

# Community Input on New Directions in HIV Prevention

HIV Prevention Section  
San Francisco Department of Public Health

*Note: This presentation and the more comprehensive version presented on 2/23/10 can be found on the home page of [sfhiv.org](http://sfhiv.org) under "News."*

# Purpose of Today's Meeting

- To discuss the action plans and policies presented by Grant on February 23<sup>rd</sup>
- To get your feedback on how we can best implement these changes
- To identify next steps - What do HIV prevention providers and the community 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 and come to Plan trainings.

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)
- Greatest disparities: African-American males who have sex with males, transfemales who have sex with males

# Focus Area #1: Status Awareness

- Indicators of success:
  - Positivity rate and number of new positives identified
  - Frequency of testing among high-risk populations
  - Linkage to medical care for HIV-positive individuals
- What has NOT changed?
  - HPS will continue to support community based models
  - HPS will continue to support anonymous testing
- All HIV status awareness programs must:
  - Ensure consent
  - Provide an HIV antibody test
  - Provide disclosure of results (this includes post-test counseling, linkage to medical care and information on partner services for individuals testing HIV+)

# Focus Area #1: Status Awareness

- 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.
  - Resource allocation: Approximately 50%
  - 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.).

# Focus Area #1: Status Awareness

- How will we support Health Education and Risk Reduction (HERR) in HIV status awareness programs?
  - HPS will support HERR efforts that are directly linked to testing activities. Prevention providers are encouraged to read the Plan and thoroughly review the supplemental elements for HIV status awareness.
- In order to expand the flexibility of status awareness programs, organizations are encouraged to tailor their programs to meet the needs of the populations that they aim to serve. Examples include:
  - **HIV Education**-brief informational activities tailored to the population being served.
  - **Individual Risk Reduction Counseling** –interactive risk reduction counseling conducted with HIV testing
  - **Venue based testing**-testing activities conducted in multiple venues
  - **Recruitment and Linkages**-Efforts to actively engage and enroll individuals to testing.
  - **Venue Based Group Outreach**-Events that promote and provide HIV testing (e.g., National Black HIV/AIDS Awareness Day )

## Focus Area #2: Prevention with Positives (PWP)

- Indicators of success:
  - Engagement and retention in care
  - Treatment adherence
  - Viral load suppression
- What HAS changed?:
  - Increased focus on PWP in HIV medical care settings.
  - Resource allocation: Approximately 15-20%
  - 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.).

## Focus Area #2: Prevention with Positives (PWP)

- How will we support HERR in PWP programs?
  - HPS will support HERR efforts that are directly linked to achieving the outcomes of PWP services. Prevention providers are encouraged to read the Plan and thoroughly review the elements for PWP services and the strategy of HIV Prevention in Medical Care Settings.
- Required Elements (listed alphabetical order):
  - Disclosure and partner services
  - Engagement in HIV care
  - Linkage to ancillary services
  - STI, viral hepatitis, and tuberculosis screening and treatment
  - Treatment adherence

# Focus Area #3: Syringe Access

- Indicators of success:
  - Number of syringes/sterile equipment distributed
  - Number of contacts made
- 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 will we support HERR in Syringe Access programs?
  - All SPs are required to offer safer sex supplies, education and health promotion. HPS will support HERR activities that are directly linked to the goals of syringe access. Prevention providers are encouraged to read the Plan and thoroughly review the required and supplemental elements for Syringe Access.

# Focus Area #4: Drivers of HIV

- Indicators of success for programs focusing on drivers:
  - Linkage to HIV testing
  - Linkage to care
  - Reduction in drivers
- 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.
- How will we support HERR activities to directly address the 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 #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

# 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

Your turn...feedback welcome!



Q & A