

San Francisco Department of Public Health

AIDS Office

**ANNUAL REPORT
FISCAL YEAR 2002-2003**

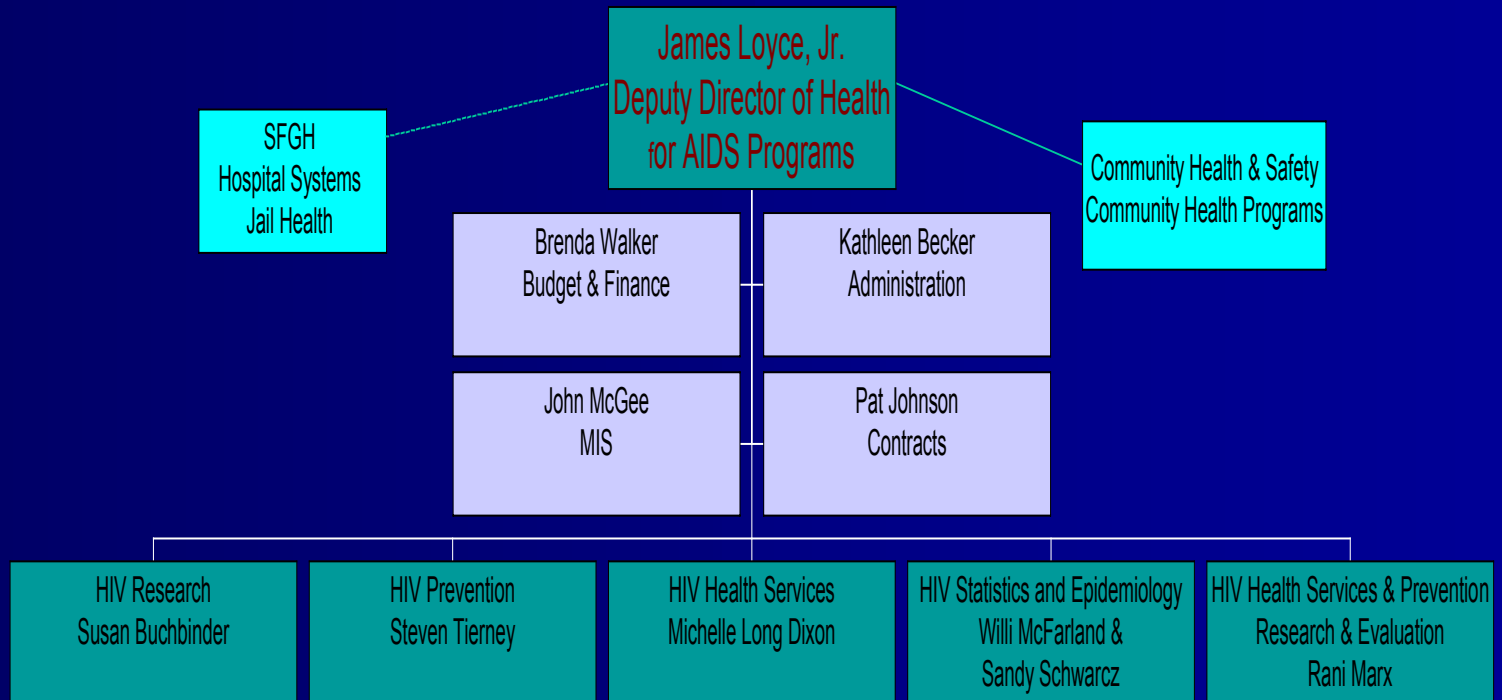
AIDS Office Presentation

- ◉ Overview of AIDS Office
- ◉ HIV/AIDS Statistics and Epidemiology
- ◉ HIV Prevention
- ◉ HIV Health Services
- ◉ Future challenges and opportunities

AIDS OFFICE

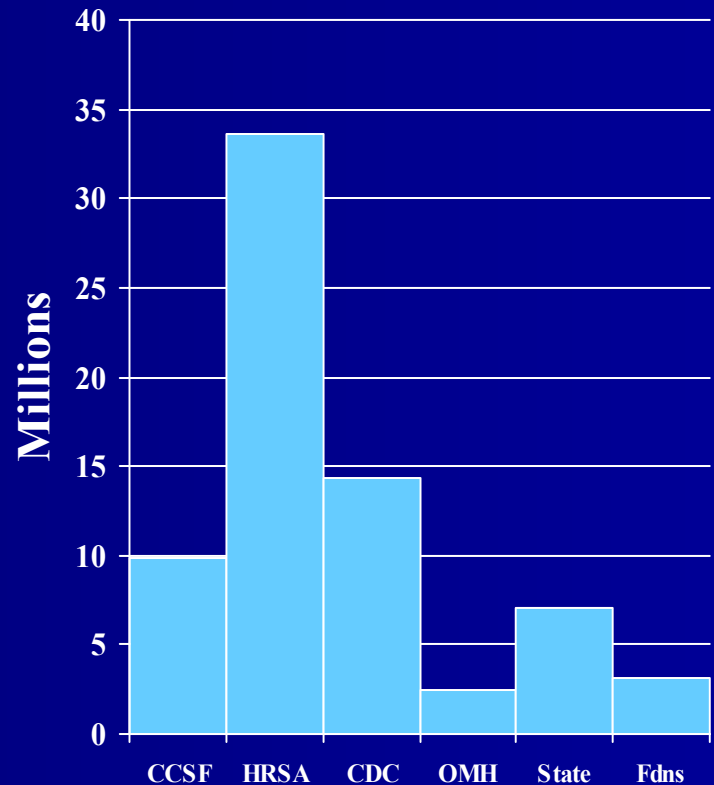
- ◉ The AIDS Office of the Department of Public Health was founded in 1984 with a staff of four.
- ◉ In FY 2000 the AIDS Office was reconstituted with James Loyce, Jr. as Director.
- ◉ It now has a staff of 157 employees.

Organizational Chart



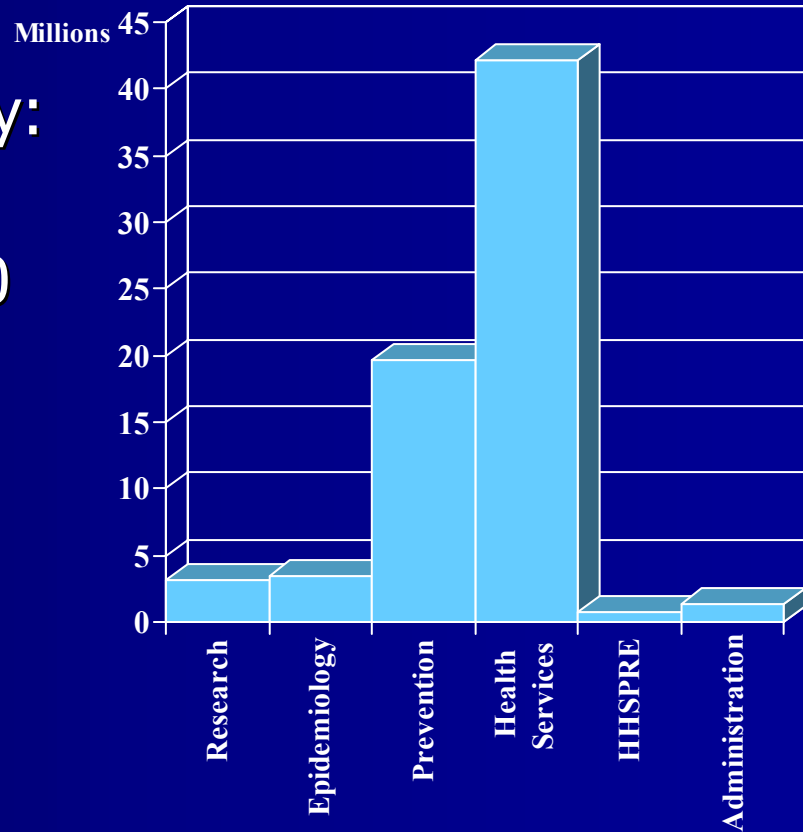
Budget by Funding Source

- City & County of San Francisco General Fund
- Federal funds and grants:
 - Health Resources & Services Administration
 - Centers for Disease Control & Prevention
 - Office of Minority Health
- State funds
- Private foundation grants



Budget by Section

Research: \$3,081,448
Statistics & Epidemiology:
\$3,376,980
Prevention: \$19,581,270
Health Services:
\$42,075,886
Health Services & Prevention
Research & Evaluation:
\$796,628
Administration: \$1,420,001



Community Planning Councils

HIV Prevention

- Provides input on plans and priorities for services and target populations.
- Members include providers, researchers, consumers, and DPH staff.
- Appointed by the Public Health Director

HIV Health Services

- Prioritizes services and allocates funding by service category
- Members include consumers, providers, advocates, and DPH staff.
- Majority are living with HIV/AIDS
- Appointed by the Mayor

Strategic Plan Goals

- San Franciscans have access to the health services they need while DPH emphasizes services to its target population.
- Services, programs and facilities are cost effective and resources are maximized.
- Partnerships with communities are created and sustained to assess, develop, and implement and advocate for health funding, policies and services.
- Disease and injury are prevented.

HIV/AIDS Statistics and Epidemiology

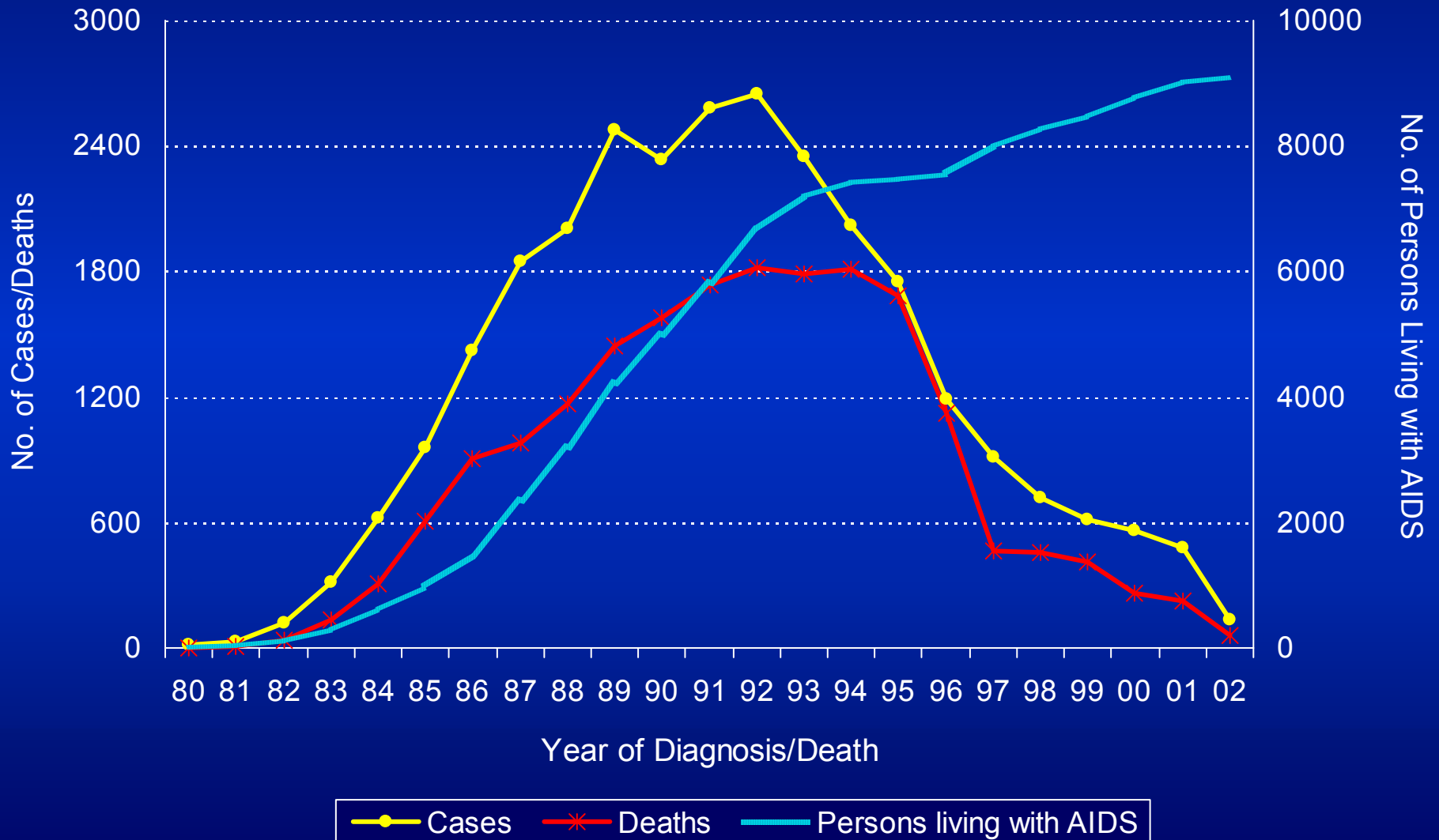
Sandra K. Schwarcz, MD, MPH
Willi McFarland, MD, Ph.D.

HIV/AIDS

How do we know what we know?

- AIDS case reports
- HIV prevalence and incidence studies
- Behavioral surveys
- Other indicators: STDs
- HIV case reporting (future data)

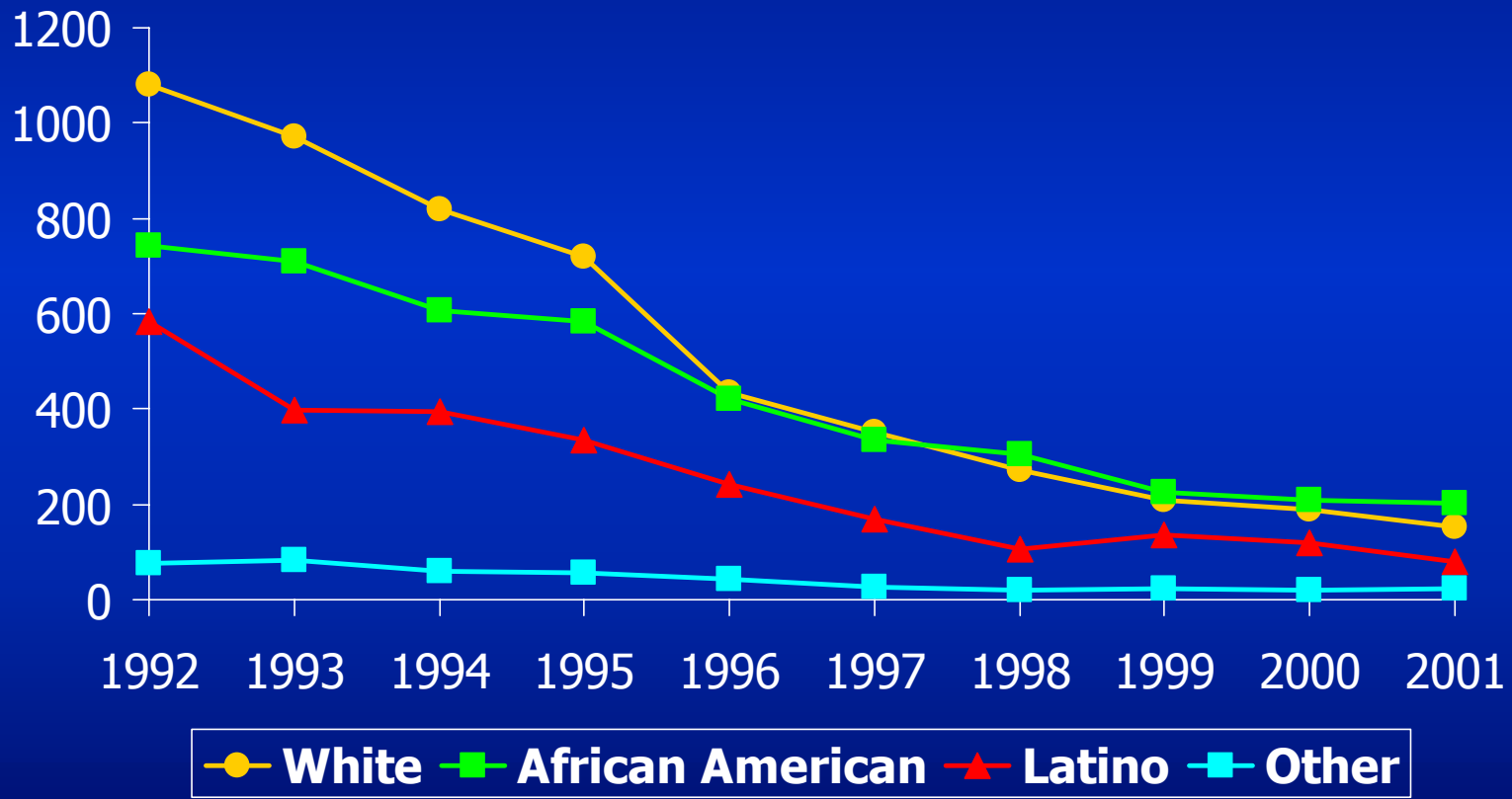
San Francisco AIDS Incidence, Mortality, and Prevalence by Year, 1980-2002



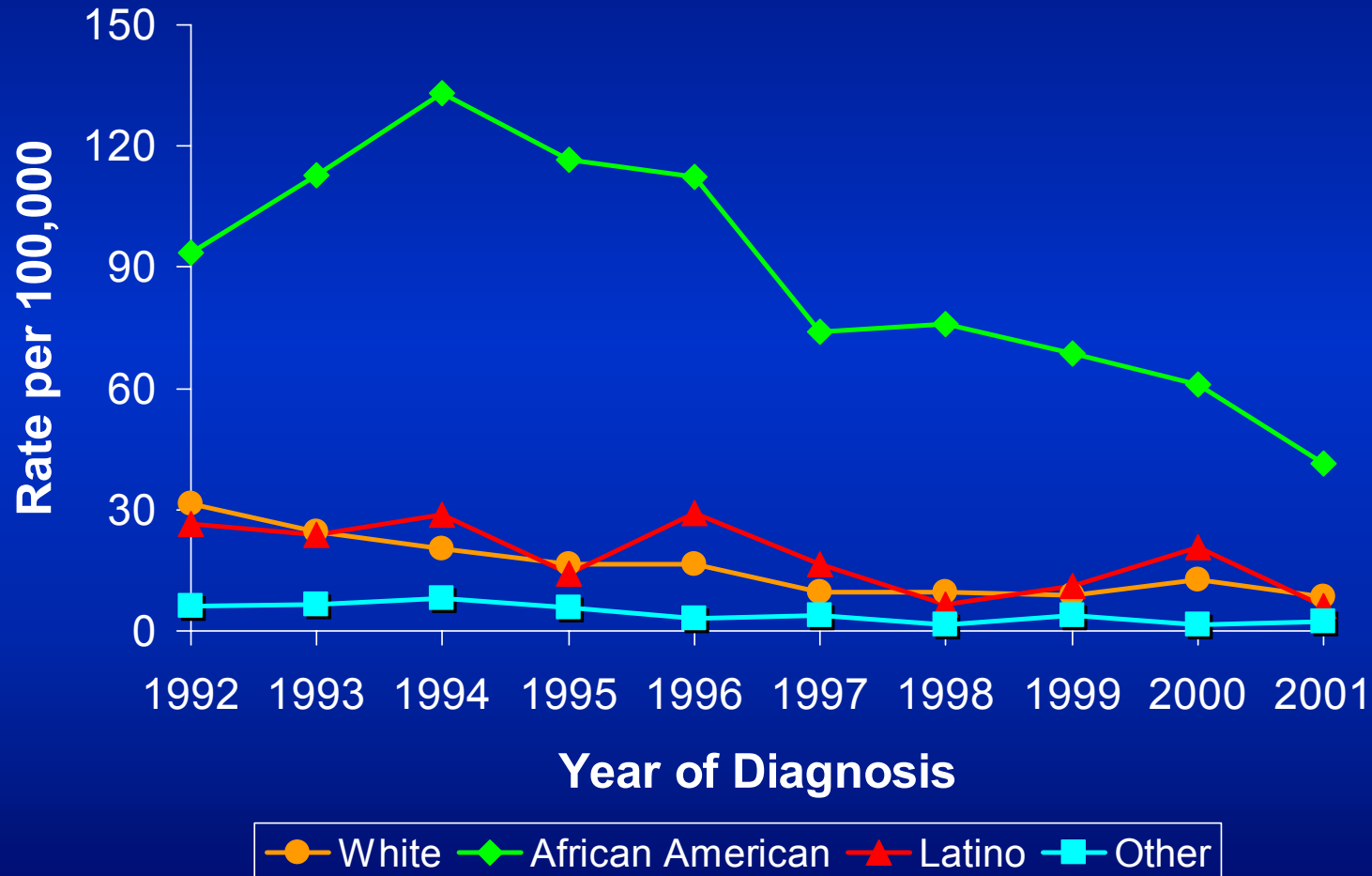
Number of Cumulative and Living AIDS Cases

	Cumulative AIDS cases	Living AIDS cases
Men	26,578	8,303
Women	1,072	541
Transgender	273	147
MSM	21,415	6,574
Het IDU	3,360	882
MSM-IDU	1,967	1,129

Male annual AIDS incidence rates per 100,000 population by race/ethnicity, San Francisco, 1992-2001

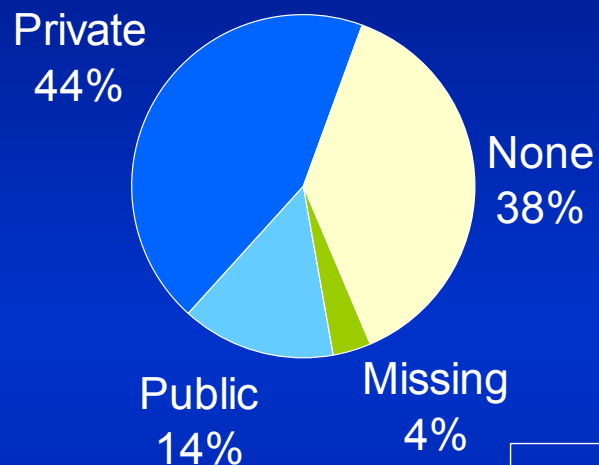


Female annual AIDS incidence rates per 100,000 population by race/ethnicity, San Francisco, 1992-2001

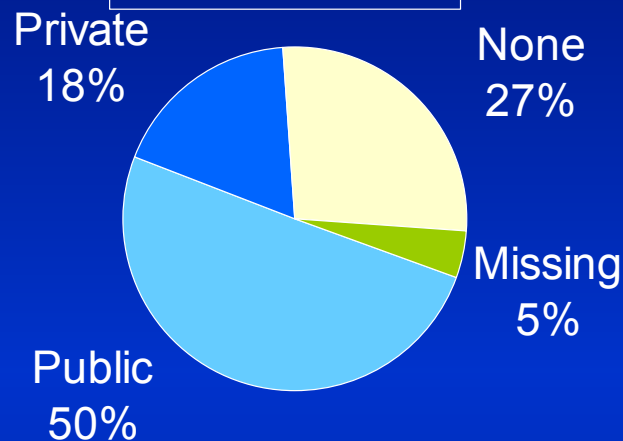


AIDS cases by gender and insurance status at diagnosis, San Francisco, 1996-2001

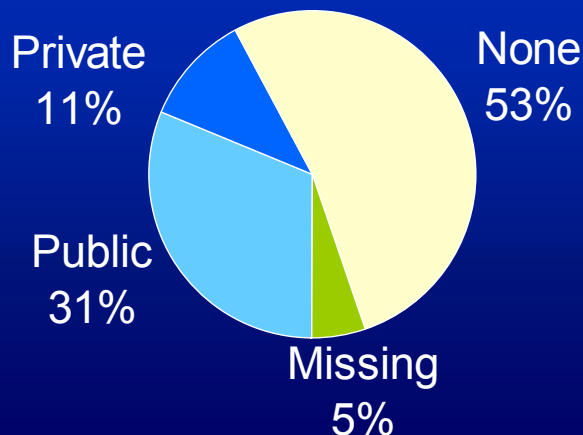
Male (N=3,968)



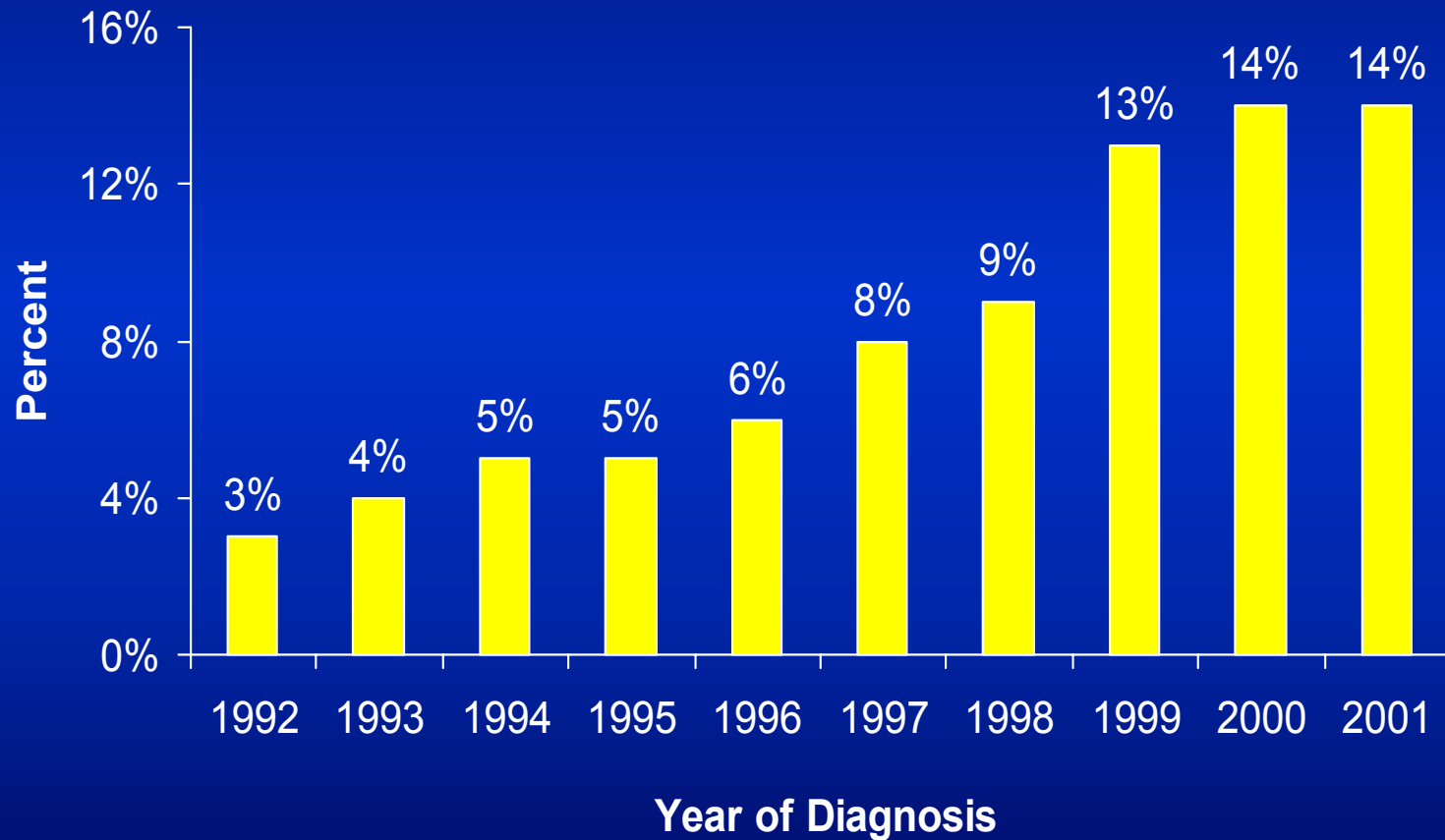
Female (N=355)



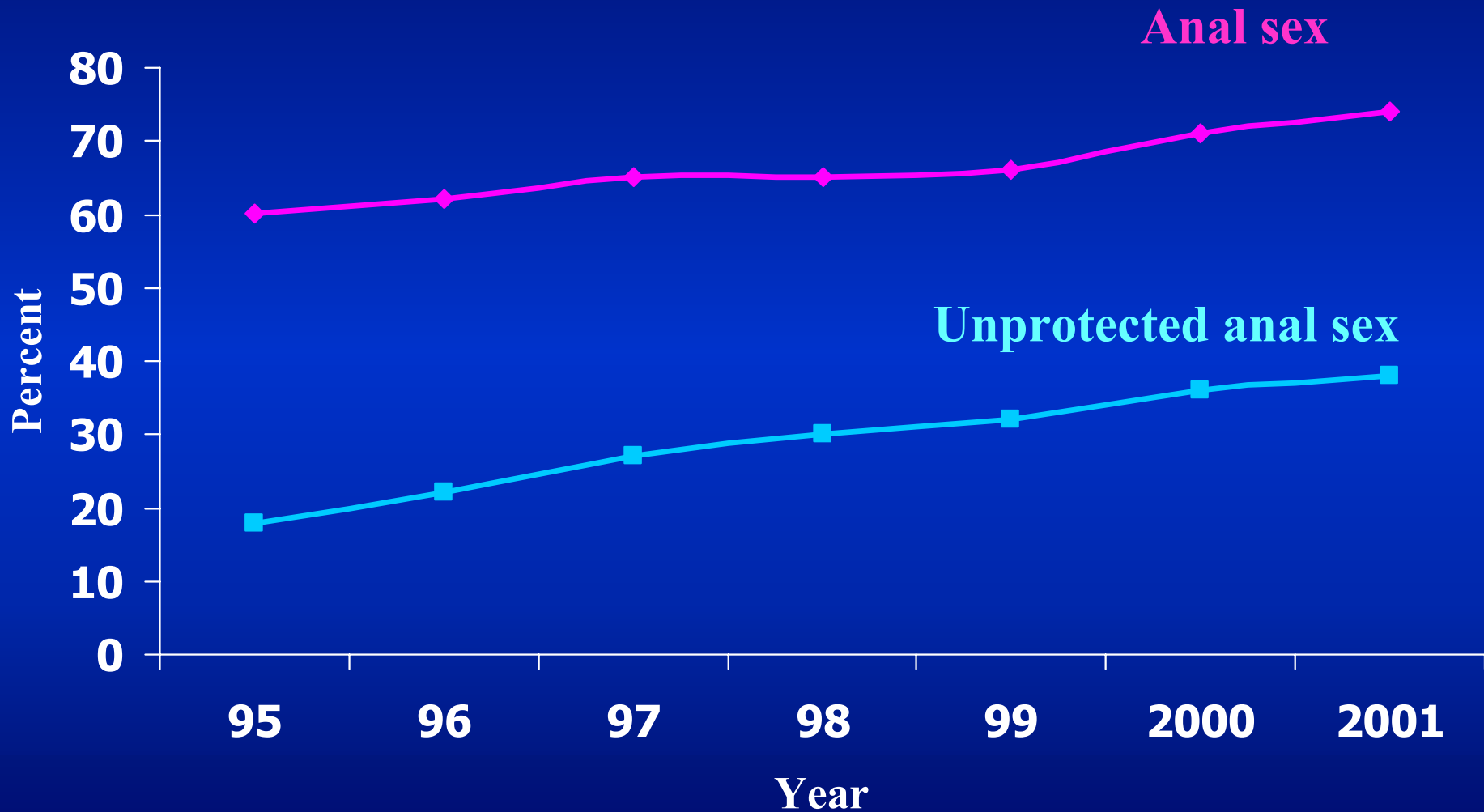
Transgender (N=116)



Percent of homeless AIDS cases by year of diagnosis, San Francisco, 1992-2001

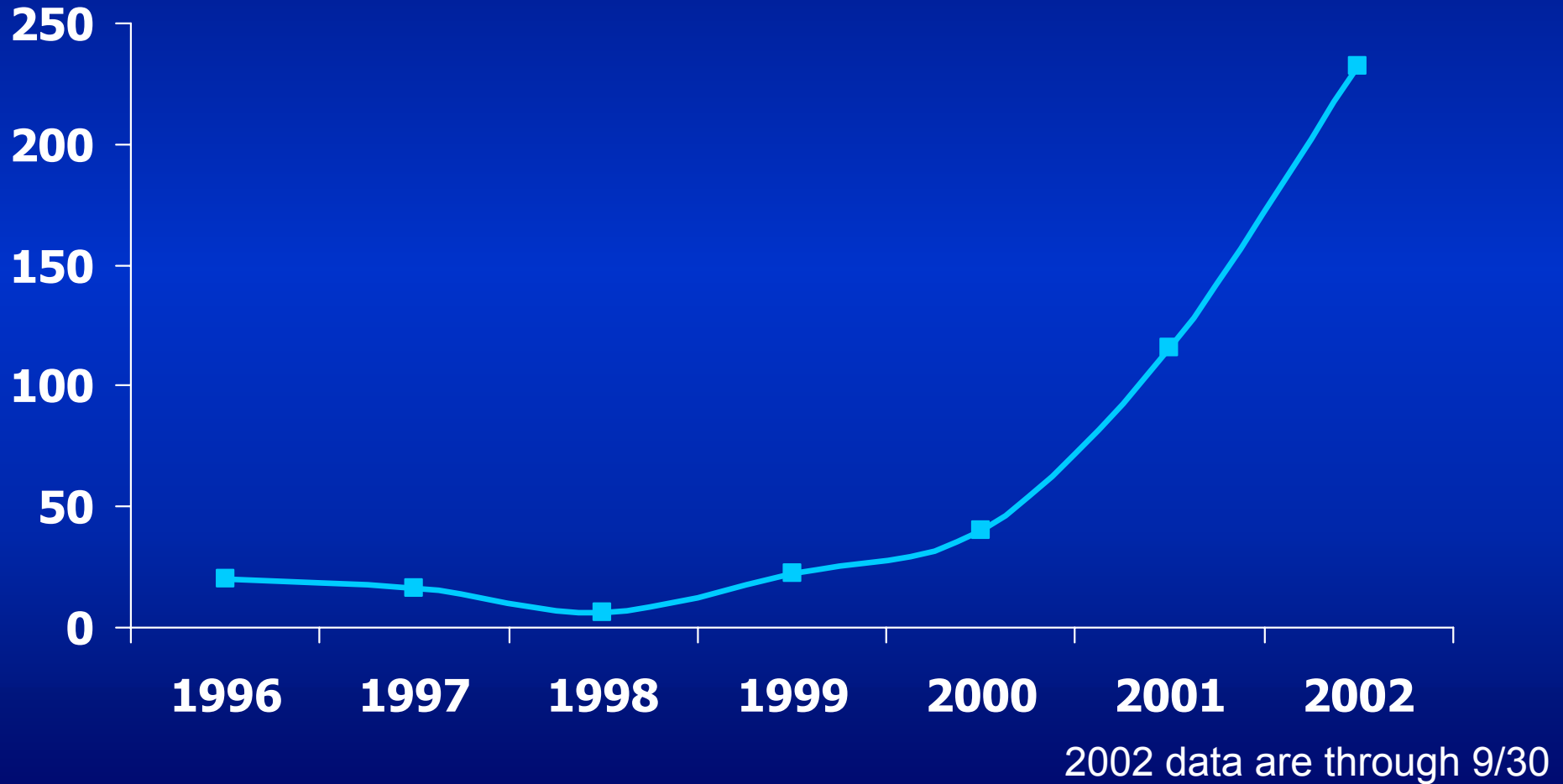


Sexual risk behavior among MSM

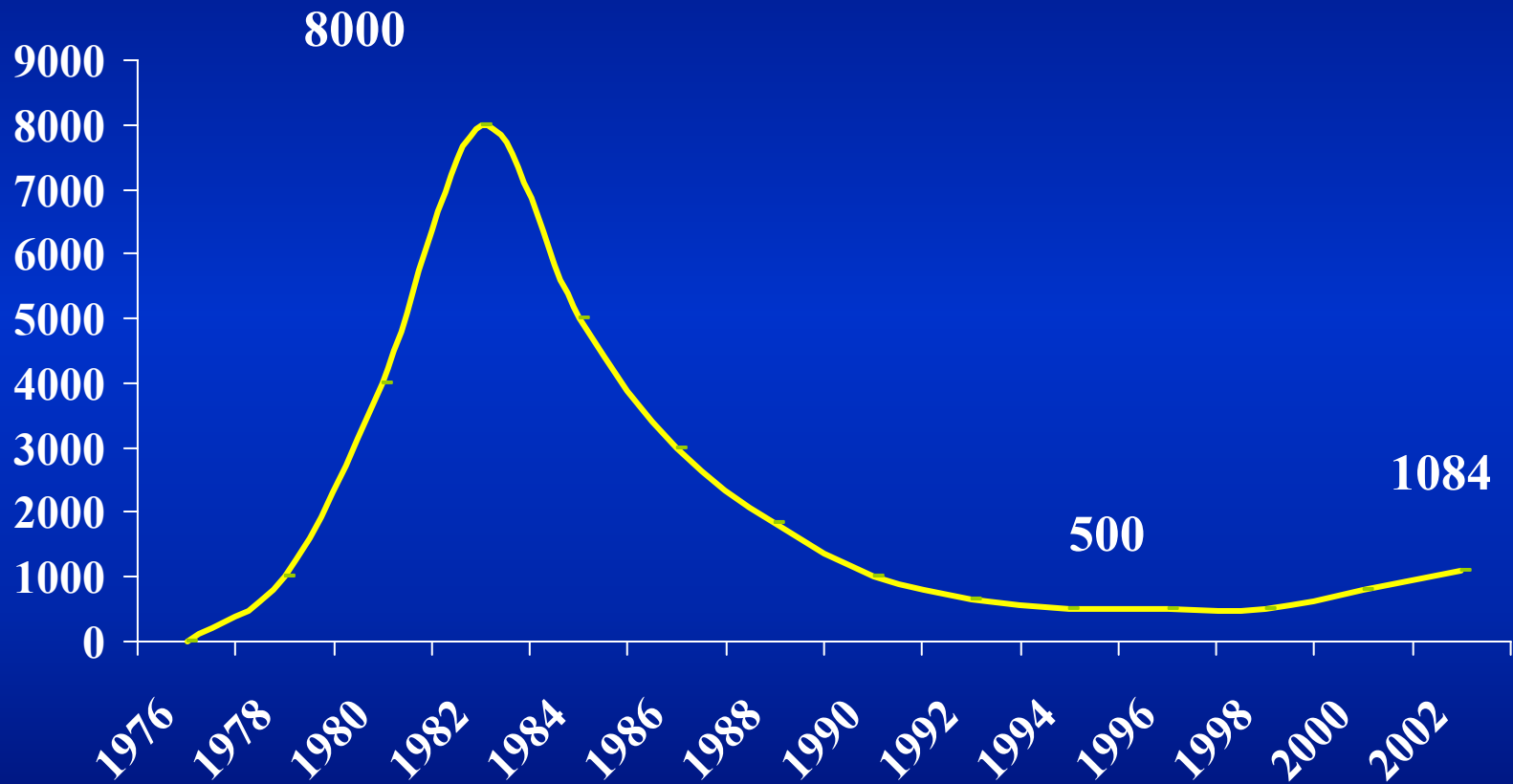


Source: The Stop AIDS Project

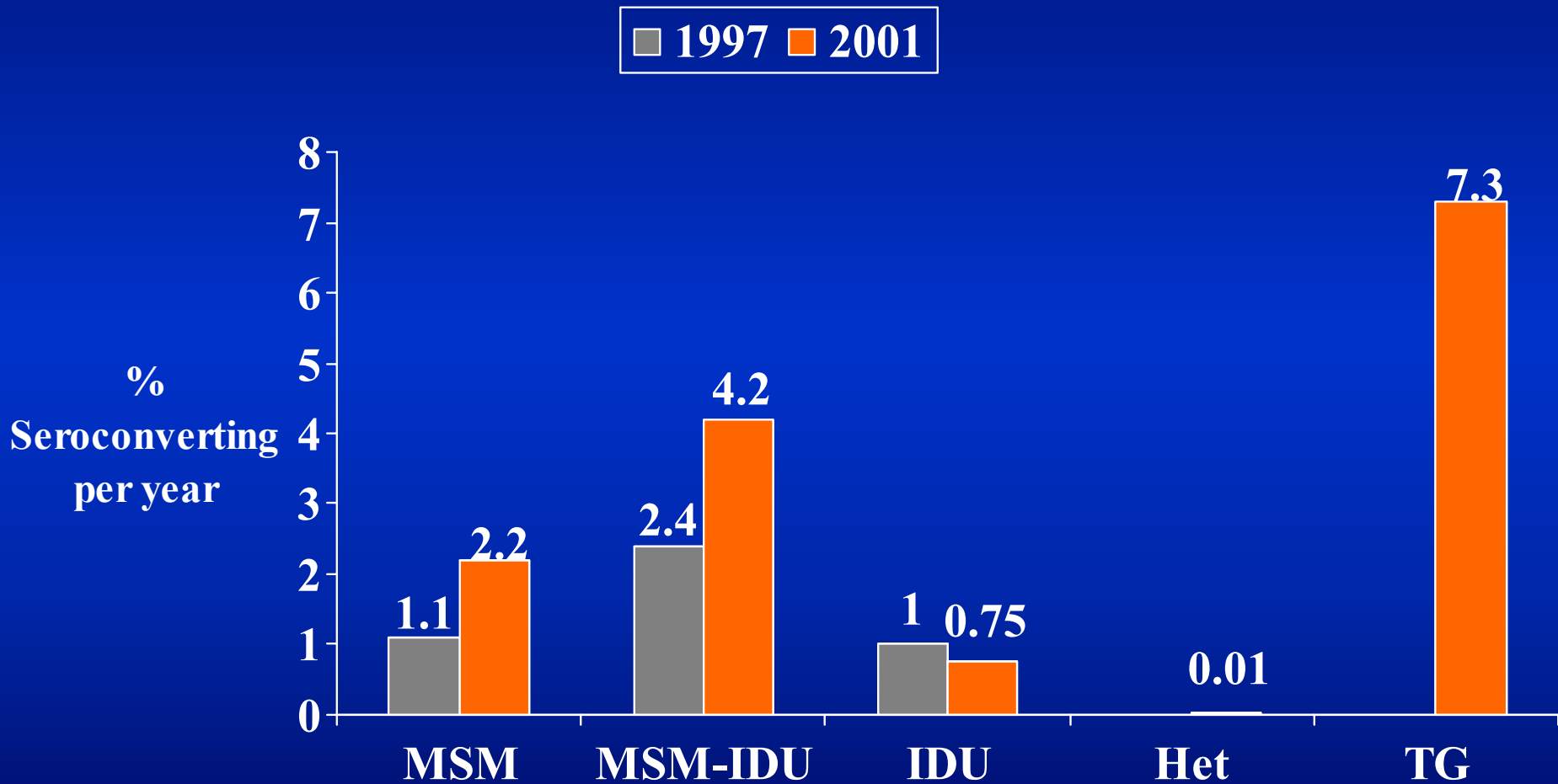
Reported cases of primary and secondary syphilis, MSM, San Francisco



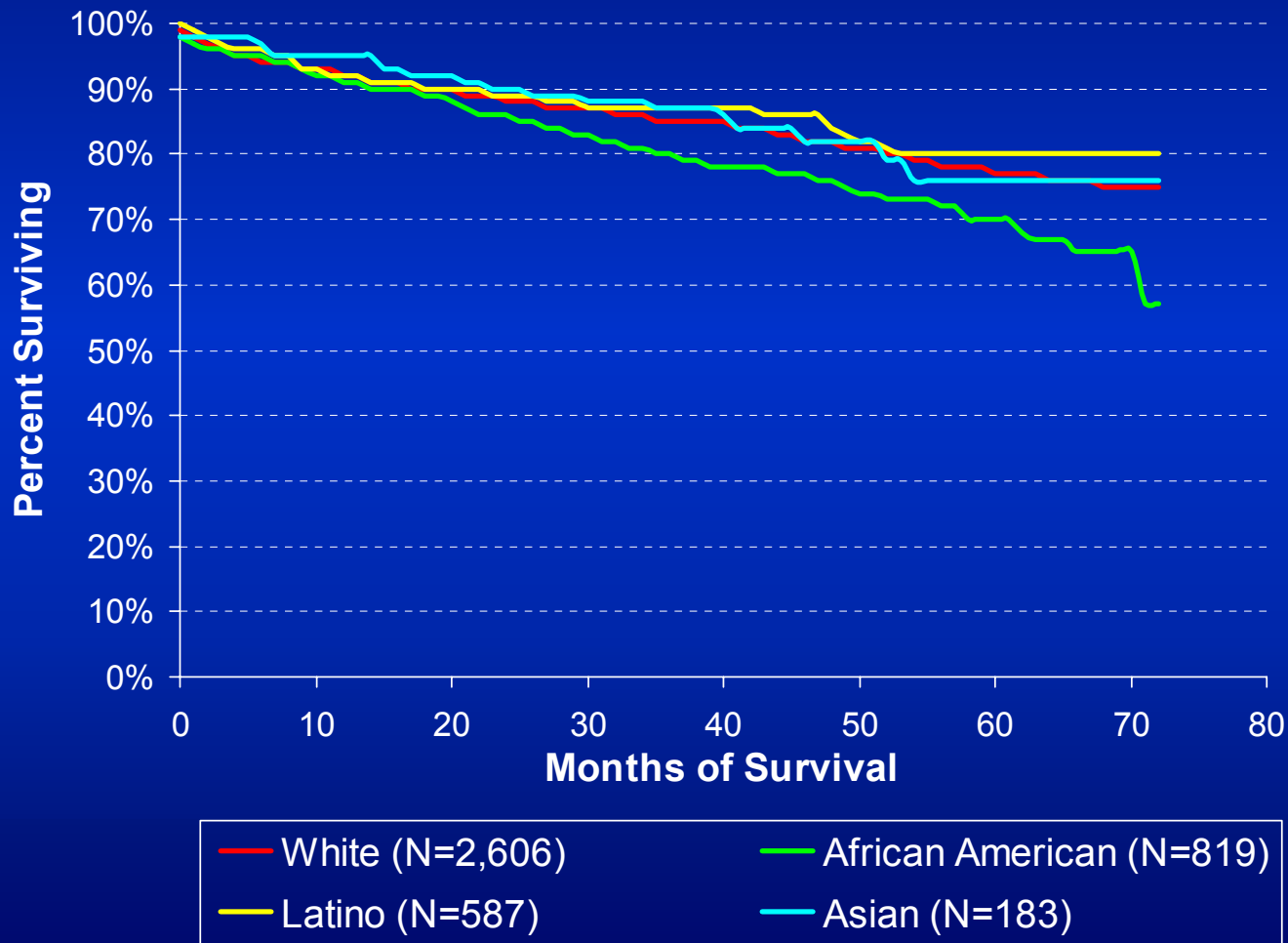
History of HIV incidence, San Francisco



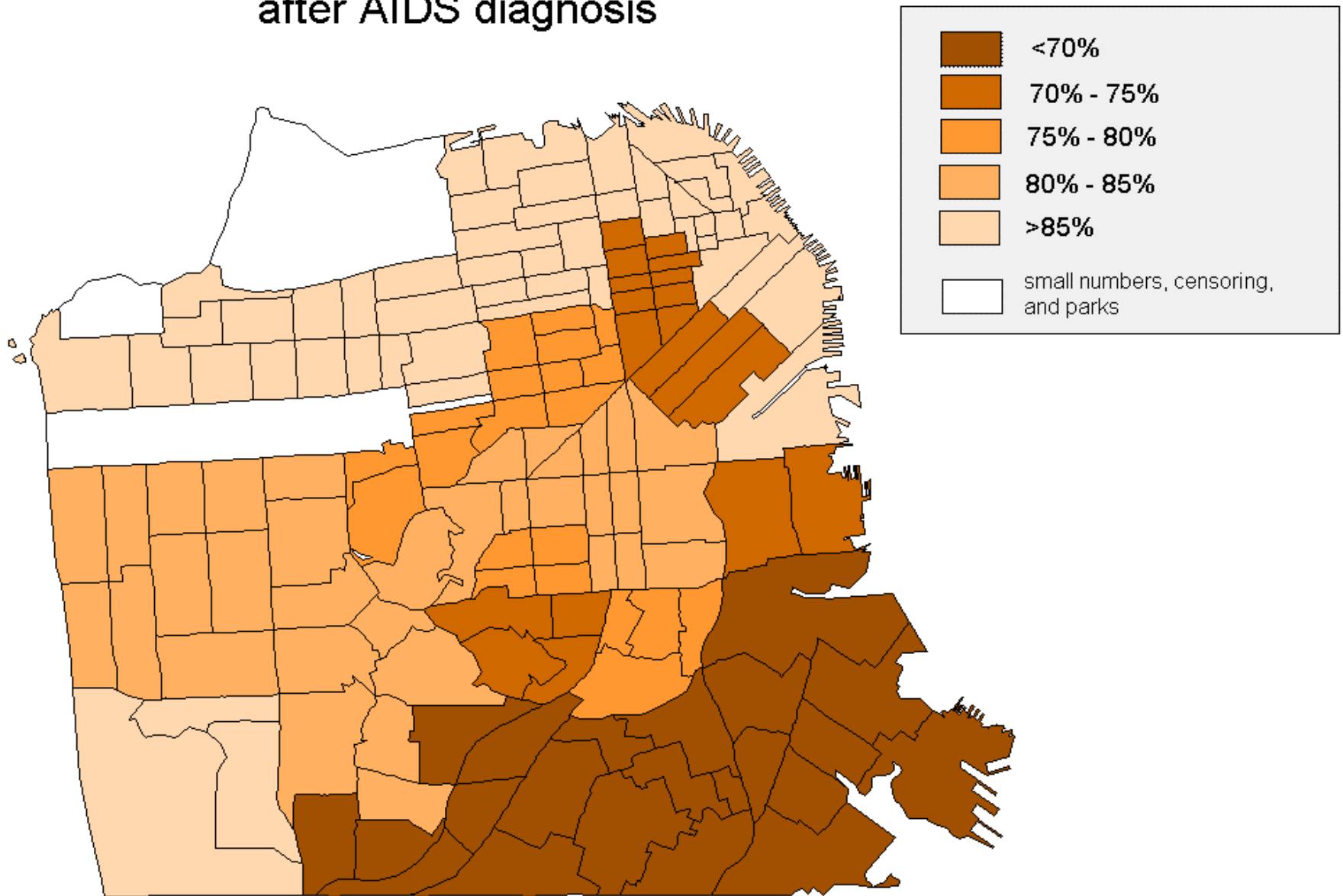
Estimated rates of HIV seroconversion in San Francisco, 1997 vs. 2001



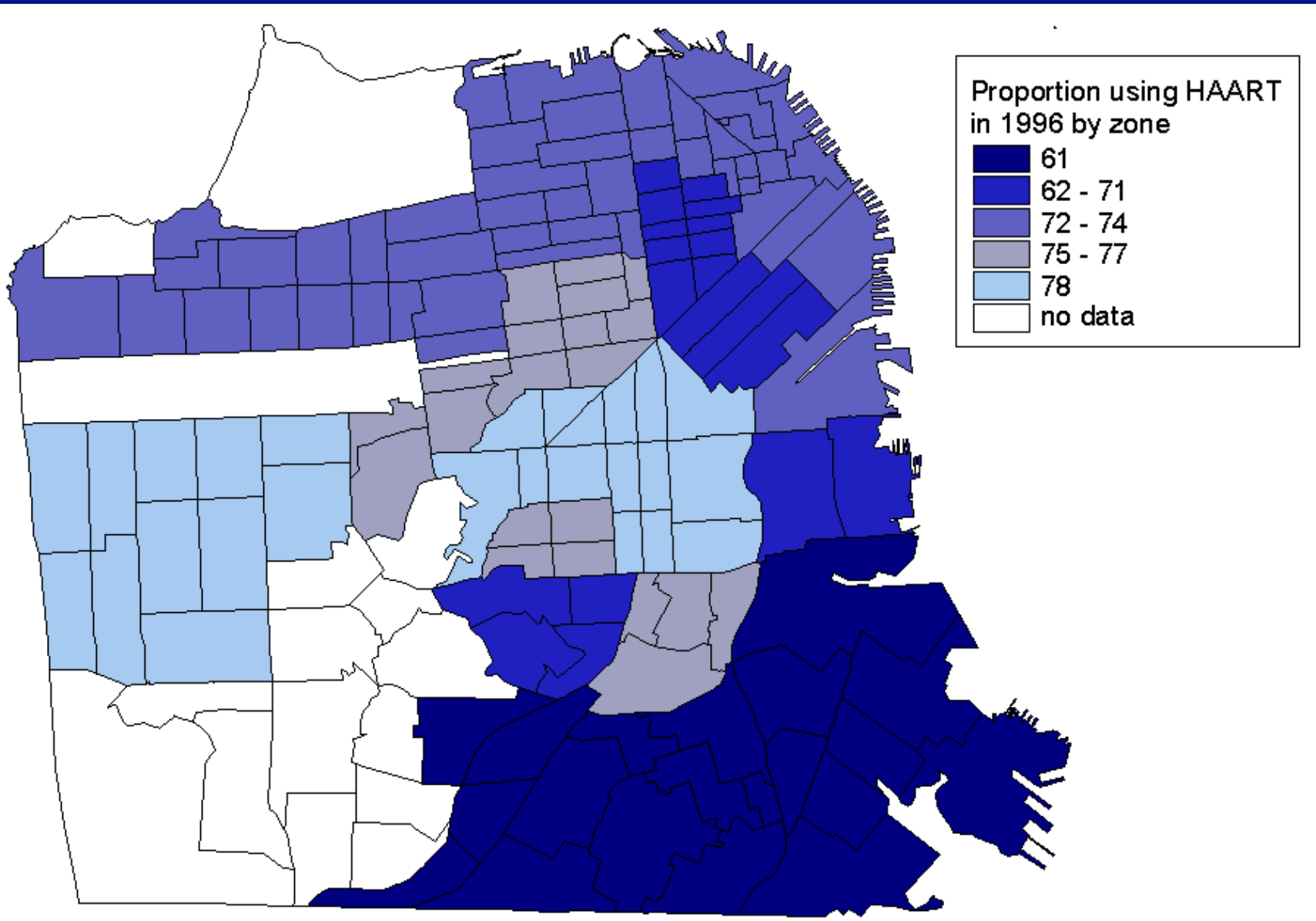
Kaplan-Meier survival* curves for persons diagnosed with AIDS in 1996-2001 by race/ethnicity, San Francisco



Estimated proportion surviving 5 years after AIDS diagnosis



HAART use by neighborhood



Prevention and Care Successes

- New AIDS diagnosis and AIDS deaths continue to decline in all racial/ethnic, risk, gender groups
- No child under 13 diagnosed with AIDS
- Risk of AIDS due to transfusion now 1 in a million
- HIV transmission among non-MSM IDU is stable
- HIV among pregnant women is low and treatment to prevent transmission to infants is high
- HIV transmission among heterosexuals is rare

HIV Prevention Section

Steven Tierney Ed.D

HIV Prevention Services

- Types of services: outreach, workshops, social marketing, risk reduction counseling, HIV testing, prevention case management, media development, and needle exchange.
- Behavioral Risk Populations (BRPs) are used to prioritize and target services to those at highest risk of HIV infection.
- BRPs based on epidemiological data

BRP Tiers

- Tier 1 (highest risk): Men who have sex with men (MSM) and transgenders (TG)
- Tier 2 (high risk): Injection drug users (IDU)
- Tier 3 (lower risk): Non-IDU heterosexuals and women who have sex with women (MSF, FSM, FSF)

Distribution of Funds by Tier

Tiers	1998 Allocations	Current Epidemic	2001 Allocations	2002 Allocations
Tier 1	40%	79%	69%	68%
Tier 2	24%	20%	25%	25%
Tier 3	28%	1%	6%	7%
Other	8%	--	0%	0%

Community Action Forum on Gay Health

- SF HIV prevention representatives
- Presenters from Canada, London, Sydney on innovations in HIV prevention and gay health
- Creation of values and ethics around gay health within HIV prevention
- Opportunities for health promotion in San Francisco
- Community based research
- Community/government partnerships

Young African American MSMs

New programs to address prevention needs in one of the hardest hit populations within the African American community.

Funded in 2002

- | | |
|---|----------|
| ■ New Directions 21 ST Century | \$90,000 |
| ■ LYRIC | \$90,000 |
| ■ Centerforce | \$90,000 |

New Initiatives in HIV Prevention

Research

- **Provider capacity assessment for prevention for positives**
- **Systems Capacity Assessments by Neighborhood (SCAN): Bayview & Tenderloin**
- **Needs assessments with Native American Two Spirit communities, heterosexually identified MSM, recently seroconverted men**

Services

- **Expansion of prevention with gay men who use methamphetamines**
- **Condom social marketing**
- **HIV prevention for gay men over 45**

Innovation in HIV Prevention

- **Web infrastructure development**
- **Evaluating Local Interventions (ELI) data collection system**

SFHIVPrevention.org

- Website and presence for HIV prevention in San Francisco
- Engaging clients via the Web
- Interactive, attractive, and engaging messages to help our higher risk populations conceptually shift their perception of safer sexuality and making informed health choices

HIV Prevention and the Correctional System

Agencies

- Centerforce, Forensics AIDS Project and Continuum

Corrections Facilities

- City and County of San Francisco Jails
- State Prisons: San Quentin State Prison, Central California Women's Facility & Valley State Prison for Women in Chowchilla, CA
- Fresno County Jails

Services

- Homebase and Hope Study
- HIV Prevention Curriculum for Corrections Facilities
- Prevention Case Management Support Groups Prior to Release
- Prevention Case Management for women
- Hepatitis B Vaccination Pilot, Hepatitis C Antibody Testing
- Community Health Resource Fairs within correction facilities
- Links to HIV Health Services with the Corrections System

HIV Prevention Services Training Institute

- **Creating the John Blake West Institute**
- **Blueprints for the JBW Institute**
- **Conducting and integrating community research into prevention strategies and training**
- **Web-based training services**

HIV Health Services

Michelle Long Dixon, MHA

HIV Health Services

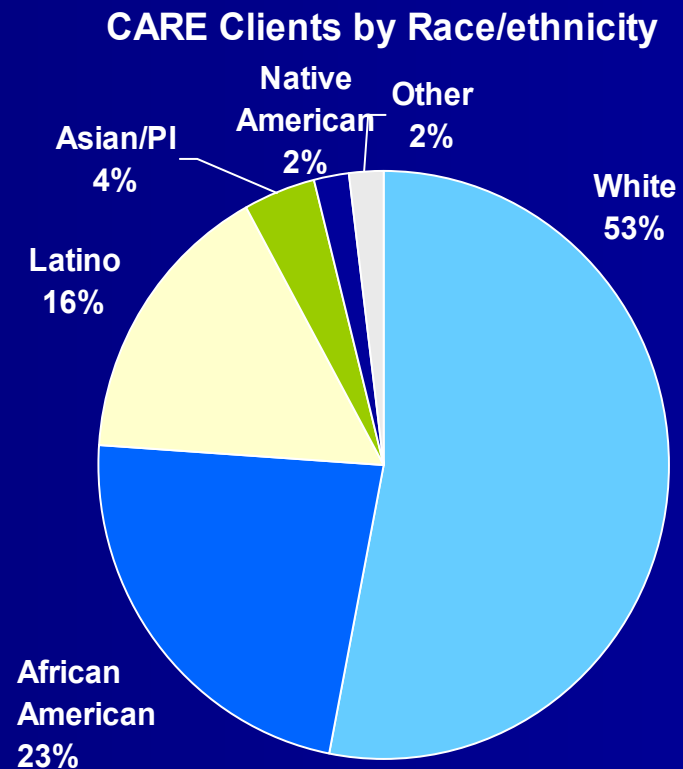
- Services include: primary medical care, home health care, dental care, housing, substance abuse treatment, mental health care, case management, peer & treatment advocacy, benefits counseling, food, legal assistance, child care, and transportation.
- Provided by DPH and by community-based organizations.

HIV Health Service Priorities

- Ensuring access to care and eliminating disparities in care
- Assuring comprehensive, high quality, culturally competent services
- Increasing integration of services
- Bringing those who know that they are HIV+ but are not in care into care

CARE Clients

- 9,845 clients received services during 2001
- 67% of clients have an income of <\$10,000.
- 13% are female and 2% transgender.
- 30% are homeless or in unstable housing
- 24% are uninsured; 53% have public insurance



Populations Targeted by Programs Ensuring Access to Care

Minority AIDS Initiative

- Transgender women of color
- Native Americans
- People of color released from prison
- Asian & Pacific Islanders
- Monolingual Latinos
- African Americans

Office of Minority Health

- Monolingual Latinos
- Women and people of color at SFGH
- African American men
- Youth of color and transgender youth

Office of Minority Health

- Community of color based organizations (technical assistance)

Quality Management

- Federal CARE Act requirement
- Goal: to ensure clients are receiving services consistent with latest medical care guidelines
- Many components already in place
- Includes development of standards of care, provider training, and additional data analysis.

Standards of Care

- Standards have been completed for primary care, dental services, mental health, and substance abuse
- Housing, complementary care, and peer and treatment advocacy standards are currently in progress
- Standards are developed through a community process including providers, DPH staff, and consumers and build on existing guidelines or standards.

HIV Health Services in the Correctional System

Forensic AIDS

Project:

- DPH program.
- Provides primary medical care and case management.
- Serves people living with HIV/AIDS in the San Francisco jail system.

Springboard:

- Run by Continuum.
- Reaches people of color with HIV who are released to SF from state prisons.
- Links to medical care, housing, & other services.

Future Directions

- ◉ Epidemiological trends
- ◉ Prevention challenges
- ◉ Care challenges
- ◉ Resources
- ◉ Opportunities

Epidemiological Trends

- HIV transmission appears to be increasing among MSM, MSM-IDU, and possibly, transgendered persons
- Increases in HIV transmission are associated with amphetamine use in MSM
- Declines in AIDS deaths and increases in new HIV infections results in an increase in the number of persons living with HIV/AIDS

Prevention Challenges

- Increased need to shift and focus prevention messages to be effective for higher risk populations
- Federal policies regulating prevention messages limit effectiveness with those populations
- Increased data collection requirements from State and Federal government puts focus on evaluation rather than client services.

Care Challenges

- Serving increasing numbers of people living with HIV/AIDS
- Addressing the complexity of care, including multiple diagnoses, homelessness, hepatitis C, and other medical conditions
- Expanding cultural competency and capacity to address needs of emerging populations, including the transgender community
- Linking prevention, health services, and research to improve services to clients

Resource Challenges

- **\$2.2 million cut in CARE Title I for FY 2002 and larger cut projected for FY 2003**
- **OMH grant for technical assistance will end in 2003 and second OMH grant reduced**
- **Projected cuts in prevention funding from City, State and Federal government**
- **End of Prevention for Positives Demonstration Project in 2003**
- **Projected state and local budget shortfalls**
- **Decreased private and foundation resources available for our community partners**

Opportunities and Next Steps

- Critical re-evaluation of services and priorities
- Emphasis on evidence-based decisions
- Assessment of cost effectiveness of services
- Focusing on those with the highest level of needs
- Increasing integration of services within DPH