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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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

STD Rate per 100,000

Gonorrhea Rate

Chlamydia Rate

Early Syphilis Rate
STD Rates and Number of HIV Diagnoses among MSM, San Francisco, 2007-2014
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.
Early Syphilis Rates (per 100,000 population), San Francisco 2007-2013

- Early Syphilis Rate (per 100,000)
  - 2007: 500
  - 2008: 600
  - 2009: 700
  - 2010: 800
  - 2011: 900
  - 2012: 1000
  - 2013: 1100

- MSM
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
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
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 7th Street, SF, CA 94103
1(415) 487-5500 | sfcityclinic.org
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 7th Street, SF, CA 94103
1(415) 487-5500 | sfcityclinic.org
RIDE IN with a CONDOM

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

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

VISIT: 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.
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
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Thank You

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