

MEGATRENDS – HIV, HCV, STI PREVENTION

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7/25/22



POPULATION HEALTH DIVISION SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



- Funding Trends
- HIV Data Trends
- Innovations in Prevention
- Program Priorities

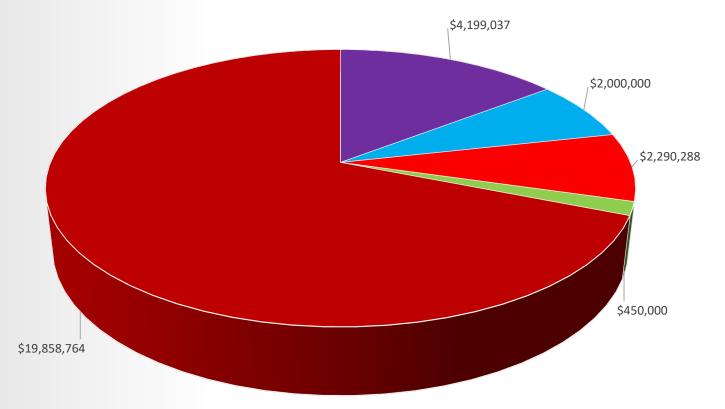


How much federal funding does San Francisco receive?

Federal Funding: \$8,939,325San Francisco General Fund: \$19,858,764Total HIV Prevention Funding: \$28,798,089

CHEP HIV Prevention Funding – 2021

- CDC Core Funding (Comp A)CDC Demonstration (Comp B)
- CDC Ending the Epidemic Comp A CDC Ending the Epidemic Comp C
- SF General Fund

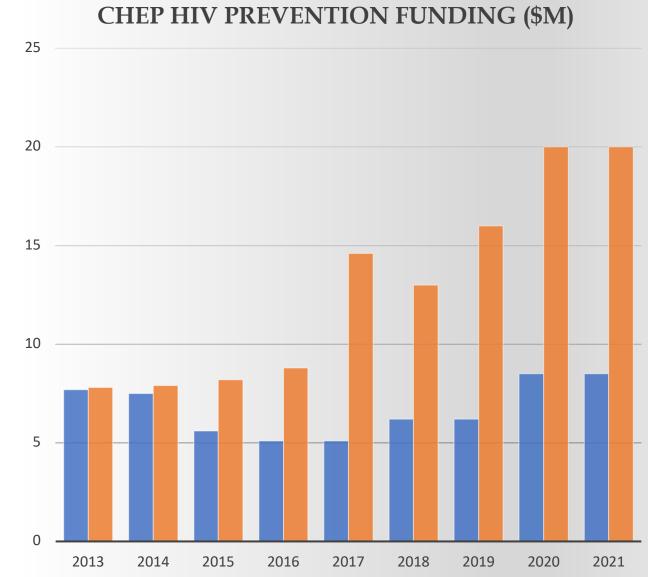


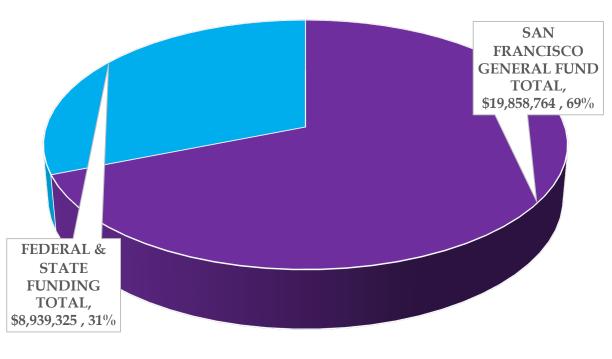


How much San Francisco General Fund is used to supplement or expand federal-funded programs?

CHEP TOTAL FUNDING – 2021

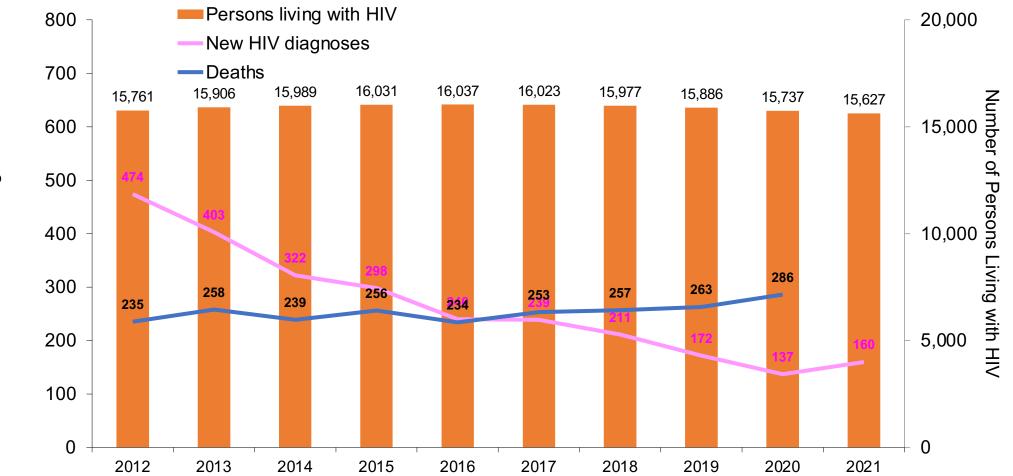
- SAN FRANCISCO GENERAL FUND TOTAL
- FEDERAL & STATE FUNDING TOTAL





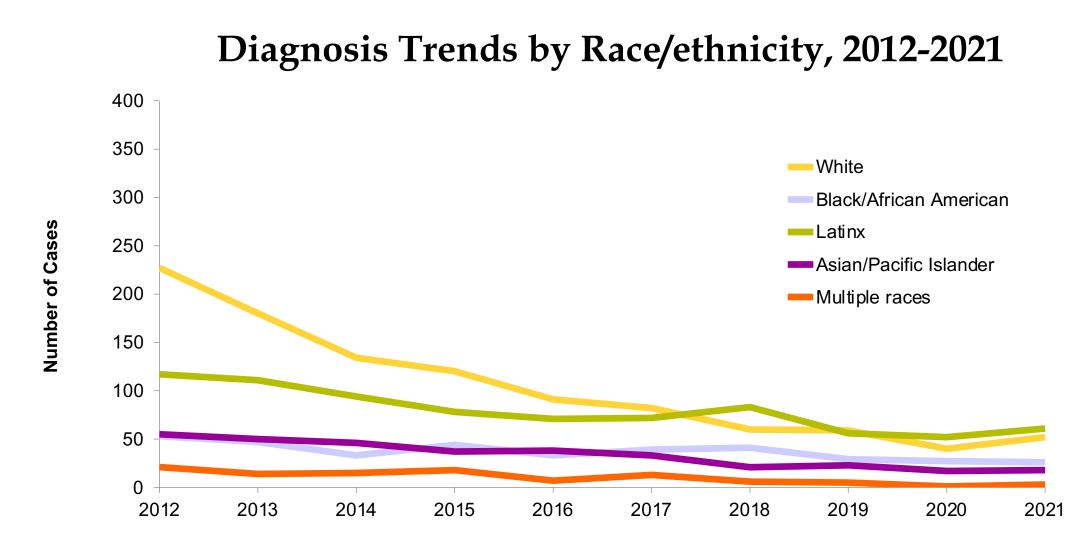
FEDERAL CDC FUNDING SAN FRANCISCO GENERAL FUND

New SF HIV diagnoses, deaths, and prevalence, 2012-2021



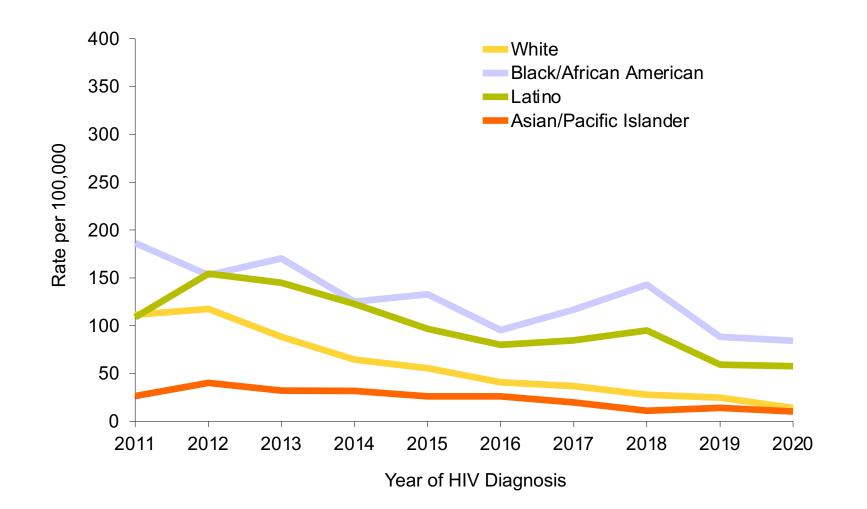
Number of New HIV Diagnoses/Deaths

Year

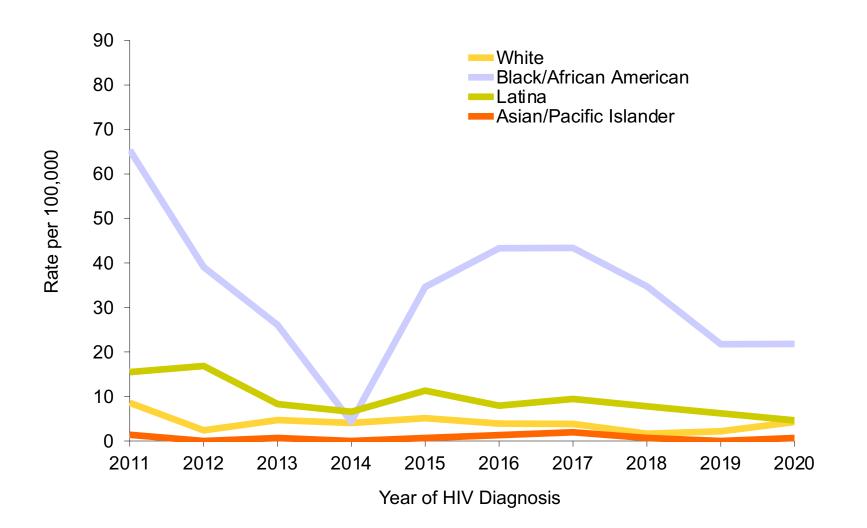


Year of HIV Diagnosis

Annual rates of men diagnosed with HIV per 100,000 population by race/ethnicity¹, 2011-2020, San Francisco

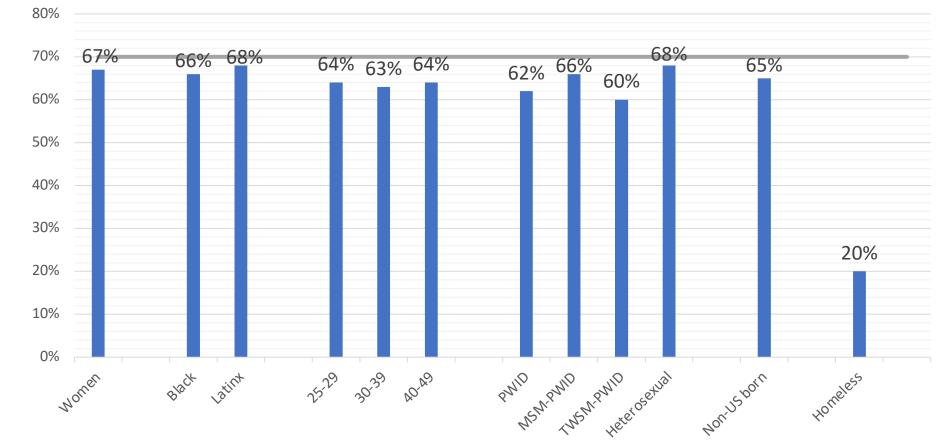


Annual rates of women diagnosed with HIV per 100,000 population by race/ethnicity¹, 2011-2020, San Francisco



Disparities in Viral Suppression – PLWHA 2020

■ Viral suppression rate



a

Ending the HIV Epidemic (EHE)

GOAL:

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years. Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



San Francisco added goals of elimination of hepatitis C (HCV) and reduction of sexually transmitted infections (STIs) https://www.sfdph.org/dph/files/CHEP/SF-ETE-Plan.pdf

SF ETE Values and Principles

Advance health equity and racial justice

Integrate HIV, HCV, and STI prevention, care and harm reduction

Eliminate HIV/HCV/STI-related stigma and discrimination

Ensure that services are as low barrier as possible

Value lived experience and fund peer-delivered services

Value Human Dignity



DPH-Post COVID-19 Lessons Learned/New Norms

The Network

Addressing Disparities by Increasing Access

Lead: Thomas Knoble

A COVID-19 LEGACY PROJECT

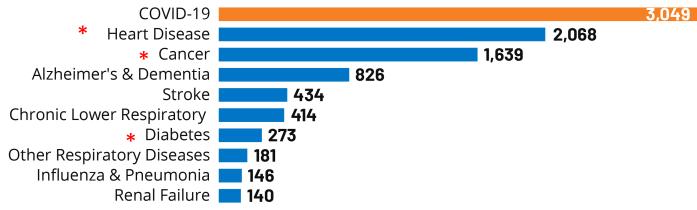
The Need

- Healthcare can be hard to access
 - Mental health
 - People are stigmatized by providers (racism, substance use, sexual activity, etc.)
 - Immigration status
 - Medical mistrust
- Many resources exist but are underutilized
 - Access is complex (language, transportation, eligibility)
 - Knowledge of availability
 - Unaware of their own need
 - Selecting the right service

Disparities Beyond COVID

COVID-19 is the Number One Cause of Death in the U.S. in Early 2021

Average daily deaths in the U.S. from COVID-19 (Jan. 2021) and other leading causes (2020)



NOTES: The COVID-19 mortality rate is the daily average for January 2021 through January 26, 2021 using the KFF COVID-19 Tracker data. Mortality rates for causes other than COVID-19 are the average of Morbidity and Mortality Weekly Report (MMWR) weeks 1-52 in 2020 reported by CDC. Heart disease refers to all circulatory diseases except stroke. Accidents are not included in the data source, but typically rank as the 3rd leading cause of death. SOURCE: KFF analysis of 2020 CDC mortality data

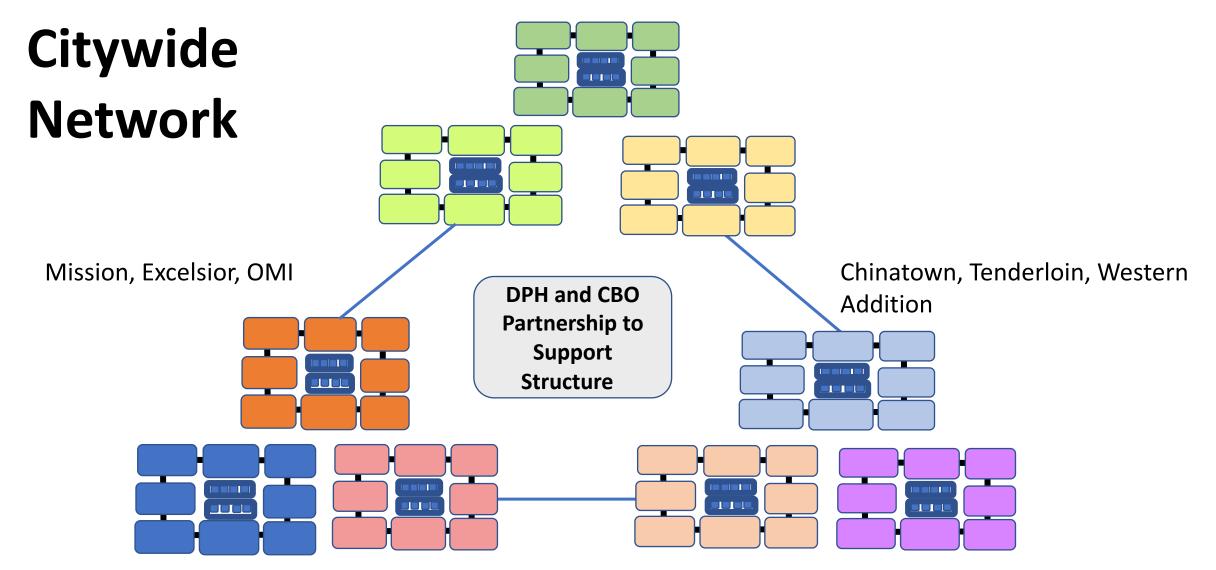
CBO Identified Priorities

- Diabetes *
- Heart Health^{*}
- Substances & Overdose
 Prevention
- Mental & Behavioral Health
- Housing Assistance & Security
- Food Assistance & Security
- Insurance & Benefits
- Primary & Clinical Care Access
- Interpreter Services
- Cancer Screening & Care *
- HIV/STIs/Hep-C

"The most effective referral is when you know someone at the organization you are referring to"

*From 15 interviews & 10+ site visits conducted by Network Staff

Bayview, Visitacion Valley, Potrero Hill



The Academy

Workforce Training & Development

Free Training

- Core competencies
 - •Harm Reduction
 - Motivational Interviewing
 - •Etc.
- Co-development and facilitation community
- Mentoring program
- All offerings in Spanish and English

CHEP Lead: Thomas Knoble





San Francisco

RFP 4-2019

An Equity Focused, Community Centered, Whole Person Care Approach to Integrated HIV, HCV, and STI Prevention Programs for Affected Communities

Goal & Focus of RFP 4-2019

To ensure that all San Franciscans have equitable access to high quality prevention, care, and treatment services to attain optimal health in HIV, STI, and HCV wellness.

To be intentional about addressing equity by focusing on populations where the greatest disparities result in disproportionate levels of HIV, HCV, and STI.

• Inclusion of disparities as criteria for funding allocation

Alignment with the HIV, HCV, STD Roadmap Stakeholder Engagement guiding principles, as well as national and SFDPH priorities



Equity focused, community-centered, whole person care approach (Health Access Point – HAP)



Integration of HCV and STI with HIV



Increased emphasis on harm reduction services



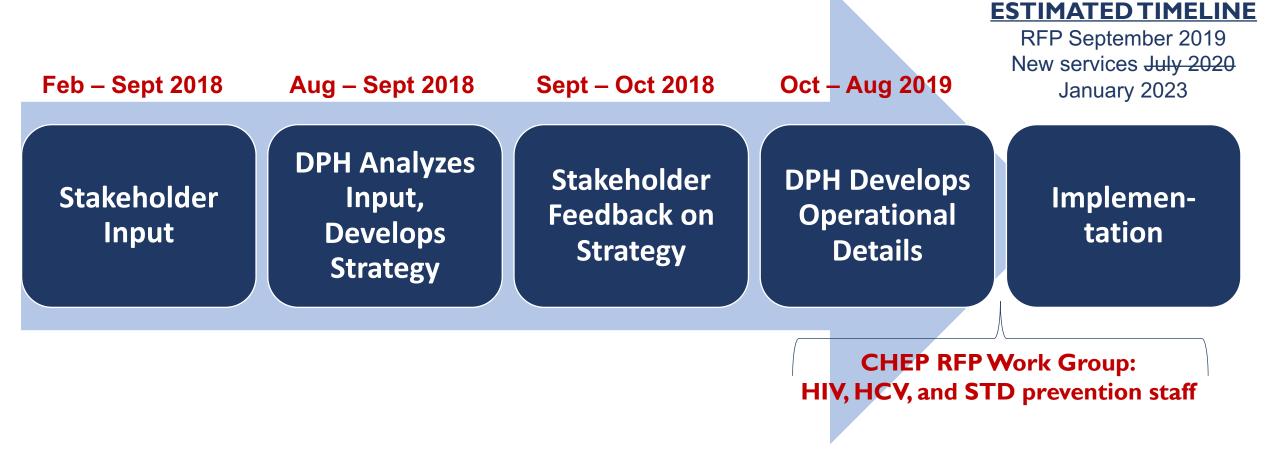
Enhanced community engagement



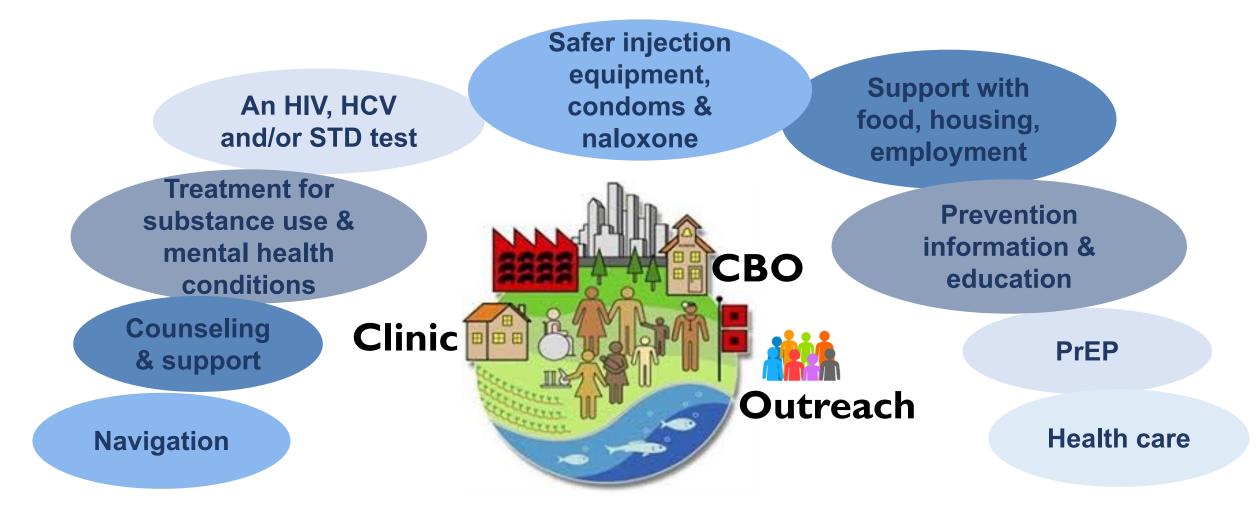
Collaboration

Process & Timeline

ROAD



Goal: Reduce disparities by addressing vulnerabilities through focused community investment



Categories 1 through 7 in the order listed

- Latinx
- Trans Women
- People who use drugs, including injecting drugs (PWUD/ID)
- Gay/Men who have sex with men (MSM)
- Asian/Pacific Islander (API)
- Young Adults
- Black/African American (B/AA)

Health Access Points (HAPs) allow people who identify with multiple populations to receive services where they feel most comfortable.

Integrated HIV, HCV, and STD Testing	Linkage and Navigation	Health Education and Counseling	Overdose Prevention	Syringe Access and Disposal
Substance Use and Harm Reduction Services for Opioids, Stimulants, Alcohol, Tobacco, and Cannabis		Community Engagement and Mobilization	Condom Distribution	Basic Needs
Primary Care	Mental Health Services	Prevention and Treatment Medication: PrEP and ART for HIV; HCV Treatment; STD Treatment, Including Medical Storage		Substance Use Treatment

Funded Vendors & Amounts

Health Access Point (HAP) Service Category/Program	Applicant that ranked highest or was only applicant	Subcontractors (partner agencies)	Funding amount	
Cat. 1 – HAP for Latinx	Instituto Familiar de la Raza (IFR)	 Mission Neighborhood Health Center IFR El/La Para TransLatinas 	\$1,884,570	INSTITUTO FAMILIAR DE LA RAZA, INC.
Cat. 2 – HAP for Trans Women	San Francisco Community Health Center (SFCHC formerly APIWC)	 El/La Para TransLatinas IFR St. James Infirmary SFAF 	\$753,828	SAN FRANCISCO COMMUNITY HEALTH CENTER
Cat. 3 – HAP for PWUD/ID	Positive Care Program Ward 86 (PHP)	GlideSt. James InfirmaryUC-AHP	\$876,325	University of California San Francisco
Cat. 4 – HAP for Gay/MSM	San Francisco AIDS Foundation (SFAF)	GlideSFCHCShanti	\$1,130,742	FRAMESC FRAMESC
Cat. 5 – HAP for Asian/Pacific Islander	UCSF Alliance Health Project (UC-AHP)	• SFCHC	\$621,908	HALIN PROCESSION OF THE COMMUNITIES
Cat. 6 – HAP for Young Adults	Lavender Youth Recreation and Information Center, Inc. (LYRIC)	 SFAF Huckleberry Homeless Youth Alliance (HYA) Larkin Street Youth Services 	\$471,143	LYRIC CENTER FOR LGBTQQ YOUTH
Cat. 7 – HAP for Black/African American (includes training and capacity building support)	Rafiki Coalition (Programmatic and Capacity Building)	 SFAF Positive Resource Center (PRC) UC-AHP 3rd Street Youth Center 	\$2,261,484	COALITION



- Meeting with each vendor and collaborators
- Negotiate contracts
- Provide ongoing technical assistance and support
- Coordinate with Ending the Epidemics activities



THANK YOU



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