<b>34,099</b>

# Zero HIV infections: Scale Up of Preexposure Prophylaxis (PrEP)

Group	People
HIV negative at substantial risk:	
MSM with 2+ non-condom anal (ncAI) sex partners (1)	12,589
MSM with 0 ncAI and STI in the last year (2)	2,325
Female partners pf HIV+ MSM (3)	653
Transfemales(4)	522
<b>Total estimated PrEP eligibility</b>	<b>16,089</b>
Total reporting any PrEP in past year(5)	5,059
<b>Percent of eligible people using PrEP in the past year</b>	<b>31%</b>
Total number of eligible people NOT using PrEP in the past year	<b>11,030</b>

- (1) SF City Clinic 2014 survey X HIV negative MSM population of 50,000
- (2) SF NHBS self report of STI among MSM with in 2014 X HIV negative MSM population of 50,000
- (3) SF NHBS MSM reporting female partners in 2014 x HIV positive MS population of 14,638
- (4) IDU and ncRAI in est. 923 HIV negative transfemales in SF, adapted from Wilson *BMCID* 2014 14:30
- (5) SF NHBS 2014, data on file

# PrEP is a comprehensive prevention intervention



- You need to conduct community engagement and mobilization
- You have to prioritize those at greatest risk for HIV acquisition
- You must address stigma of sexual behavior and the use of drugs

# Reaching people living with HIV in SF

**18,092**

<b><u>Gay/MSM</u></b> <b>(59,909)</b>		<b><u>PWID (includes MSM and TFMSM)</u></b> <b>(18,942)</b>		<b><u>Transfemales</u></b> <b>(1,064)</b>	
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Source: SF National HIV Behavioral Surveillance Project; Transfemale Needs Assessment; and 2011 HIV Consensus Estimates

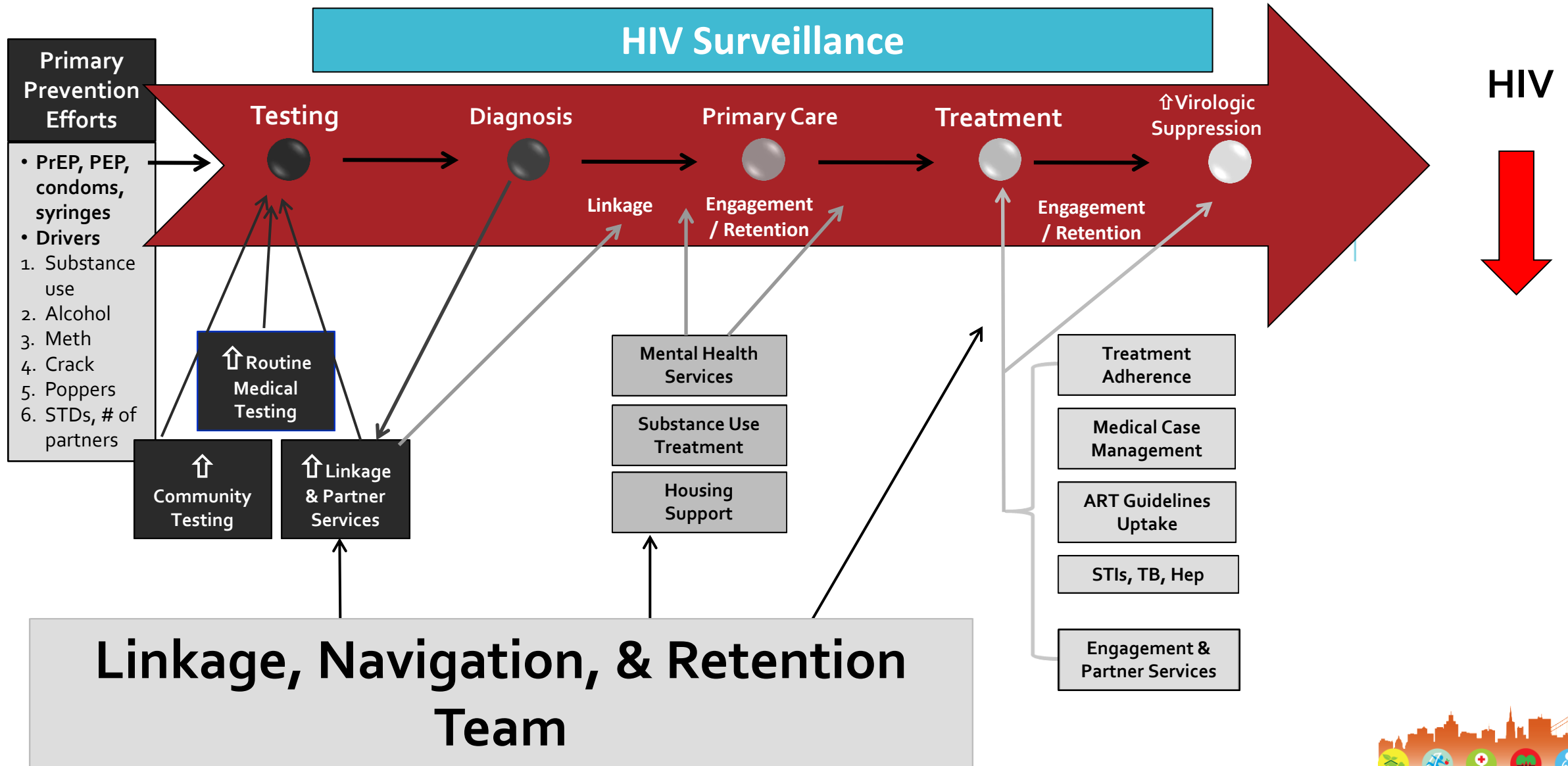
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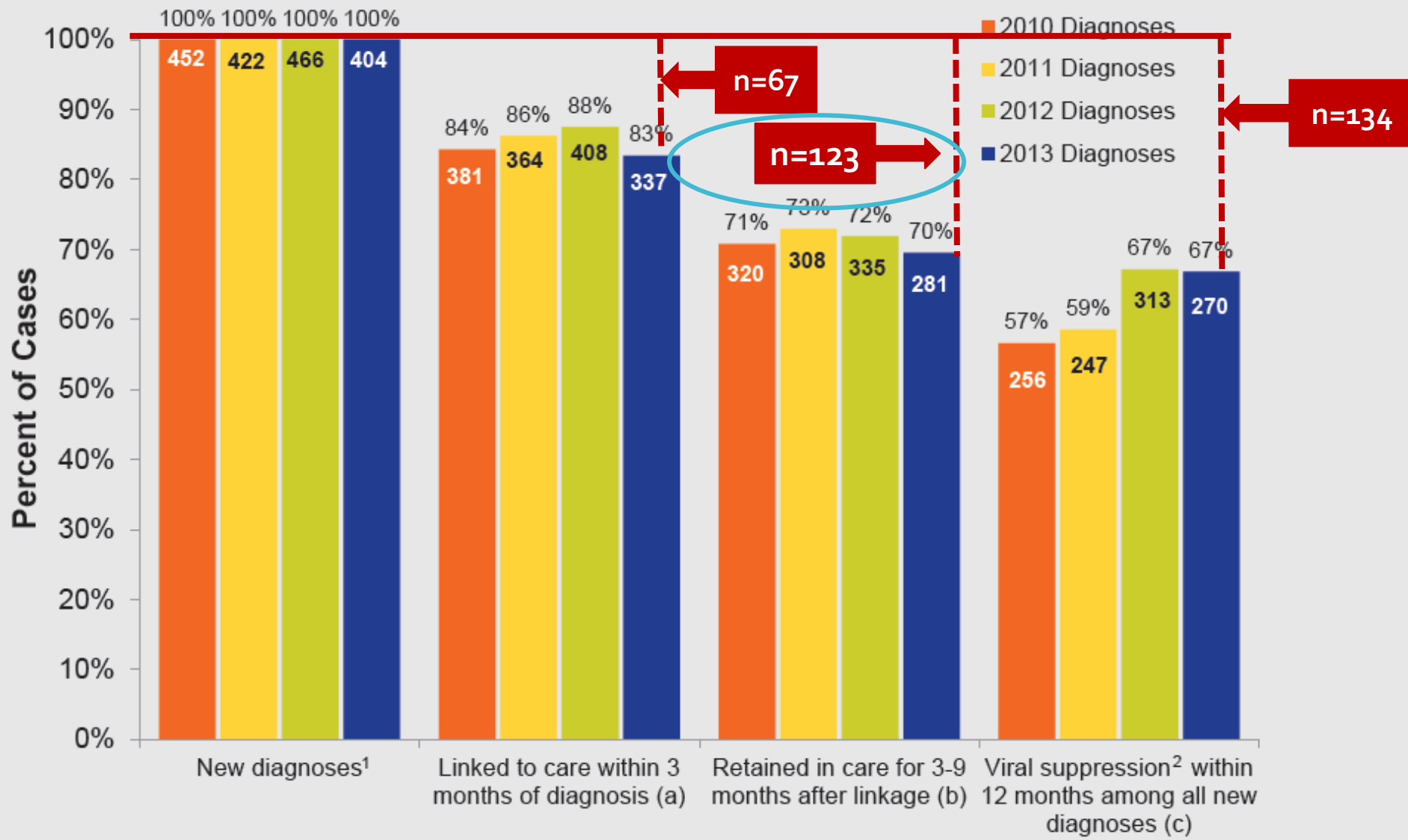
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# Maximizing the Continuum of Prevention, Care and Treatment

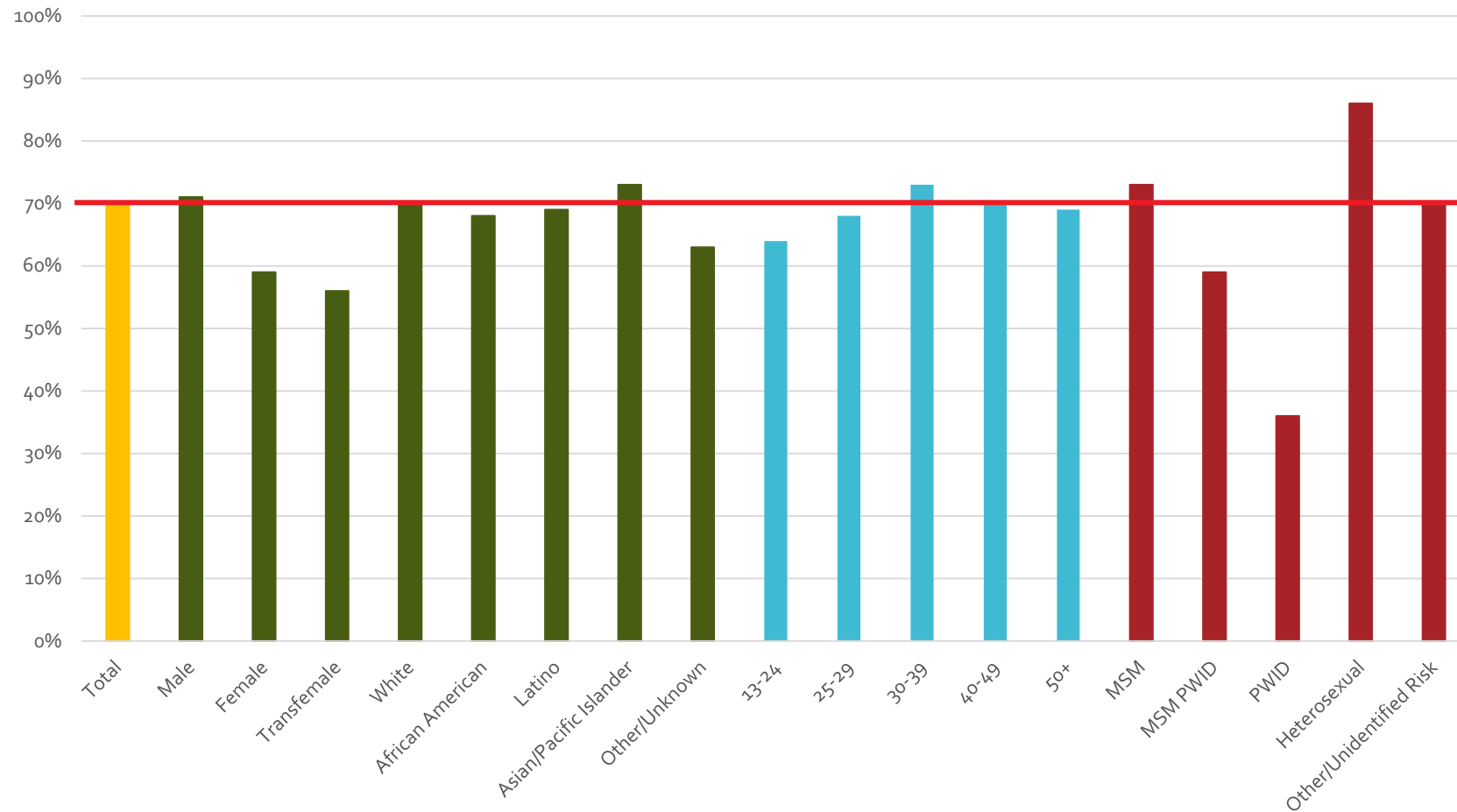


**Figure 3.1 Continuum of HIV care among persons diagnosed with HIV infection, 2010-2013, San Francisco**



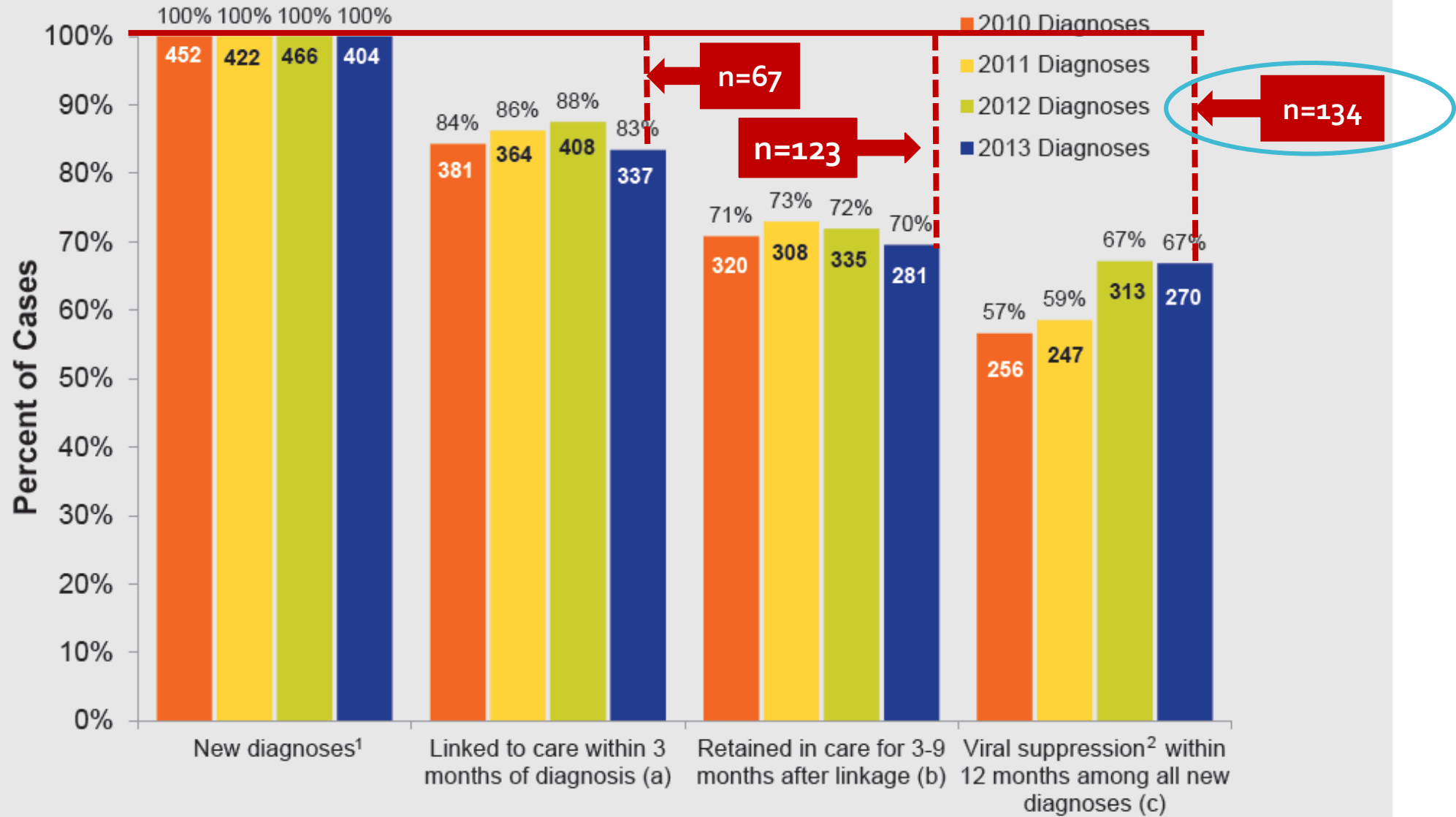
1 Number of new diagnoses shown each year is based on the evidence of a confirmed HIV test and does not take into account patient self-report of HIV infection.  
 2 Defined as the latest viral load test during the specified period ≤ 200 copies/mL.

# Retention in care, 3-9 months after initial linkage: Whom are we losing in SF?



Source: SF 2014 HIV Surveillance Report (Percent of total diagnosed in 2013)

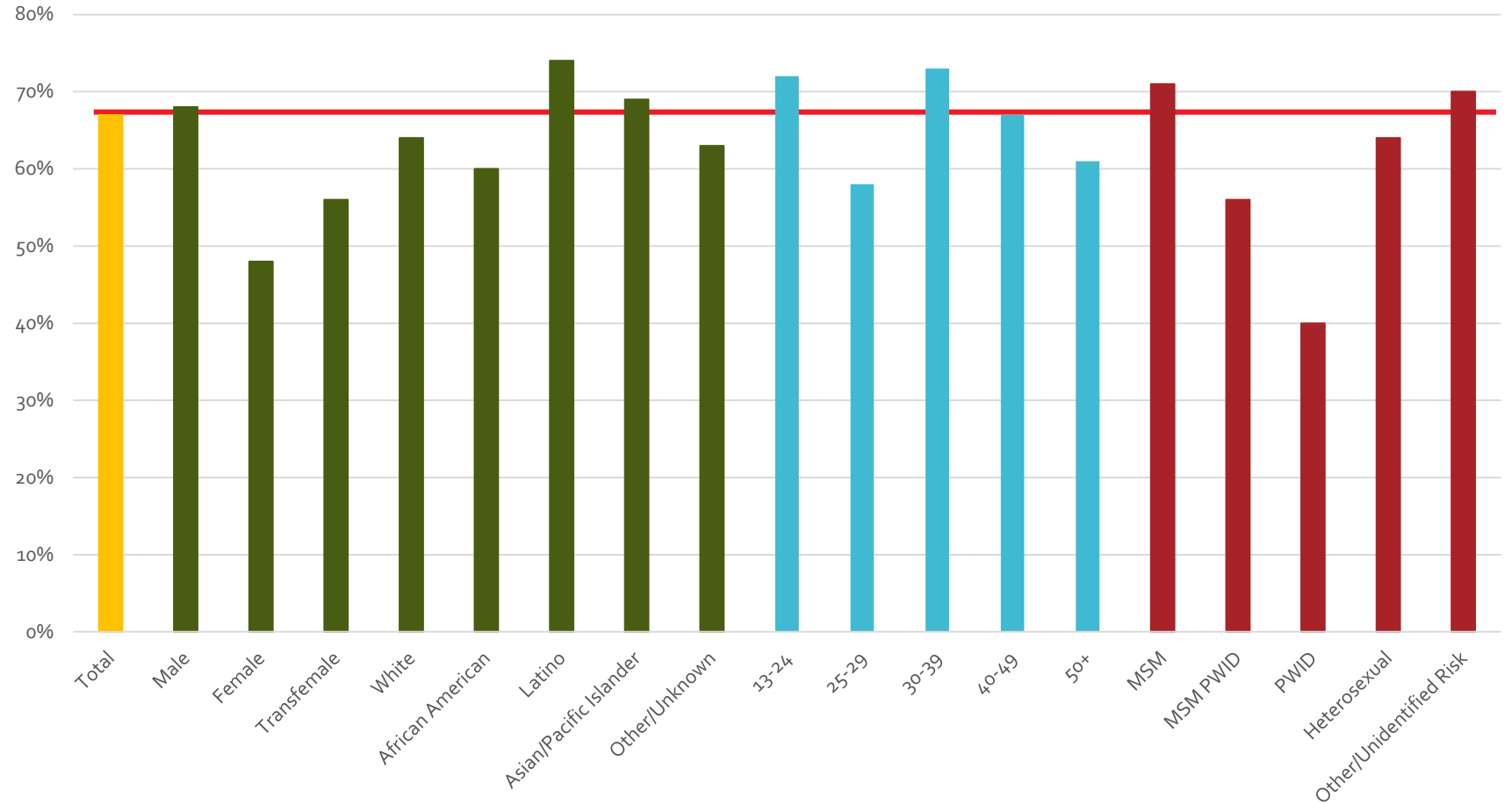
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# Virally suppressed within 12 months of diagnosis: Whom are we losing in SF?



Source: SF 2014 HIV Surveillance Report (Percent of total diagnosed in 2013)

# **Rapid ART Program Initiative for HIV Diagnoses (RAPID)**

- Same day linkage to HIV care at the time of HIV diagnosis
- Piloted since 2013 at San Francisco General Hospital (SFGH) HIV clinic
  - 55 patients started
- Expanding to rest of city
  - Mapped network of testing sites to RAPID sites to Primary Care sites
  - Developed citywide performance indicators
  - Adapting SFGH protocol for Citywide use
  - Creating outreach/detailing kit for providers
- Develop, adapt, implement, evaluate, repeat!

## Ending Stigma Committee

- *To eliminate prejudice and discrimination against people living with HIV and the communities disproportionately impacted by the disease.*

# Ending External “Social Stigma”

“Social stigma is the extreme disapproval of a person or group on socially characteristic grounds that are perceived, and serve to distinguish them, from other members of a society (1).”

You must understand the root cause of the stigma you are trying to address:

- Is it based on a lack of or miss information?
- Is it based on ignorance and/or intolerance?
- Is it based on issues of morality or belief?
- Is it based on issues fear?



# Ending Internal “Community Stigma”

Internal community stigma: The way communities (both professional, people impacted by or consumers of HIV services) manage the discourse of the changes in the strategies and approaches to preventing, caring for people, and treating the disease without inflicting stigma.

Examples:

- Negative attitudes about starting treatment early. “The treatment is toxic.” “They just want to pimp medication.”
- Negative attitudes attached to PrEP. “PrEP is only for so-called sluts” “Those on PrEP are just Truvada Whores.”

# Median Count of Initial CD4 Count

Populations by Race/Ethnicity	U.S. Median Initial CD4 Cell Counts (cells/ $\mu$ L)	San Francisco Median Initial CD4 Cell Counts (cells/ $\mu$ L)
Total	182	388
White	239	426
Other/Unknown	180	464
African American	175	351
Hispanic/Latino	160	328
Asian/Pacific Islander	225	319

Below 350

Below 500

~350 or below

CDC HIV Surveillance Supplemental Report, Volume 16, Number 1

SFDPH HIV Epidemiology 2010 Annual Report

# Acknowledgments

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People living with HIV and communities disproportionately at risk for HIV In SF

San Francisco Mayor Edwin Lee and elected officials

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SFDPH Staff

UCSF Medical Team at SFGH

HIV Planning Councils

Community Based Organizations

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