

# Qualitative Data Collection to Inform STD Prevention and Control – Focus Groups and Town Hall Meetings with MSM in San Francisco, 2014-15

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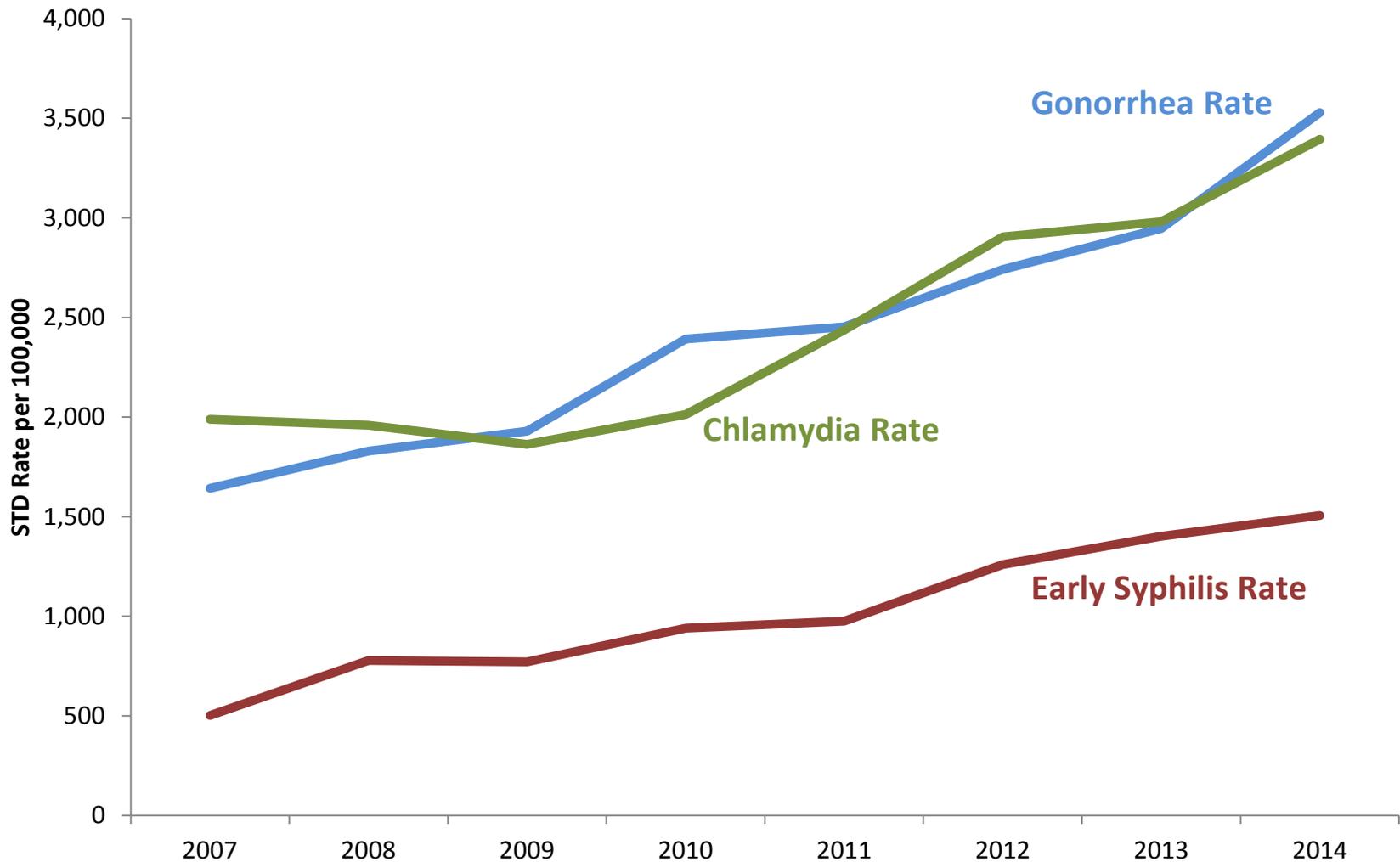


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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

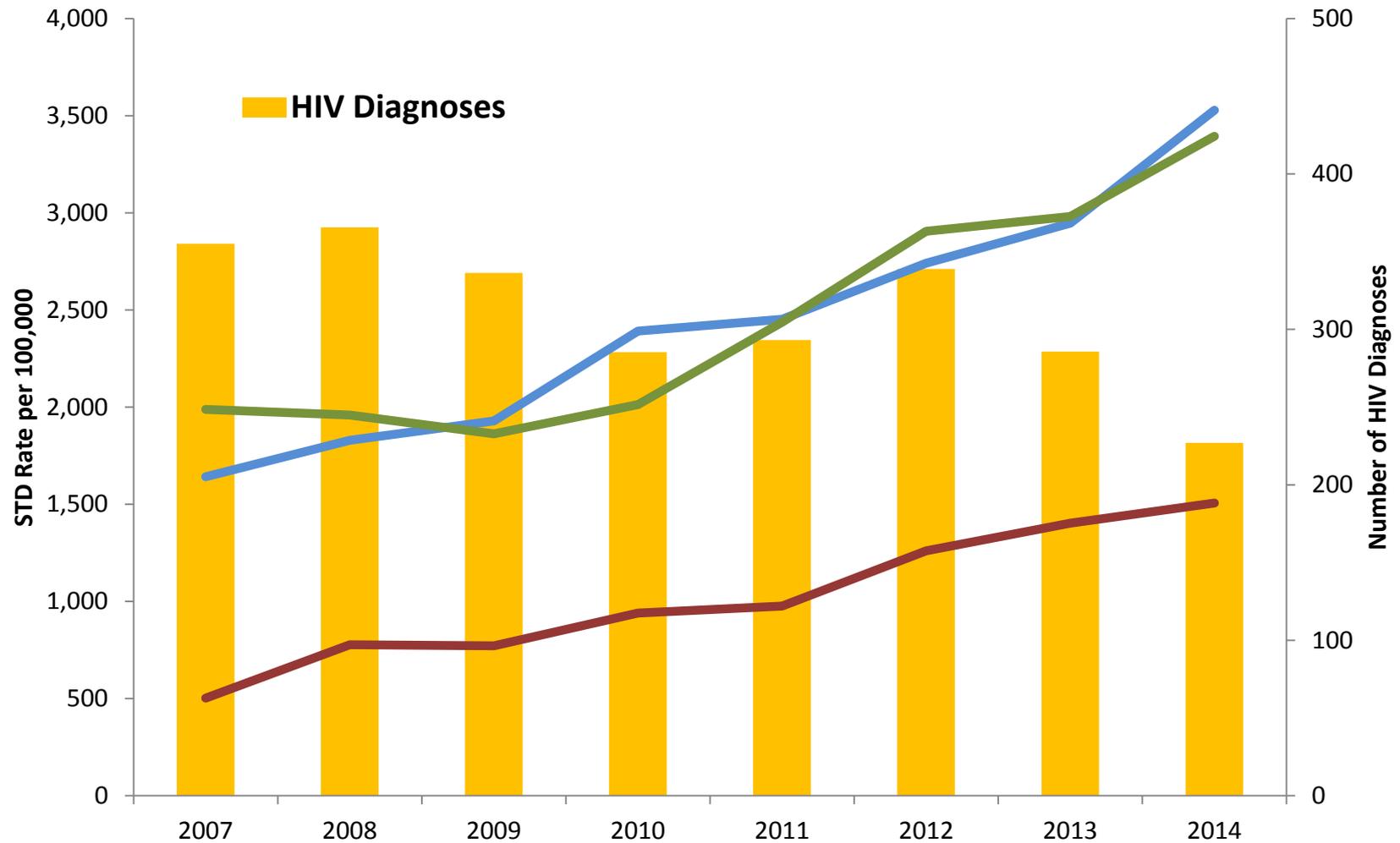
# Disclosures

- The views expressed herein do not necessarily reflect the official policies of the City and County of San Francisco; nor does mention of the San Francisco Department of Public Health imply its endorsement.

# STD Rates and Number of HIV Diagnoses among MSM, San Francisco, 2007-2014



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# GETTING TO ZERO

**Zero** HIV infections

**Zero** HIV deaths

**Zero** HIV stigma

# SFDPH responses to MSM STD rates

- Reorganization of Population Health Division of SFDPH supports broad sexual health framework addressing both HIV and STDs
- Engage gay men to find out more about their priorities and how we can work together
  - Focus Groups in October 2014
  - Town Hall Meetings in July 2015

# Focus Groups with MSM

October 2014

# Objective #1

**Describe what gay men think about the recent increase in STDs** (syphilis, gonorrhea, chlamydia)

- a. Is it a concern? What is their role in it?
- b. What should be the role of SFDPH in affecting the increase?

# Objective #2

**Identify the values, communication practices, and behaviors** of gay men in San Francisco around sexual health that could **help explain the recent syphilis increase**

- a. What strategies do individuals employ to improve their sexual health?
  
- b. If/How is sexual health discussed with potential sex partners? STD/HIV status? Condom use?

# Recruitment Goals

- Gay males or MSM
- San Francisco residents
- Variety of ages, race/ethnic backgrounds
- 4 groups of 10 each
  1. HIV uninfected with no chlamydia, gonorrhea, or syphilis in the past year
  2. HIV uninfected with 1-year history of CT, GC, or syphilis
  3. HIV infected with 1-year history of CT, GC, or syphilis
    - i. Ages 18-29
    - ii. Ages 30+

# Logistics

- 2-hour sessions
- Room with one-way mirrors
  - 1 SF DPH facilitator in room
  - SF DPH staff could listen/watch without being seen behind mirrors
- Provided dinner and \$50-\$75 compensation
- Audio-recorded and transcribed
- Qualitative analysis by consultant

# What They Shared

(What We Asked)

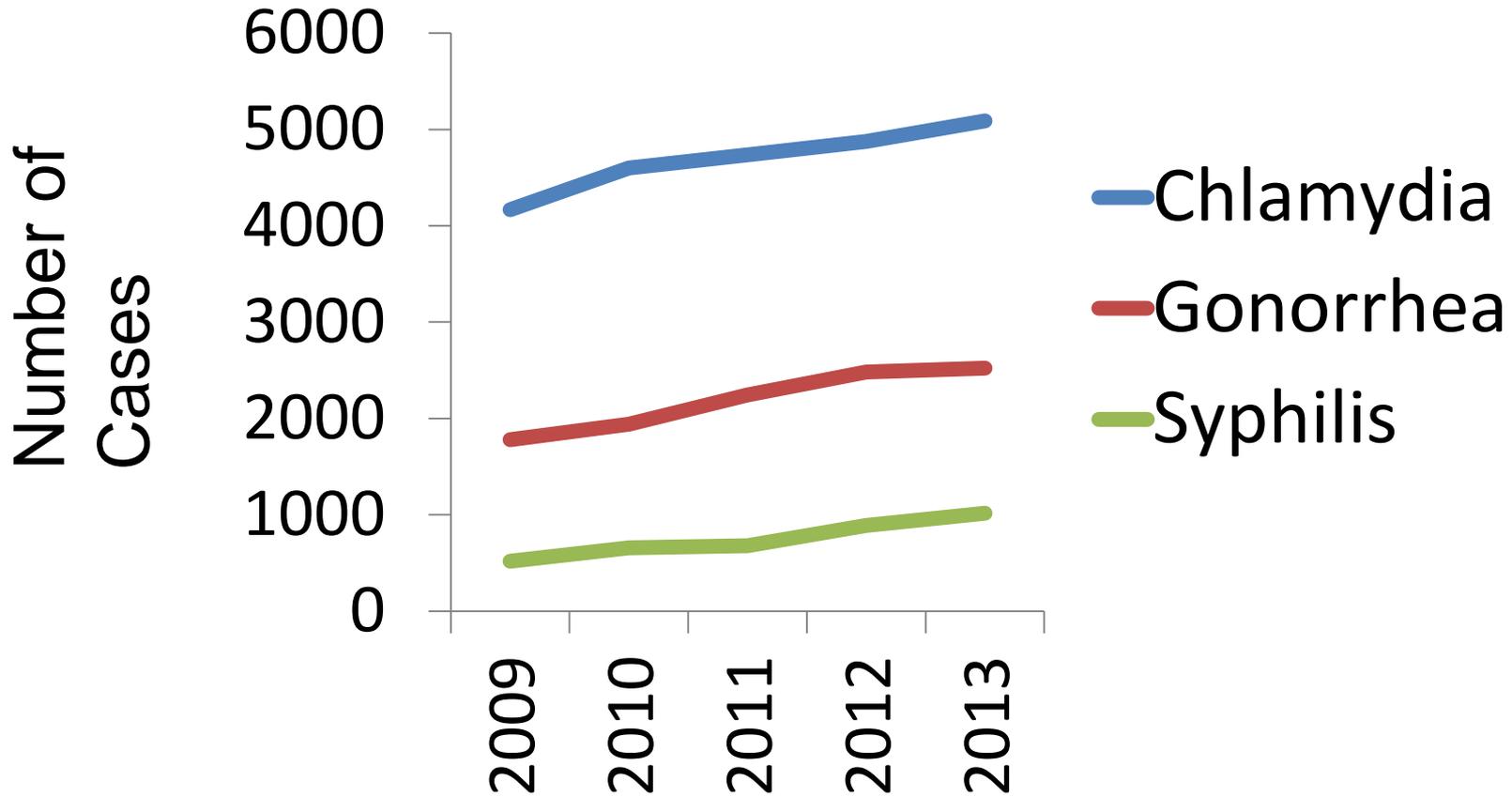
# Q: San Francisco's Condom Culture (or lack thereof)

- Majority described condoms as something that was unnecessary for men who knew they were HIV-positive
- STDs are “like colds”
- Culture did not encourage (sometimes actively *discouraged*) condom use
- “It’s either no condom, or no [sex].”

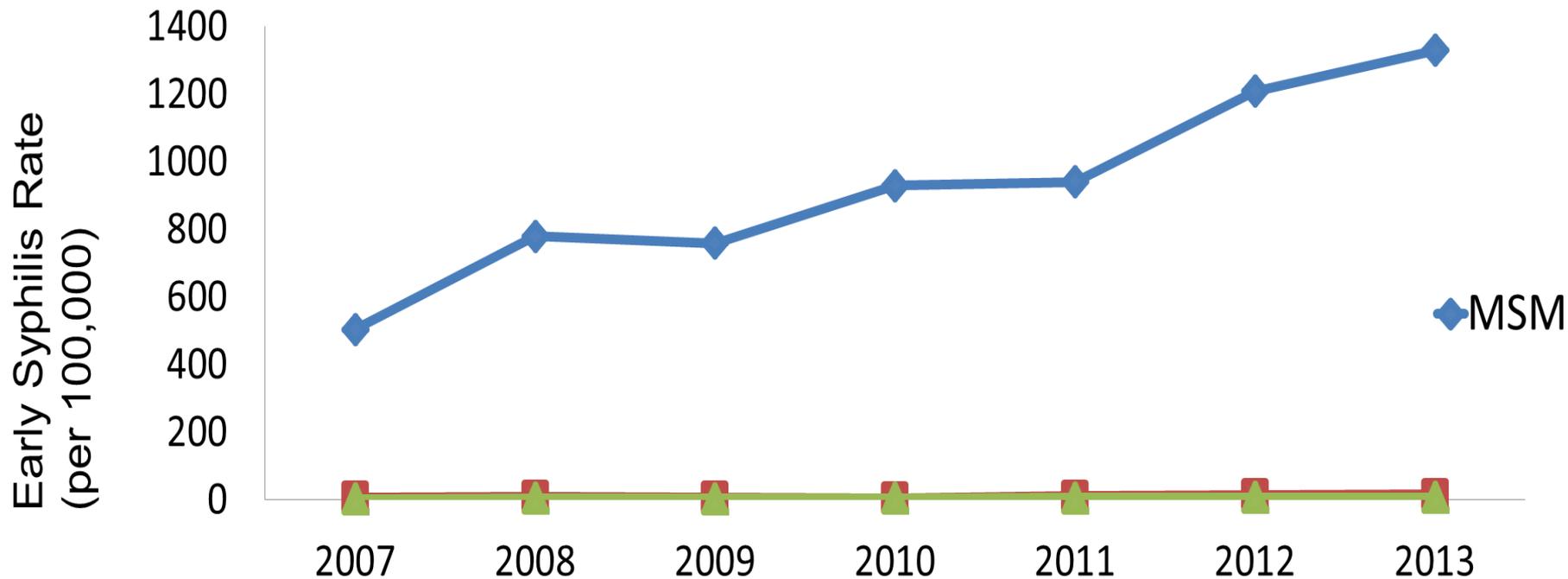
## Group #4 Participant (HIV+/STD+, avg 28 yrs)

*It's like....I mean, I was negative until San Francisco, and just like – the culture....it's like condom's a dirty word here. I was, like, regularly using them. But no one wanted to hook up [when] I threw that card on the table.*

# Reported STDs San Francisco 2009-2013



# Early Syphilis Rates (per 100,000 population), San Francisco 2007-2013



# Reactions to STD Increases

- General culture of sexual freedom
- High risk for STDs as being more likely among young MSM who had not witnessed AIDS in the pre-HAART era
- Feeling of safety about the risks and consequences of HIV or STD infection

## Group 2 Participant (HIV+/STD+, avg 49 yrs)

*I think there's a huge problem with gay men taking responsibility for their sexual practices. For me personally what I've encountered, there's a lot of anonymous sex. And if no one's getting a name or a number it's very easy not to accept responsibility if you spread some sort of a disease to them because there's no way to contact them. And I've been to several—like the last several months I have a friends who's introduced me to group sex things that are going on, and I swear there should be someone standing there with penicillin shots as they leave just because the sexually—I mean, it's just—it's kind of a free for all.*

# “Upside” to Sexual Freedom

- Increased spread of STDs → a commitment to regular STD testing
  - To quickly diagnose and treat any infections, especially among people who were already HIV-positive

# Q: Low Concern about STDs

- While at least one participant in each focus group expressed concern about the shame related to STDs, **concern was generally low**
  - Among those not especially sexually active, were in a monogamous relationship, or only had sex within a small group of friends who were known to each other and had strong communication
  - Lower concern as compared to other concerns, **because only need a shot or a few pills**

- *I have to compare everything to the risk I encounter on the bicycle ride to the encounter [and then] back home, and [riding my bike] I am far more at risk of an immediate fatal event. So everything else just seems [like no big deal] in comparison.* [Group 3 (HIV-/STD+)]
- *When it comes down to it, [STD] happens. It's a part of sex...It's a concern, but I know it's going to happen, I know the way to treat it, and you move on from there.* [Group 4 (HIV+/STD+, avg 28 yrs)]
- *It's just like, go get tested every 2 months or so. If you have something, they'll treat it right away and then it's gone and then nothing happened, you know what I mean? There's like, no change whatsoever. So why worry about it?* [Group 4]

# Topic: Substance Use

- Across the four focus groups, there were fourteen instances of one of the participants **associating the increased spread of STDs with substance use among MSM**
- *“I’m under the influence when I participate [in sex] so my biggest concern is syphilis - catching syphilis.”* [Group 2: (HIV+/STD+, avg 49 yrs)]
- *“The big elephant in the gay community is – there’s a lot of drugs. With drugs, people that are...messed up, they don’t get checked.”* [Group 3 (HIV-/STD+)]

# Topic: Role of Apps

- Five of the men specifically named online apps as major contributor to the increase in the spread of STDs among MSM
- Others saw benefit, making it easier to have sex and easier to communicate
- Profile setups seen as a communication aid
  - Posting HIV status, PrEP use
  - Information available before hookup — no further communication was needed in person
  - But people could lie, be mistaken, or make different assumptions – such as being on PrEP automatically meant willing to bareback with anyone regardless of HIV status

# Q: Apps as STD Prevention Tool

*Maybe with the designer of these apps... they should have a relationship with the people who are able to connect everyone together. To like let everyone know that if there's a rise in whatever, there's a little message in the corner saying, "better be careful because this month there was way more outbreaks than there was last month" or whatever. [Group 1 (HIV-/STD-)]*

# Q: PrEP

- “I think it’s good to help get HIV under control, because condoms are clearly not working.” [Group 4 (HIV+/STD+, 28yrs)]
- “It’s really kind of a quality of life thing. How much mental space do I devote to this subject [when] I could be enjoying the rest of my life? So it’s really a great thing.” [Group 3 (HIV-/STD+)]
- *I’m on PrEP. I don’t think it’s good for the culture, just in general. We should never rely on something to solve all your problems. It’s just not – even if it’s effective and it’s still protecting people and it saves lives, there’s still a negative side to it.* [Group 1 (HIV-/STD-)]

# Q: Other Prevention Strategies Used by Participants

- Communicating HIV status
- Assume everyone is HIV+ and then act “as safe as you want to be, under those conditions”
- Use condoms always even if they don’t want to
- Testing regularly, sharing results with partners
- Sex with people they trust/know
- Serosorting, strategic positioning, selective sexual activity (even if on PrEP)

## Q: Role of Individual in Response to STD Increases

- Despite role of health department, **the individual is ultimately responsible for his own health**
- MSM as individuals have a responsibility to collectively care about each other, share information, and increase dialogue in order to reduce the spread of STDs

# Q: Role of Health Department in Response to STD Increases

## 1. Sharing information

- “real information, not scare tactic information.”
- the right amount of data, the right amount of fear, spread to various neighborhoods, sensitive to the need to be sex-positive and encouraging while appropriately serious

# Q: How and What to Message

- “What’s the real science? The numbers, not a slogan.” [Group 1]
- “For the most part, we’re educated and intelligent, so come to us at that level.” [Group 4]
- “realistic approach – one in four people on MUNI have gonorrhea. That would make me go check!” [Group 3]
- “It’s a slogan, but I was just thinking about how great it feels when I know my status. When I just came from Magnet or City Clinic or whatever and I’ve got my results, now I know. And I’m usually sort of—a weight’s lifted off my shoulders. It’s relieving. And I’m wondering if messaging could focus on that.” [Group 3]

# Role of Health Department

## 2. Offering free, accessible testing services

- Vital role of the DPH because “I think they do better than a lot of private doctors.”
- *I think with the health department, it's kind of a balance of creating that comfort. Which I think all of the clinics here in San Francisco have done a great job with. You don't feel like you are in an environment where the physician is passing judgment. Everyone in the clinic seems very open and it makes it a lot less of a big deal. And that's something that I think is great here, because it's very...it's like going to the dentist. I mean, it's something that you do for your health.*

# Suggestions for Health Department

- Create tool, log for sex partners, to aid with partner notification
- Importance of continuing training for doctors, especially about PrEP
- Engage in policy or regulatory issues, including the consistency of HIV and STD testing as part of regular medical care at non-DPH clinics
- Free reminder system (via text message or other) to support regular testing would be helpful
- Value of results available online for easy and rapid access for the person for sharing with his partners

# **OUT SPOKEN**

**Men Wanted**



## **Come Join Us at the Town Hall Meeting**

**July 6, 2015, 6p.m.**

**Glide Freedom Hall, 330 Ellis St (Cross Street Taylor)**

**Or**

**July 7, 2015, at 6p.m.**

**San Francisco Friends Meeting, 65 Ninth Street (Cross Street Mission)**

**We need outspoken gay/bisexual men to talk about sexual health and ideas about how to prevent sexually transmitted diseases in our community.**

**We would like your opinion on what works, what doesn't work, and what could work.**

**Let's Take PRIDE in Our Community Wellness!**



**Refreshments will be provided**

# Major Themes

- Combine HIV and STD prevention messaging and efforts throughout high-risk areas in San Francisco (not just the Castro)
- Incorporate messages of harm reduction and drug use prevention as part of STD prevention messages
- Provide capacity to the STD providers to support more effective and culturally appropriate STD prevention and care

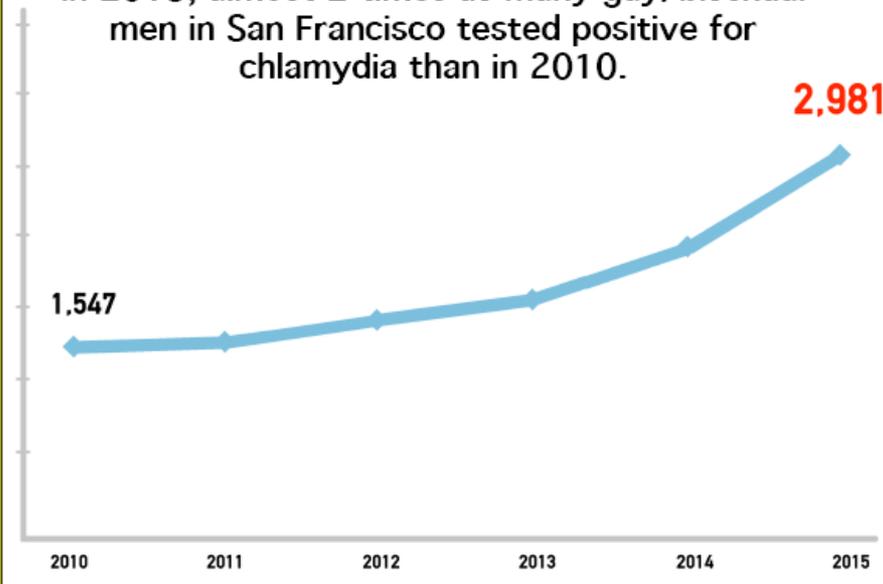
# Major Themes

- Develop appropriate STD prevention messages to address the city's condom culture and sex behaviors in the MSM community, communities of color, and youth

# Informing Program and Policy

# STDs are on the rise.

In 2015, almost 2 times as many gay/bisexual men in San Francisco tested positive for chlamydia than in 2010.



STD screening every 3 months is recommended for sexually active gay/bisexual men.

See a medical provider or drop-in for a check-up today!  
City Clinic - 356 7<sup>th</sup> Street, SF, CA 94103  
1(415) 487-5500 | [sfcityclinic.org](http://sfcityclinic.org)

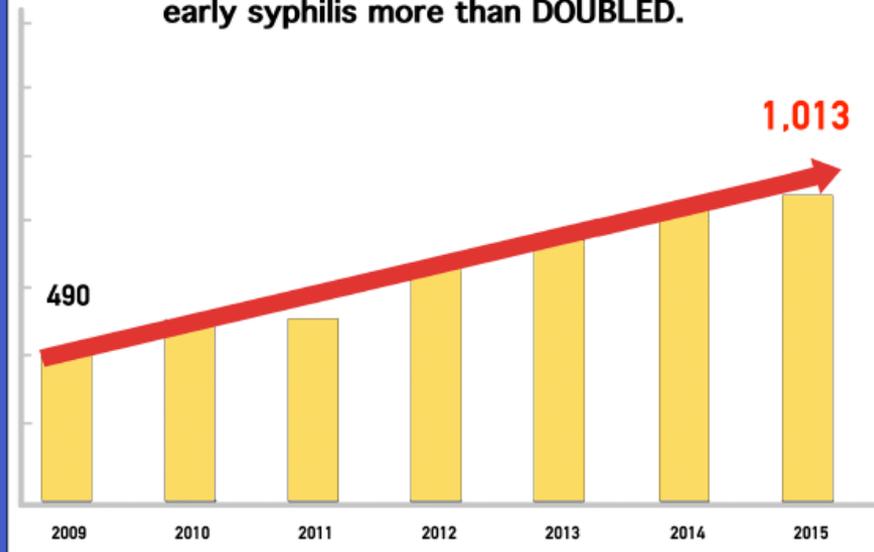


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# STDs are on the rise.

From 2009 to 2015, the number of gay/bisexual men in San Francisco who tested positive for early syphilis more than **DOUBLED**.



If you test positive for syphilis,  
tell your partners to get tested and treated.

Our staff can help.  
City Clinic - 356 7<sup>th</sup> Street, SF, CA 94103  
1(415) 487-5500 | [sfcityclinic.org](http://sfcityclinic.org)



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# RIDE IN

with a **CONDOM**



Consistent and correct use of condoms can reduce  
the risk of sexually transmitted diseases.



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VISIT: [WWW.SFCITYCLINIC.ORG](http://WWW.SFCITYCLINIC.ORG)  
FOR MORE INFORMATION



# CLIMB IN

with a **CONDOM**



Consistent and correct use of condoms can reduce the risk of sexually transmitted diseases, including HIV. If you are HIV-negative and using PrEP, using condoms can help you stay HIV and STD free.

Pre-Exposure Prophylaxis (PrEP) is a daily pill that can help you stay HIV-negative. The medicines in PrEP can protect you before you might be exposed to HIV.



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# New Activities for STD Prevention in MSM

Decrease likelihood of exposure to infected partners

- **Sexual Behavioral Health consultant**
- **New STD education and condom media campaign: April 2016**
- Diagnosis and treatment (community-based, City Clinic, Magnet/Strut)
- Partner services and preventive treatment

Decrease the time a person is infectious

- **Expanded community-based screening by SFDPH**
- **Increase (and continue) skilled diagnosis and treatment** – Academic Detailing through SFDPH PrIDE Project
- Partner services and preventive treatment

Increased condom use

- Community Engagement (focus groups, town halls)
- Sexual Behavioral health consultant
- New STD education and condom media campaign
- Coordinate with Getting to Zero Efforts, including **new SFDPH PrIDE grant from CDC**

# Acknowledgments

- Clients and Staff of San Francisco City Clinic



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# Thank You

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