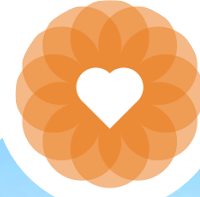


SAN FRANCISCO DEPARTMENT OF PUBLIC
HEALTH

Mega Trends: Current and Emerging Issues and Solutions in the HIV Continuum of Care

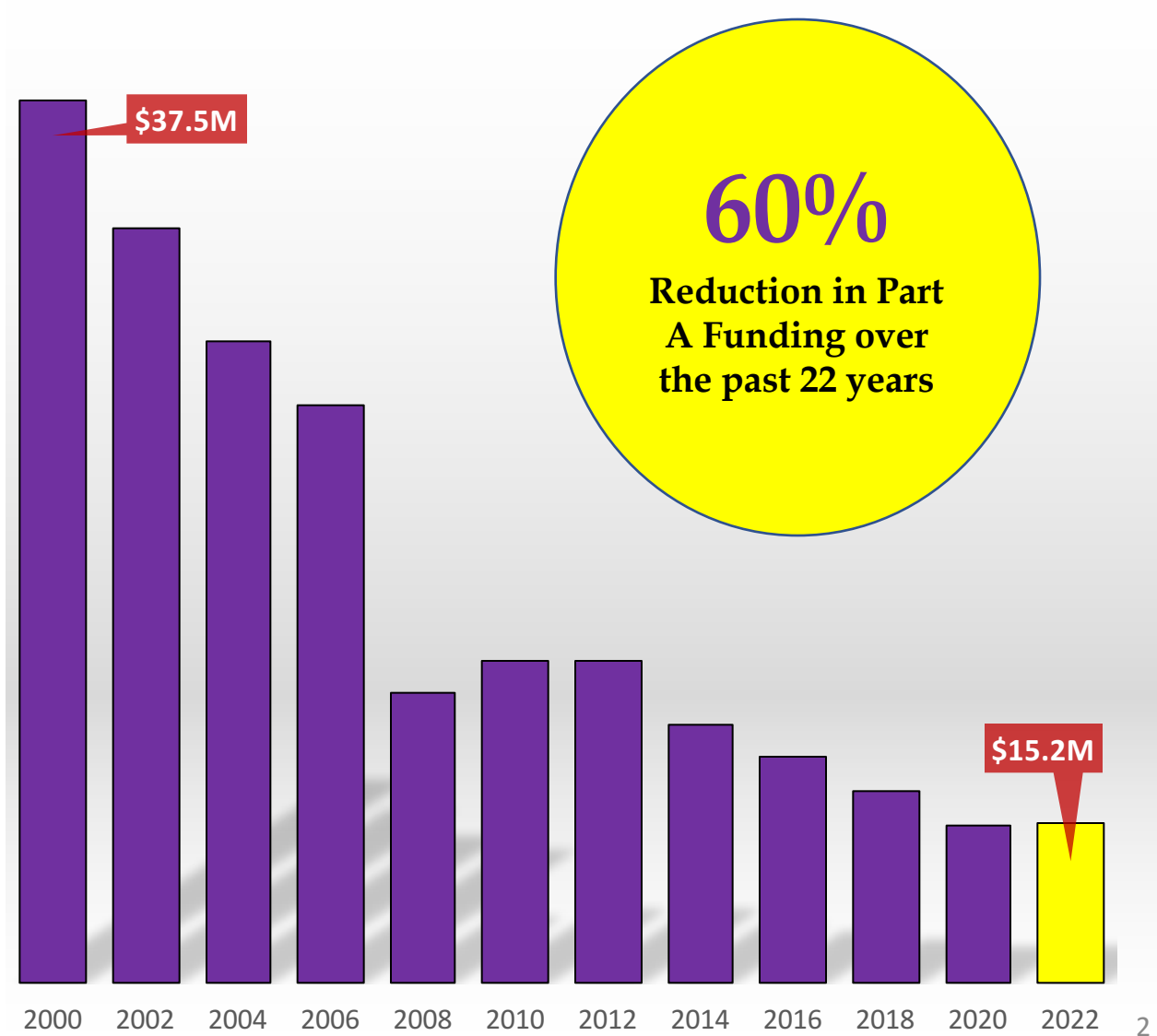
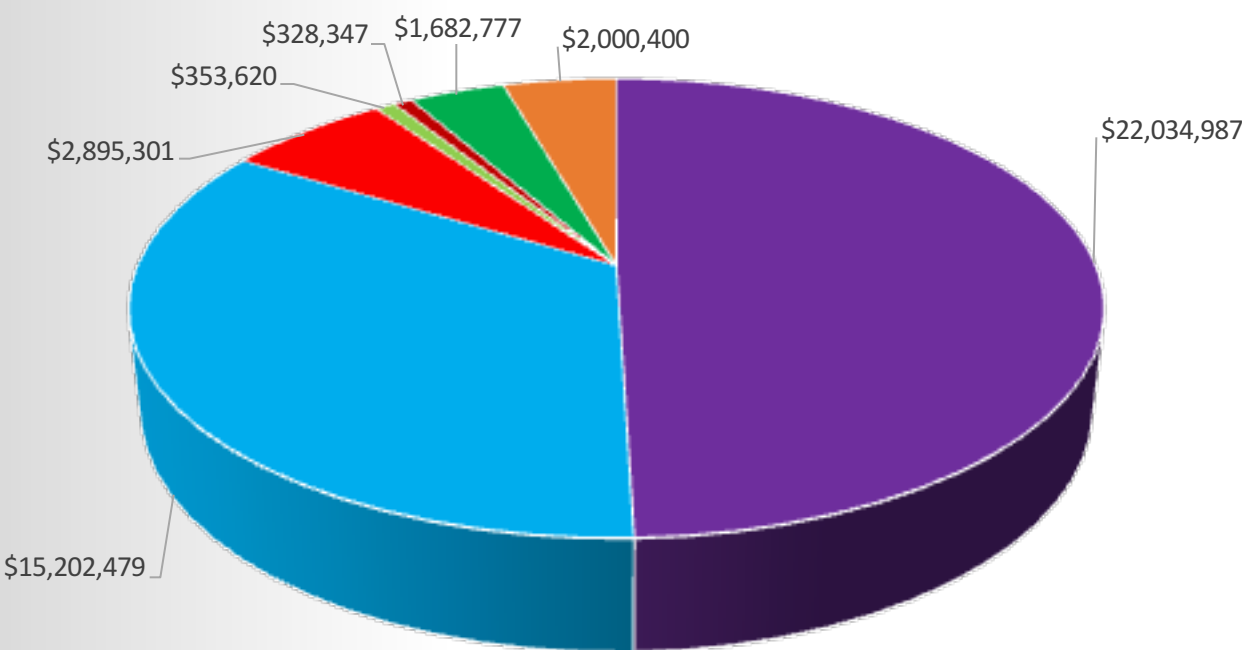
July 25, 2022

Bill Blum, *HHS Director*

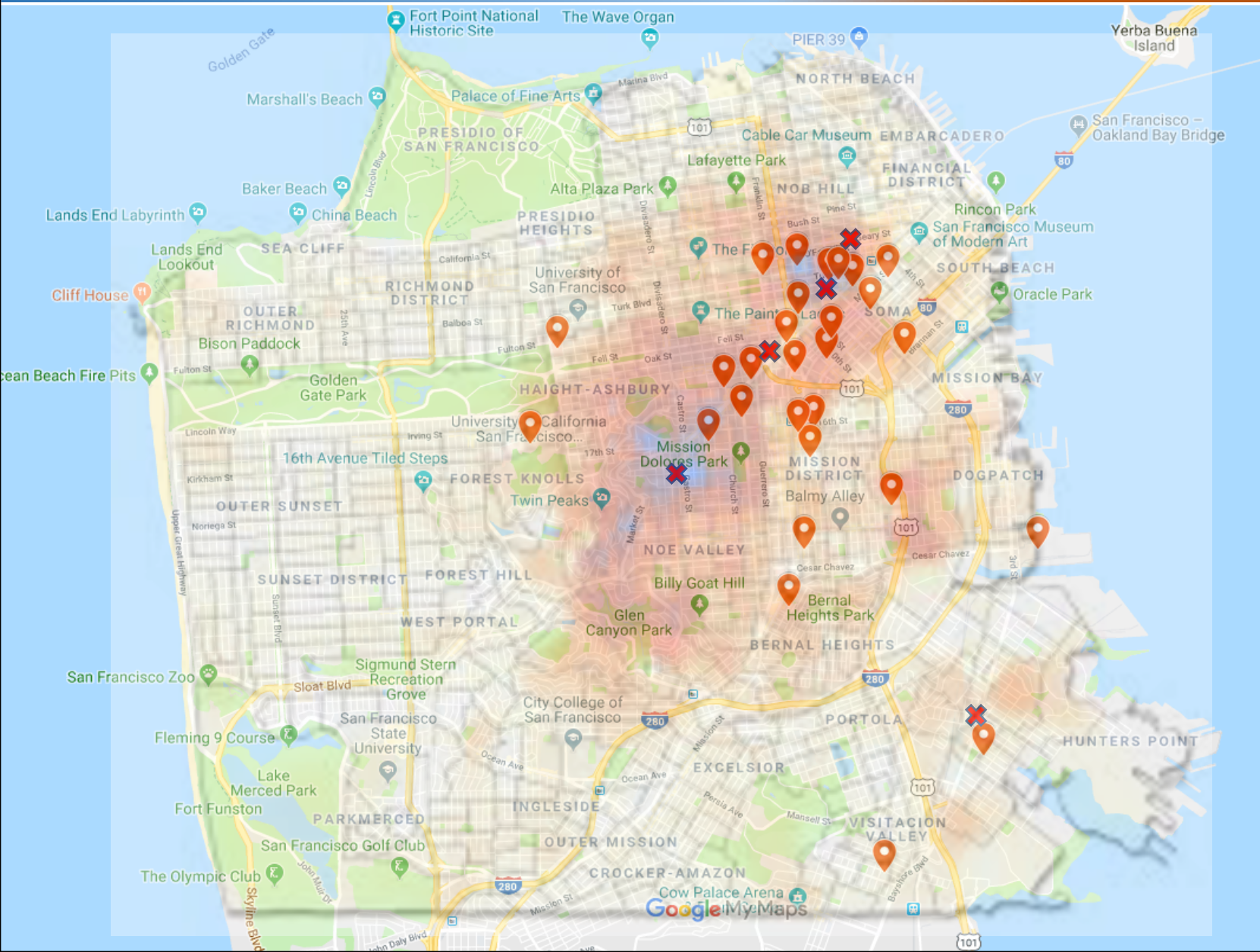


HHS Funding – 2022

- San Francisco General Fund
- Ryan White Part A
- Ryan White Part B (California SOA)
- Ryan White Part B Supplemental (California SOA)
- Ryan White Part C
- San Francisco Getting To Zero
- Ryan White Ending the HIV Epidemic



Map of DPH funded HIV Service Providers - Meeting clients where they reside



- 
- AGUILAS
 - AIDS Legal Referral Panel
 - Alliance Health Project
 - BAART
 - Bayview Hunter's Point Foundation
 - Castro-Mission Health Center
 - Catholic Charities (multiple sites)
 - City Clinic
 - Community Awareness & Treatment Services
 - Dolores Street Community Services
 - Glide
 - Harm Reduction Coalition (Oakland Headquarters)
 - Health Right 360
 - HIV Integrated Services
 - Instituto Familiar de la Raza
 - Larkin Street Youth Services
 - Lutheran Social Services
 - LYRIC
 - Mission Neighborhood Health Center
 - Native American Health Center
 - Positive Resource Center
 - Project Open Hand / AIDS Emergency Fund
 - Rafiki Coalition
 - San Francisco AIDS Foundation
 - San Francisco Community Health Center
 - Shanti
 - South Van Ness Behavioral Health Services
 - Southeast Health Center
 - St Mary's - Dignity Health
 - Tom Waddell Urban Health Center
 - UCSF, Men of Color Program/PCC
 - UCSF, Positive Health Program
 - University of Pacific, School of Dentistry
 - Westside Community Services
 - ✖ **CHEP-only Services**



Goal of Presentation


Provide HCPC with CHEP and HHS observations on HIV Care Continuum Landscape at local, state and federal levels to help inform the current and future work and collaboration of the SF HCPC and the San Francisco Department of Public Health



Implementation of the vision of ending the Epidemic

- Functionally ending the HIV epidemic -What This Means
- San Francisco's role in shaping this vision with Getting to Zero





Federal Ending the HIV Epidemic Funding

- Addressing Health Outcome Disparities
- Disruptive Interventions
- In SF – developing more intensive low/no barrier services to reach those who we have not been successful and getting and/or retaining in care
- Anticipated yearly increases for HRSA/HAB HIV care funding
 - *Impact will ETE funding have Ryan White Programs*
- Roll out of Prep at a national level
 - *Which federal agency will administer through which care delivery system*

 Ending
The
HIV
Epidemic



Syndemic Approach

- HIV Continuum of care model- education, testing, interventions (PEP and PREP), linkage and maintenance in care (HIV and/or primary medical care)
- A comprehensive approach to responding to multiple diseases and conditions including housing, substance use, STD, HCV, linkage and now COVID and maybe Monkey Pox
- Syndemic approach initiated at a local level, adopted by state of California and now being evaluated at federal level
- Development status neutral service providers and status neutral services and challenges with HIV care funding stream



HIV as a chronic treatable disease

- Experience of what it means to be living with HIV for “newer generations” with good care and treatment access
- HIV clinics functioning as primary care sites
- “mainstreaming” of HIV care in primary care clinics





Impact of U=U

*Undetectable =
Untransmittable*

- Emotional, sexual and reproductive health lives of PLWH and their partners
- Motivation and pressure to get on to ART
- Uncertainty factor for PLWH for whom medications are not effective enough to reduce viral load to non-detectable





Bio-medical Advances

Long Acting Injectable HIV Prevention and Treatment

Implications for rolling out in clinical practice

- *Role of patient choice and preferences*
- *Service provision model*
- *Equity and efficacy concerns*
- *Development of Injection clinics*
- *Staffing patterns to provide services- pharmacists, LVN, RN*
- *Maintenance in care services*

Offering Prep and Treatment services in same clinical setting

- *Developing funding and tracking structures to make this possible*





Supporting Long Term Survivors

Social, emotional and physical impacts of long term survival with HIV

- *Additional challenges of isolation with due to COVID and SIP*
- *Interruptions to care and social connections*
- *Understanding and responding to “general differences” in experience of living with HIV*





Medical Care Model for HIV Care and Aging

- Current Trend in SF is HIV Providers are developing expertise in addressing issues related to aging across the system
- Augmented role of pharmacists in medication management
- Increase use of screening for cognition changes, fall risks and assessment frequency for social and physical supports

50%

of people living with HIV in the US were over the age of 50 in 2015

70%

of people living with HIV in the US were over the age of 50 in 2022



**Addressing,
reducing and
eliminating HIV
related health
outcome
disparities**

For HIV care in SF – People
Experiencing Housing Instability,
black/ African-American,
Transgender-Non-binary Women,
People who use drugs and People
with current/ recent incarceration

- *EHE funding allows for
intensification of low to no barrier
services for populations with
significant structural barriers*

Questions



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