

African American Action Plan Working Group Input on New Directions in HIV Prevention

HIV Prevention Section
San Francisco Department of Public Health

*Note: This presentation can be found on the home page of sfhiv.org
under "News."*

Purpose of Today's Meeting

- To discuss the proposed action plans and policies in the "new directions for HIV prevention"
- To get your feedback on how we can best implement these changes for African American MSM
- To identify next steps - What do HIV prevention providers need from the HIV Prevention Section (HPS)?

New Directions for HIV Prevention

HPS will focus on priority areas in Plan

- In order to reduce new HIV infections by 50% by 2015, the HIV Prevention Plan prioritizes five areas:
 - HIV status awareness
 - Prevention with positives (PWP)
 - Syringe access
 - Drivers of HIV
 - Structural change
- We invite you to read the Plan.

We will focus on populations at greatest risk for HIV and with the greatest disparities

- Greatest risk: Males who have sex with males (MSM), injection drug users (IDU), transfemales who have sex with males (TFSM)
- Special efforts will be devoted to populations with the greatest disparities:
 - African-American males who have sex with males*
 - Transfemales who have sex with males

*These efforts will incorporate recommendations from the African American Action Plan.

Focus Area #1: Status Awareness

- What has NOT changed?
 - HPS will continue to support community based models
 - HPS will continue to support anonymous testing
- What HAS changed?
 - HPS will expand our efforts to meet the Plan's recommendations for community members of highest-risk groups to test every 6 months.
 - The department of health will begin to directly offer voluntary partner elicitation to everyone who tests HIV positive in our network and provide anonymous notification to their sexual and/or needle sharing partners.
 - Support testing models with and without pre-test counseling.
 - Support models that increase access to testing for underserved populations as well as decrease barriers to testing (e.g., stigma, fear of testing, discrimination, etc.).
 - Resource allocation: Approximately 50%

Focus Area #1: Status Awareness

- Where does the Action Plan fit in?
 - High HIV prevalence among Black MSM – 32%
 - High rates of undiagnosed infection in SF (57% in one 2004 study)
 - Stigma, racism, homophobia, poverty, and health care access issues are all barriers to Black MSM getting tested and learning their status
 - Models are needed that address these barriers and contribute to increased testing among Black MSM in SF

Focus Area #2: Prevention with Positives (PWP)

- What HAS changed?:
 - Increased focus on PWP in HIV medical care settings.
 - Focus on results that measure positive health outcomes
 - PWP program models must include a prevention case management component to address the elements identified in the Plan.
 - Support models that increase access to care for high-risk underserved populations as well a decrease barriers to care (e.g., stigma, fear, discrimination, etc.).
 - Resource allocation: Approximately 15-20%

Focus Area #2: Prevention with Positives (PWP)

- Where does the Action Plan fit in?
 - Treatment and care is prevention, especially for Black MSM
 - High prevalence sexual networks translates into more opportunities for HIV transmission
 - Suppressing viral load among Black MSM has the potential to greatly reduce transmission
 - Models are needed to achieve the following goals:
 - All Black MSM living with HIV in SF are offered treatment
 - All Black MSM who want it will get support with adhering to treatment and staying engaged in care
 - Address barriers to adherence and engagement that Black MSM face, such as substance use and HIV-related stigma

Focus Area #3: Syringe Access

- What has NOT changed?
 - Syringe programs (SPs) in SF are effective and HPS will continue to support Syringe Access at the current levels
 - Resource allocation: Approximately 10-15%
- How does the Action Plan fit in?
 - Does the group have any recommendations about how to improve syringe access for African American MSM-IDU?

Focus Area #4: Drivers of HIV

- What HAS changed?:
 - The HPPC has developed a definition and criteria for identifying Drivers of HIV in San Francisco.
 - A “Driver” is defined as “underlying condition that is directly linked to a large number of new HIV infections in San Francisco.”
 - The following is the criteria developed for determining a Driver of HIV in SF:
 - **Prevalence of 10% or greater.** A driver has at least 10% prevalence among one of the high-risk BRPs where the bulk of new infections occur (MSM, IDU, TFSM).
 - **Two-fold increase in risk.** A driver is an independent factor for HIV, making a person in a high-risk BRP at least twice as likely to contract HIV compared to someone who is not affected by the driver.

Focus Area #4: Drivers of HIV

- After a thorough review of the literature the following factors were identified to be driving new HIV infections in SF:
 - Cocaine/crack
 - Gonorrhea
 - Heavy alcohol use
 - Methamphetamine
 - Multiple partners
 - Poppers
- All HPS-supported programs will focus on the populations who are also affected by one or more drivers.
- HPS will support intensive behavioral health efforts that directly address drivers. Prevention providers are encouraged to read the Plan to identify strategies and interventions.
 - Resource allocation: Approximately 15-20%

Focus Area #4: Drivers of HIV

- Where does the Action Plan fit in?
 - Substance use directly affects Black MSM
 - Stigma, homelessness, and poverty are some of the macro factors that contribute to substance use
 - Program models for Black MSM should address substance use and other drivers in the context of these larger factors

Focus Area #5: Structural Change

- How will HPS address structural change?
 - HPS is committed to working within DPH and with our community partners to implement structural change. HPS will support structural change efforts internally.
 - Examples of structural changes from the Plan HPS is working on:
 - Ensure HIV and STI screening and referral is standard of care in medical settings
 - Ensure universal healthcare coverage for PLWHA
 - Establishing non-harassment policies for drug paraphernalia
- Within DPH: Healthy San Francisco

Focus Area #5: Structural Change

- Where does the Action Plan fit in?
 - One proposed structural change from the Plan is the Black MSM Center in the Tenderloin
 - Given limited funds, this is an ambitious goal for HPS to achieve alone
 - There are many citywide and Bay Area-wide efforts to address a wide range of health disparities among African Americans (e.g., violence, diabetes)
 - Many of these efforts recognize the need for a space dedicated to African Americans and their health
 - HPS is involved in these discussions and will aim to ensure that HIV prevention and the needs of Black MSM are integrated into any “one stop shop” model that is developed

Ensuring Coordination and Linkages of Services

- Moving towards a name-based reporting system for all prevention activities.
 - Necessary to examine linkage and coordination of services across programs
 - Allows follow-up of clients over time who may access different services at different times
 - Valid concerns re: confidentiality, burden, cost - these will be addressed
- Together we can do this: CTL, HIV Health Services, all DPH clinics, Behavioral Health programs have name-based reporting systems
- What are the specific concerns for the Black MSM community?

Your turn...feedback welcome!



Q & A