

Getting to Zero San Francisco Consortium

Zero new HIV infections

Zero HIV deaths

Zero stigma and discrimination



Agenda

1. Welcome
2. Presentation - “Getting to Zero: Not Without Housing” Statement
3. City Leadership Commentary and Q&A
4. Panel & Community Discussion
5. Called to Action

Getting to Zero: Not Without Housing

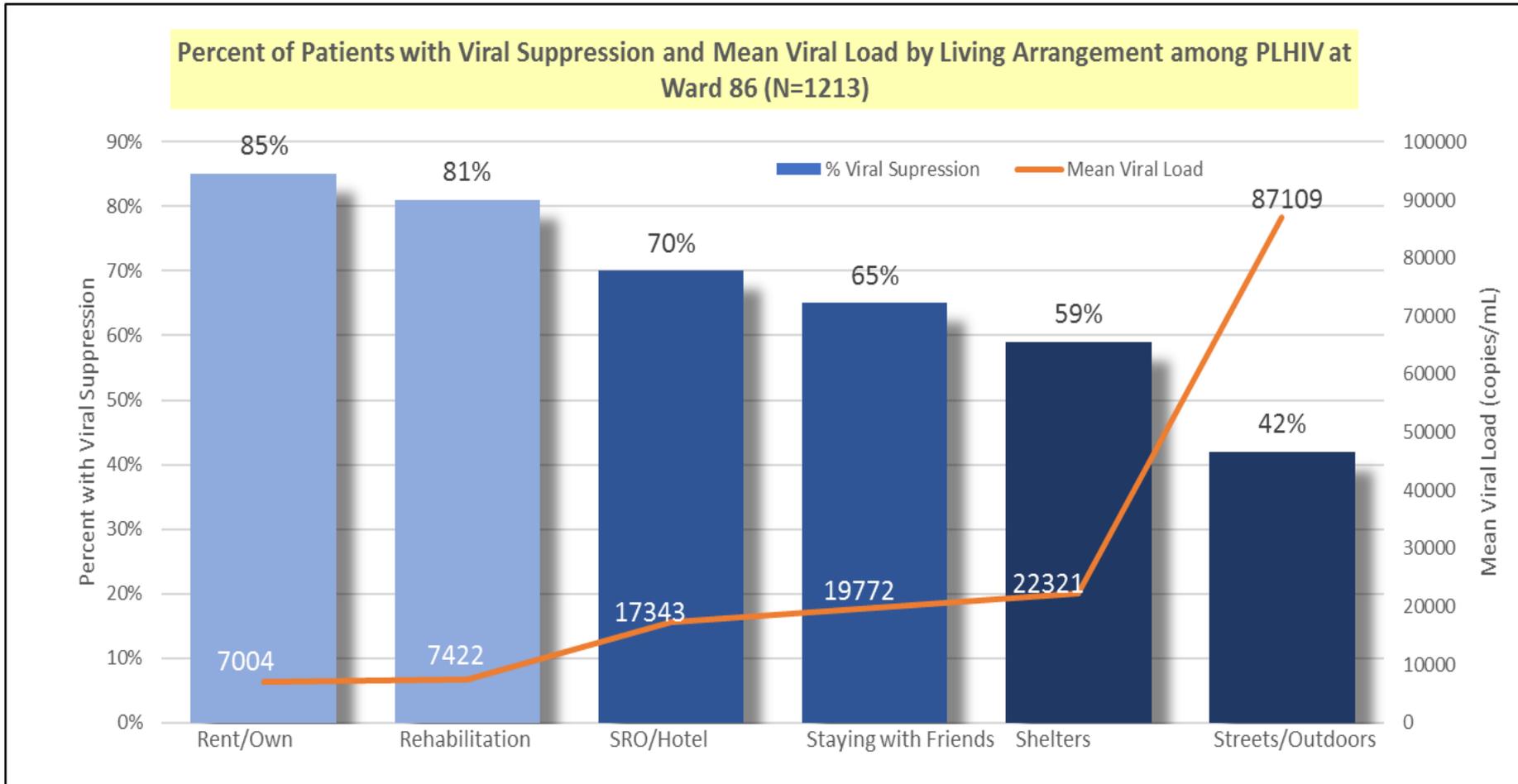


Background: Disparities in Viral Suppression

	<u>Number of living cases</u>	<u>% Virally suppressed</u>
Total	15,065	67%
Gender		
Male	13,871	67%
Female	845	62%
Trans Female	349	67%
Race/Ethnicity		
White	9,115	68%
African American	1,806	62%
Latino	2,804	64%
Asian/Pacific Islander	850	68%
Other/Unknown	490	68%
Housing Status, Most Recent		
Housed	14,796	67%
Homeless	269	33%

Care indicators among persons living with HIV in 2015 who resided in San Francisco at diagnosis, by gender, race/ethnicity, and housing status (adapted from SFPDH HIV epidemiology annual report 2016, Table 3.3).

Background: Disparities in Viral Suppression



In 2017, living situation and viral load were tracked for 1,222 HIV positive patients of Ward 86 at Zuckerberg San Francisco General Hospital. (Clemenzi-Allen et al., 2018).

Collective Action Process



Recommendations

To solve the problem, we need an immediate commitment to develop **new permanent and supportive housing**, a long-term solution that will take at least three to five years to develop.

In the meantime, in order to immediately address homelessness and to meet GTZ's goal of eliminating HIV in San Francisco, we are calling on the city to:

1. Provide **same-day access to emergency housing**, navigation centers and shelters for people living with HIV and other serious medical conditions, including the ability to stay in emergency housing until stable housing is available.
2. **Expand eligibility for rent subsidies** to include those with less than 50 percent rent burden, the marginally housed, and the homeless.
3. Support an **additional \$3 million in housing subsidies** for seniors and adults with disabilities, including people living with HIV.

Called to Action

1. Revise “Mortality Risk” Scale and Weight More Heavily.
2. Incorporate “HIV/AIDS and Other Communicable Diseases” into the Mortality Risks.
3. Revise “Medical Risk” Scale and Weight More Heavily.