Presentation Goal

At the end of the presentation council members will have an increased understanding of:

- HIV prevention and care funding landscape
- New directives and initiatives potentially impacting HIV service and system design
- Challenges and opportunities for STD and Hepatitis C services
CURRENT STATE
# HIV, HCV & STD at a Crossroads

## Disease Trends
- New HIV infections
- HCV curable
- STD rates

## Changing Needs
- Aging HIV+ population
- Populations with more severe needs
- Persistent inequities

## Uncertain Future
- Funding
- Access to care
- Biomedical advances
- Shifting populations and values in SF
New HIV diagnoses down > 50% since 2006, from 530 to 223 annually

- Treatment as prevention
- Testing and linkage
- More recently, PrEP
- Shifts in community norms around testing and PrEP

Source: SFDPH 2016 HIV Annual Epidemiology Report
STD rates increasing even as HIV diagnoses decline

- SFDPH STD Program 2018 strategic planning
- One priority is better integration of comprehensive sexual health services into existing health care delivery systems
- Key populations
  - Young adults
  - Trans persons
  - Pregnant women
  - Men who have sex with men
With HCV cure available & covered by Medi-Cal, massive scale up of testing, linkage and treatment

Rapid Antibody HCV Testing, 1/1/15-12/31/17
San Francisco Department of Public Health

Overall 2017 Antibody Reactivity Rate 18.4%

Source: Raganold, E. SFDPH unpublished data, 2018

<table>
<thead>
<tr>
<th></th>
<th>Pre-intervention</th>
<th>Post-intervention</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients treated</td>
<td>8.9 per month</td>
<td>18.9 per month</td>
<td>112%</td>
</tr>
<tr>
<td>Clinics treating</td>
<td>5</td>
<td>12</td>
<td>140%</td>
</tr>
</tbody>
</table>

>500 patients treated in last 2 years
Achieving Health Equity: Much Work to Do

• Across all three diseases, Black/African Americans are disproportionately affected and experience worse health outcomes than other populations.

• Impact of social determinants of health is significant
  • Homelessness, substance use, mental illness, incarceration, poverty, care access, etc.

• With HIV, biggest challenge is retention in care
  • Significant # of individuals in high need populations still fall through the gaps in the system.
UNCERTAINTIES AND OPPORTUNITIES
Acknowledging Certainties & Uncertainties: Funding and Access to Care

- At the federal level
  - HIV prevention CDC funding
  - STD prevention CDC funding
  - Ryan White HAB funding
  - No HCV funding
  - Affordable Care Act (ACA)

- At the state level
  - Legislative agenda
  - Funding formulas

- At the local level
  - Marin/San Mateo no longer in SF’s CDC prevention jurisdiction

Likely Future:
- Flat or reduced funding for HIV care & prevention
- Continued under-funding for STDs
- Local support only for HCV
Opportunities Abound

- Treatment as prevention
- STD medications on ADAP formulary
- Federal opioid funding
- Collaboration with sister efforts:
  - Supervised injection services
  - U=U to address stigma
  - HIV/HCV/STD roadmap
  - HIV/AIDS Providers Network
  - End Hep C SF
  - Regional planning
  - PrEP Assistance Program (PrEP-AP)
  - Integrated PrEP & HIV care services

GETTING TO ZERO

HAPN

ENDHEP C SF
Strategic Issues for Consideration

- Disparities in new HIV diagnoses by race
- Health of people experiencing homelessness and/or drug use
- Evolving models of care for:
  - PLWH age 50+
  - Transitional aged youth
Disparities in New HIV Diagnoses by Race (Surveillance Data)

Rate of New HIV Diagnoses Among Men

Year of HIV Diagnosis

Source: SFDPH 2016 HIV Annual Epidemiology Report
PWID: New HIV Diagnoses by Year (Surveillance Data)
Disparities in Viral Suppression among Homeless (Surveillance Data)

Source: SFDPH HIV Epidemiology Section
ARIES QI Data: Disparities in Viral Suppression

Viral Load Suppression by Demographic – 70%–90%

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender MTF</td>
<td>75.5%</td>
<td>77.4%</td>
<td>79.1%</td>
<td>78.9%</td>
<td>80.9%</td>
<td>81.2%</td>
<td>81.2%</td>
<td>79.2%</td>
</tr>
<tr>
<td>Asian &amp; Pacific Islander</td>
<td>81.9%</td>
<td>86.9%</td>
<td>87.4%</td>
<td>86.5%</td>
<td>86.5%</td>
<td>89.1%</td>
<td>89.3%</td>
<td>89.0%</td>
</tr>
<tr>
<td>Black &amp; African American</td>
<td>72.2%</td>
<td>74.8%</td>
<td>75.6%</td>
<td>75.7%</td>
<td>76.2%</td>
<td>77.1%</td>
<td>76.1%</td>
<td>78.4%</td>
</tr>
<tr>
<td>Hispanic &amp; Latina/o</td>
<td>80.7%</td>
<td>81.6%</td>
<td>82.0%</td>
<td>83.0%</td>
<td>83.6%</td>
<td>85.7%</td>
<td>84.5%</td>
<td>84.4%</td>
</tr>
<tr>
<td>White</td>
<td>76.1%</td>
<td>77.1%</td>
<td>77.9%</td>
<td>78.5%</td>
<td>80.1%</td>
<td>81.2%</td>
<td>81.0%</td>
<td>80.7%</td>
</tr>
<tr>
<td>All</td>
<td>76.6%</td>
<td>78.2%</td>
<td>78.8%</td>
<td>79.3%</td>
<td>80.4%</td>
<td>81.8%</td>
<td>81.7%</td>
<td>81.7%</td>
</tr>
</tbody>
</table>
SF ARIES – Age Range
(Ryan White Part A, B, C and SF General Fund)
SF Pediatric AIDS Program Age Demographics

SF PEDIATRIC AIDS PROGRAM AGE DEMOGRAPHICS

- 37% 19-20 (n=4)
- 27% 13-18 (n=3)
- 9% 1-12 (n=1)
- 27% 21-24 (n=3)

RUN DATE: 4/20/2018
TOTAL n = 11
Upcoming solicitations for HHS and CHEP

- Centers of Excellence
  - Strategies to further reduce health outcome disparities
  - Services to further reduce times from diagnosis to initiation of ART
- Other service lines HIV transmission prevention services
- Smoking cessation
- Augmented STD screening

- HIV, HCV, STD, Sexual & Drug User Health
Group Break Out Discussion Questions

- How does this affect/impact us on a personal/professional level?
- What further information do we need regarding this topic?
- Have we experienced any lessons learned that can serve as a national model?
- What opportunities do you see for integration of HIV prevention and care and STD and HCV?
- What initial recommendations do we have for HCPC and SFDPH moving forward?
Thank you!