

Transgender Advisory 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 transfemales and transmales
- 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

How does the HPPC prioritize transpersons?

Behavioral Risk Population (BRP)	Recommended Funding %
MSM, MSM/F, TMSM	70-79% MSM, MSM/F 1-2% TMSM
IDU	15-20% (half of which should reach MSM-IDU)
TFSM	5-8%
FSM	1-4%
MSF	<1%

How will transmales be reached?

- The primary HIV risk for transmales is sex with males, particularly gay and bisexual males, among whom HIV prevalence in SF is high
- 1-2% of resources in the current environment is a relatively small dollar amount
 - These resources might be insufficient to support a separate program for transmales
 - The HPS wants your input - what are some creative ways we could best use these resources?

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

- How will the needs of transfemales be addressed?
 - High HIV prevalence and incidence among transfemales in SF
 - Stigma, discrimination, sex work, substance use, and mental health issues are identified in the Plan as factors that contribute to risk for transfemales
 - Some of these can also be barriers to transfemales getting tested and learning their status
 - Models are needed that address these barriers, contribute to increased testing among transfemales in SF, and do so in a trans-specific and trans-sensitive way

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)

- How will the needs of transfemales be addressed?
 - Treatment and care is prevention, because viral load suppression can reduce transmission
 - Models are needed to achieve the following goals:
 - All transfemales living with HIV in SF are offered treatment
 - All transfemales who want it will get support with adhering to treatment and staying engaged in care
 - Question for the group - What are the most important barriers to adherence and engagement that transfemales face?

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%
- Does the group have any recommendations about how to improve syringe access for transfemales and transmales?

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

- How will the needs of transfemales be addressed?
 - Substance use and other drivers directly affect transfemales
 - Stigma, discrimination, sex work, lack of job opportunities, mental health are some of the contextual factors that contribute to drivers among transfemales
 - Program models for transfemales should address drivers among transfemales 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

- How will the needs of transfemales be addressed?
 - While there is no specific funding allocation for structural change, there may be some low or no-cost efforts that the HPS or providers can implement
 - Question for the group: What structural changes are needed to prevent HIV and ensure the health and well-being of the trans community?

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 trans community?

Your turn...feedback welcome!



Q & A