San Francisco’s Getting to Zero Initiative

- Zero new HIV infections
- Zero HIV deaths
- Zero stigma and discrimination

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GTZ Steering Committee

www.GettingToZeroSF.org
Objectives for the Presentation

➢ Describe the Getting to Zero Initiative

➢ Provide update on previous and current activities (including funding)

➢ Discuss how HCPC and GTZ can work together
Getting to Zero
How SF was inspired to join the “Getting to Zero” movement

During this World AIDS Day event, the panel of experts was asked by a community member,

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

The response was the beginning of GTZ.
Getting to Zero SF

• GTZ is a multi-sector independent consortium. Operates under principles of collective impact:
  
  “Commitment of groups from different sectors to a common agenda to solve a specific problem.”

• Vision:
  
  Become the first municipal jurisdiction in the United States to achieve the UNAIDS vision of “Getting to Zero”

Add more organizations, change steering committee members
Involvement in GTZ: Sponsors and >200 members

Steering Committee
Susan Buchbinder
David Gonzalez
Diane Havlir
Joe Hollendoner
Tracey Packer
Hyman Scott
Jeff Sheehy
Chip Supanich
Lance Toma/Jacob Moody
Shannon Weber
Dana van Gorder
Collective Impact

- **Common Agenda**
  - Keeps all parties moving towards the same goal

- **Common Progress Measures**
  - Measures that get to the TRUE outcome

- **Mutually Reinforcing Activities**
  - Each expertise is leveraged as part of the overall

- **Communications**
  - This allows a culture of collaboration

- **Backbone Organization**
  - Takes on the role of managing collaboration
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HIV Care Cascade, SF

- Infected: 100%
- Diagnosed/Aware: 93%
- Received care: 52%
- Prescribed ART: N/A
- Virally suppressed: 40%

Comparison:
- San Francisco, 2013: 100%
- California, 2012: 84%
- United States, 2012: 87%
Strategies that enhance the existing HIV system of care

- City-wide coordinated PrEP program
- Rapid ART start with treatment hubs
- Linkage-engagement-retention in care
- Reducing HIV stigma

Strategies are built upon the foundation of HIV Prevention, Care, and Treatment Services, Programs funded by Ryan White, CDC, and City General Funds
Strategic Priorities

• Build capacity for HIV programs for persons living with disease and at risk in San Francisco
  • Maintain funding for existing HIV prevention and care services
  • Achieve success in new initiatives
  • Address disparities in HIV care and prevention
  • Address the social determinants of health

• Secure funding and broad city/private sector support

• Create innovative programs

• Exchange best practices with other cities
Getting to Zero Infrastructure

• Steering Committee supports committees and oversees GTZ initiative.

• Committees develop strategies to meet the GTZ goals.

• Quarterly Consortium Meetings

• GTZ Google Group facilitates broad communication

• Website: GettingToZeroSF.org.
Getting to Zero Consortium Structure

San Francisco Getting to Zero Consortium

Steering Committee

PrEP
- Users
- Providers
- Metrics

Rapid
- Protocol
- Hubs
- Training

Re-engagement and Retention
- Linkage
- Coordination
- Data to Care

Stigma
- Recruitment
- Data collection and analysis
What’s Next for GTZ?

• City Funds to advance GTZ
  – PrEP navigation
  – RAPID hub expansion
  – Re-Engagement and retention by addressing barriers
  – Ending stigma through education
  – Strengthen capacity
• Develop PrEP “Cascade”
• Measure PrEP Persistence
• Develop metrics for all initiatives
• Maintain current HIV prevention and care programs (work with HAPN to support backfill)
• Work with other jurisdictions as requested.
GTZ/HIV Funding

GTZ committees identify priorities that build on current HIV programs to get to: zero new infections, zero HIV related deaths, zero HIV related stigma.

GTZ Steering Committee reviews and sets budget priorities in tandem with committee chairs.

GTZ & HAPN collaborate to ensure sustained HIV funding for SF including backfill of federal reductions in addition to any new initiatives.

Funds allocated to DPH.
GTZ/HIV Funding Process

Funds allocated to DPH

DPH determines funding mechanism:
- RFP
- Other (staffing, sole source)

DPH issues RFP

External review

DPH negotiates contracts
<table>
<thead>
<tr>
<th>Category</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrEP/Retention</td>
<td>Year 1 Getting to Zero (2015-16)</td>
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<tr>
<td>PrEP</td>
<td>Community-based PrEP services for Latino MSM, African American MSM, Young MSM, and Transwomen</td>
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<tr>
<td></td>
<td>PrEP Navigation in SFDPH Primary Care clinics</td>
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<tr>
<td></td>
<td>Truvada for uninsured youth &lt;18</td>
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<tr>
<td></td>
<td>Pharmacy-delivered PrEP</td>
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<tr>
<td>RAPID</td>
<td>RAPID Linkage Specialist at Ward 86</td>
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<tr>
<td></td>
<td>RAPID detailing NP 0.20</td>
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<td></td>
<td>RAPID detailing consultant</td>
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<tr>
<td>Stigma</td>
<td>Community-based anti-stigma initiative</td>
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<tr>
<td>Retention/Core Medical &amp; Support Services</td>
<td>RAPID and Retention Coordination at Ward 86</td>
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<td>STD Services at Ward 86</td>
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<tr>
<td></td>
<td>Intensive Case Management, with one agency providing aging services</td>
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<td></td>
<td>Aging</td>
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<td></td>
<td>Employment Services</td>
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<td>Curb food insecurity</td>
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<tr>
<td>Coordination, Communication, Capacity Building</td>
<td>Support for HIV Frontline Workers (FOG)</td>
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<td></td>
<td>DPH Community Based Programs Coordinator</td>
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Total: $4,245,383
How are HCPC and GTZ similar and different?

<table>
<thead>
<tr>
<th>Collective Impact</th>
<th>HCPC?</th>
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<tbody>
<tr>
<td>• Common Agenda</td>
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HCPC and GTZ Working Together

• In what ways can HCPC and GTZ work together better?

• GTZ strongly encourages you to attend the next consortium meeting: add date and time
Thank you