



FOCUS GROUP ANALYSIS

MEN WHO HAVE SEX WITH MEN
IN SAN FRANCISCO
REFLECTIONS ON
HEALTH ISSUES RELATED TO STDS/HIV

FOR THE
SAN FRANCISCO DEPT. OF PUBLIC HEALTH

APRIL 6, 2015

BACKGROUND AND METHODS

In October of 2014, 4 focus groups were held in San Francisco, each consisting of 5-10 MSM who live, work or play in San Francisco. The focus groups were designed and facilitated by staff from the San Francisco Department of Public Health, and held at Focus Pointe Global. Questions were planned to elicit thoughts and reactions to information about sexually transmitted diseases (STDs) in San Francisco, including HIV, and participants' ideas about the role of the Department of Public Health (DPH) and what they could do better to reduce the spread of STDs among MSM in SF. Groups are identified by letter in the remainder of this report, as outlined below:

Group A: October 6, 2014

- Focus Pointe Global recruited 12 men who identified as homosexual/gay and reported that their last HIV test result was negative, that they had not been diagnosed with chlamydia, gonorrhea, or syphilis in the past year, and that they were SF residents.
- 10 men came to the focus group
 - Ages: 23-57 (average 41.1, median 40)
 - 6 White, 2 Hispanic, 1 Black/African American, 1 Asian
 - SF residency: 1– 50 yrs (average 12.7, median 5)

Group B: October 23, 2014

- Staff from San Francisco City Clinic recruited 12 men who, according to our registry records, had reported a male sexual partner in the past year, were HIV+, had been diagnosed with chlamydia, gonorrhea, or syphilis in the past year, and were SF residents.
- 5 men came to the focus group
 - Ages 42-55 (average 49.2, median 49)
 - 1 White, 1 Hispanic, 2 Black/African American, 1 Mixed
 - SF residency: 0.5-17.5 years (average 10.6, median 13)

Group C: October 29, 2014

- Staff from San Francisco City Clinic recruited 13 men who, according to our registry records, had reported a male sexual partner in the past year, were not HIV+, had been diagnosed with chlamydia, gonorrhea, or syphilis in the past year, and were SF residents.
- 8 men came to the focus group
 - Ages 24-64 (average 38.25, median 34.5)
 - 4 White, 2 Mixed, 1 Latino, 1 Black
 - SF residency: 0.67-40 years (average 11.3, median 5.25)

Group D: October 30, 2014

- Staff from San Francisco City Clinic recruited 13 men who, according to our registry records, had reported a male sexual partner in the past year, were HIV+, had been diagnosed with chlamydia, gonorrhea, or syphilis in the past year, and were SF residents.
- 6 men came to the focus group
 - Ages 24-30 (average 27.5, median 28)
 - 2 White, 4 Hispanic
 - SF residency: 2-5 years (average 3.5, median 3.5)

Each of the focus groups was audio recorded and professionally transcribed. Transcripts were provided to an external consultant, Facente Consulting, for coding and qualitative analysis. All transcripts were coded by two separate individuals using Atlas.ti 7 with a high degree of inter-rater reliability, and were then analyzed according to accepted standards of qualitative research. Themes that arose from this analysis are outlined here in the sections below.

CONDOM CULTURE AMONG MSM IN SAN FRANCISCO

In general, when asked about condoms, most participants in the focus groups immediately connected condoms with HIV prevention, not STD prevention. Two men across all focus groups made a pointed connection about the importance of condoms for STD prevention; however, the majority described condoms as something that was unnecessary for men who knew they were HIV-positive, such as these quotations:

If you're positive, you feel like you don't have to [wear condoms]. Honestly, it feels good, in my opinion – like most people – to not use condoms. And if you don't have to, why use them? [Group D]

So for myself and for others that I've had sex with, I take Truvada every day. And so ...there's a sense of vitality that I don't have to wear a condom. And so a lot of people that I have sex with aren't using condoms at all. [PrEP] is the only protection. And that doesn't protect against any STDs, and so we just keep getting them like colds. [Group C]

The concept of STDs being “like colds” was raised frequently throughout the focus groups, with two participants using that specific analogy. The majority of participants in all 4 focus groups described a feeling of safety for MSM in San Francisco, using words like “safety”, “relaxed atmosphere”, and “openness”. This was connected to a discussion of a culture that did not encourage – or indeed sometimes actively *discouraged* – condom use. Eight participants raised some version of this sentiment, with some stressing the unique experience for MSM in San Francisco. Though at least one man disagreed, saying that New York and Los Angeles felt similar to San Francisco, many agreed with the person who said:

San Francisco I think is definitely one of the most sexually active cities in the world. I've lived quite a bit of places and – well, no wonder they say it's so bad here with all the STDs....Before coming here I've never had an STD in my life. [Then I move here] and in three months I go to the clinic and [I have one]. [Group C]

When presented with a chart showing the increases in STD rates over time in MSM compared with other populations groups (See Appendix A), few participants showed surprise at their disproportionately high rates. Nine people across the 4 focus groups responded to the figure by explaining that it made sense given the sexual activity they had seen among MSM. Some connected the high risk for STDs as being more likely among young MSM who had not witnessed AIDS in the pre-HAART era; others connected it to a feeling of safety about the risks and consequences of HIV or STD infection. Most simply connected it to a general culture of sexual freedom. One man summed up what others were saying like this:

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. [Group B]

However, there was a positive side to the argument that sexual freedom was leading to increased spread of STDs: a commitment to regular STD testing in order to quickly diagnose and treat any infections, especially among people who were already HIV-positive. It was a common theme expressed by participants in all focus groups, similar to these men's stories:

I went to Magnet and I was getting tested. And I ran into a friend there. And there was no shame. It's like, we're both here, we're both taking care of our bodies and our health. And you shouldn't be ashamed of that because it's good. [Group D]

At least in the circle of the group that I play with, we're very open. We know that you're having sex with somebody else. We know that. And so it's not a shameful thing. And it's like 'Oh, hey, I got this.' 'Thanks, we all need to get tested', or – and then another thing that we also [do] – it's every three months. It's on the calendar. Just like a period. It's how it works. It's no shame. Walk your ass down to City Clinic. [Group C]

Yet not everyone felt that STDs were shame-free among MSM. While that was the prevailing take, at least one participant in each focus group expressed concern about the shame related to STDs.

But [shame about STDs] is a thing that did not exist before. I think it is started with HIV, because you would get an STD and it was a pain, of course...But then suddenly, when HIV arrived, then the state got so hard....[Now], if you're saying you got an STD, then they're going, 'Oh. You were barebacking.' And so [it] goes right back to the HIV shame. Or slut shame. [Group C]

There were ten participants who spoke specifically about their own condom use. Of those, 3 – all HIV-negative – said they were firmly committed to using condoms; 3 said they used condoms because they thought it was important, but wished they didn't have to; and 4 said they did not use condoms consistently, or never used them. In general, however, most participants who discussed condom use among MSM in the City overall spoke of a pressure to *not* use condoms. One said:

Right now there [seems to be a] rift of people, particularly online and stuff...that are either very pro-condom or not. And people that are not, there is no discussion about it. [Group A]

But eight participants simply said they didn't think there was an acceptability of condom use any more about San Francisco MSM, using phrases like, "It's either no condom, or no [sex]." One man described it like this:

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. [Group D]

Another expressed a similar frustration with the wearing effect of the no-condom culture in San Francisco, with vocal agreement to his explanation:

You're coming home with someone that you love, and then you're both intoxicated, and it's like, 'Remember to use a condom.' And then you finish and [he's] like, 'Oh my gosh, sorry, I forgot.' And you're like, 'Fuck, really? How many times did I ask you?' So then, after the eighth time...

[another participant] *You become complacent.*

[original participant] *Right. [Group D]*

THE ROLE OF HOOKUP APPS IN THE SPREAD OR PREVENTION OF STDs

Many of the men who participated in these focus groups had commentary about the use of online hookup apps, including Grindr, Scruff, Bareback RT, Adam4Adam, and others. Five of the men specifically named online apps as major contributor to the increase in the spread of STDs among MSM, like this person who said:

And I would also imagine that Adam4Adam and the mobile apps Scruff and Grindr and things like that....have also upped the percentages of [STDs] because [sex is] more readily available. It used to be, you had to cruise. Cruising was an art and you had to go to a specific place, that's why Buena Vista Park and places like that are kind of legend in the gay world. But now it's all about instant gratification. You want to hook up, you go on your phone, you spend 5 minutes, 20 minutes, immediately you're off hooking up. [Group D]

Others didn't place blame on the apps for contributing to the spread of STDs, but talked about them as benefits to MSM, making it easier to have sex and easier to communicate. A few participants said that there was no difference in the communication they'd have with partners about their HIV or STD status between meeting them in person or online. Four men talked about hookup apps making it more convenient for them meet people, or – especially if they were shy – more comfortable to meet people. Five men talked about the profile setups of these apps as a communication aid, since people usually posted information about their HIV status and/or whether they are on PrEP, and that information was available to potential partners before hookup, so no further communication was needed in person. However, a few participants specifically pointed out the dangers of this, because people could lie, be mistaken, or make different assumptions – such as whether someone saying they were on PrEP automatically meant they were willing to bareback with anyone regardless of HIV status. One participant went as far as to be annoyed by people who didn't use the technological profiles as a substitute for in-person communication:

It kills me when you first meet them, and they're like, 'So, what's your status?' Like, did you check my profile? I did that in the disclosure before it happens, right? They couldn't read that in their research. It's not cool....read your status, you know? [Group D]

More than a dozen participants discussed hookup apps as a good opportunity for DPH involvement in STD prevention work. "That's where the guys are, it's where they're hooking up," said one. While one person suggested banner ads, there was general agreement that placing *ads* in Grindr or other apps would not be appropriate – "No one likes an app ad. It's very easy to quickly dismiss an ad," one said. However, the idea of a notification, more integrated into the app itself – especially if there were some incentive to read it or participate – was a more popular idea. One described his idea in detail:

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 A]

This would require actual partnership with the companies, which the men generally thought the companies would be receptive to. One said, "I can't see why....any of these places that promote sexuality wouldn't want to take part in a responsibility of sex. It's gonna make them look better if anything." Another in a different group said something similar:

It could be a really great platform also for Scruff and Grindr, since they are so big...The image would only get elevated if they partner with their local communities, like big communities....Go into the cities and then have some type of platform where Scruff can partner with the local health clinic type of thing and develop something. I mean, that would be great PR. [Group D]

In addition to having integrated notifications about testing and STD prevention within the apps, four of the men suggested that health department profiles on those apps where people can ask questions were helpful and should be continued. One described it:

If you're speaking to a professional through an app that you're already using to look for sex, you're going to feel completely comfortable asking them questions through this app. You're already on it, asking people 'What are you into?' So it's going to be like 'Where do I get tested?' [Group D]

THE ROLE OF SUBSTANCE USE IN THE SPREAD OF STDs

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. This was particularly true in one of the focus groups, where a number of the participants had experienced personal struggles with their own substance use. There were two ways that men blamed substance use for increasing STD transmission: 1) a generic "[in the MSM community in SF there is so much] promiscuous sex influenced by drug use" [Group B], or 2) a description of substance use lowering inhibitions or reducing healthy decision making, as one explained: "I'm under the

influence when I participate [in sex] so my biggest concern is syphilis - catching syphilis." [Group B] Another emphasized, "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 C]

Three of the men plainly said that they found substance use to be a necessary part of sexual activity, with comments like "It's the only time I really enjoy having sex," [Group B] and "I have to be high for me to enjoy it." [Group B] This really underscored the importance of acknowledging that substance use and sexual risk are intricately intertwined, and any efforts to address them must recognize the role that substance use plays in sexual satisfaction for a deeply stigmatized community.

CONCERN ABOUT STDs

When asked to rank their level of concern about STD infection, 14 of the participants said their concern for STD infection was low. For 5 of the 14, it was because they were 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. For 8 of the 14, they considered the consequences of STDs to be lower than other concerns they had, often because a shot or a few pills was all that was needed to reverse any effects. Some examples that highlighted this type of response are below:

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 C]

When it comes down to it, it 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 D]

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 D]

Responses tended to be different from people who were on PrEP or who were HIV-positive than those who were HIV-negative and not on PrEP. Those who perceived themselves to be at risk for HIV were more likely to be generally concerned about both HIV and STDs. As one HIV-positive respondent explained:

Before I became positive, it was always [very concerning to me] because my logic was that, if I'm getting these STDs or if I'm at risk for STDs, I'm also at risk for HIV. But then once I got HIV, I'm like – the big fear is kind of over. [Group D]

Five participants said they had a relatively high concern about STD infection. For 3 of the 5, their concern was a generic one based on the idea that if you are having sex, you can never truly know whether your partner might have an STD, and you can't always protect yourself completely. The other two men both said that until recently, they were not especially concerned about STDs, but then they had recent experiences – one with two positive syphilis tests within

six months and the other who had been contacted by City Clinic after a partner tested positive for syphilis – and this caused them to reconsider their attitude about their own risk for infection.

When asked specifically about the STDs that most concerned them, 7 people said syphilis, because it was on the rise and the treatment can be tough, especially if it is not caught early. 7 people said hepatitis C, because it is expensive or difficult to cure and can ultimately be fatal. 6 people said herpes, because there was no cure and/or because a condom couldn't protect you, and one said genital/anal warts for the same reasons. 2 said Shigella and 1 said Staph were the most concerning to them, and didn't elaborate further. One said "super gonorrhea" (a drug-resistant strain) and another talked about a multi-drug resistant strain of chlamydia he had heard about in Europe.

Five men answered "HIV" when they were asked which STD concerned them most, which is notable because many of the participants were already HIV-positive and presumably wouldn't have that concern. Most of them said this was because HIV had no cure and could be fatal. However, two said it was "dealable," with sentiments similar to one who said:

I know tons of people who are positive, and with the right medication, you're just on medication for the rest of your life. But that's not the only condition that's like that.
[Group A]

Another, when asked whether HIV status was more or less important to him than STD risk, answered, "Before Truvada, it was a concern. After Truvada, I don't give a shit." [Group C]

When asked about their motivation (if any) for preventing STDs, 3 people wanted to avoid shots, blood draws, and the need for frequent medication. 3 people were concerned about their futures, worrying about contracting fatal or incurable STDs that would either be a problem in serious relationships down the line, or would potentially cause them to suffer the same fate they had seen with other friends who had died of AIDS. 4 people thought that having an STD was a hassle, either because it requires time out of the day to go to a clinic and be treated, having to deal with symptoms, and/or "being off sex for a week". [Group D]

When asked what they had heard about research related to STDs, 4 people noted that they had heard of a "super strain" of gonorrhea, chlamydia, and/or syphilis, that was resistant to current antibiotics. Nine people said they had heard that STDs were on the rise in San Francisco, with 4 of them specifically noting a rise in syphilis, and 2 of them attributing the rise to PrEP (with people's resulting increased willingness to have unprotected sex). One person said he had not heard anything about syphilis or gonorrhea in San Francisco, saying, "I don't even know what the symptoms are, to be honest." [Group D] Another pointed out that he had just learned through a news article that you can get gonorrhea from oral sex.

SOURCES OF INFORMATION ABOUT STD PREVENTION

Participants were also asked where they went for information about STDs. Six men said they got most of their information from doctors, clinics, or community resources such as the PLUS Seminar or tweaker.org. Two said they got information from STD pamphlets in bars, and one from discussing issues with peers in bars. Five said they got their information from mainstream

media resources, TV or paper news. Eleven said they got most of their information online, with 7 of the 11 referencing Google or just generic “internet”, and 4 of them referencing specific websites including WebMD, the CDC, and the Mayo Clinic. Finally, there was mixed feedback about the usefulness of social media for reliable information. One said, “If it pops up on my Facebook newsfeed, then I would click on it.” [Group A] [Three people referenced experiences using hookup apps such as Adam4Adam or Grindr where they interacted with someone from the SFDPH profile and got information that way. And finally, in one focus group, the facilitator specifically asked about a number of social media applications, with multiple participants chiming in with their response, as below:

Facilitator: [Are you] *getting any information about STDs on Facebook?*

No.

No.

Facilitator: *Twitter?*

No.

Facilitator: *Instagram?*

Hell, no.

Facilitator: *Grindr?*

Grindr? Sometimes, yeah. [Group B]

COMMUNICATION WITH PARTNERS

When it came to prevention of HIV and STDs, one group of participants, all from the same focus group, said they always “assume everyone’s positive” [Group A] and then protect themselves accordingly, so they don’t need to have a conversation with someone about their status. When one participant described that strategy, at least three others around the table vocally agreed with him and said that’s the best way to ultimately be safe. Six men in other focus groups similarly responded to questions about communication by saying that they didn’t ask much (if anything) about status, because it was impossible to trust their partners – whether they might be lying or simply may not truly know their status, especially if they had been tested within the window period. There was some difference among casual partners compared with regular partners, but there were differing opinions about which was easier to trust. For example, one said,

You have to be more careful, sensitive, with your long-term [fuck buddy] than somebody new...because the other person’s gonna be – well, they’re your friends. It’s like your brother. So suddenly you’re asking somebody you really know well and you care for, and say, ‘Have you been tested?’ There, that person could be much more offended because of the personal relationship. [Group C]

But another responded,

I disagree with that, because – at least in the...group that I play with, we’re very open. We know that you’re having sex with somebody else. We know that. And so it’s not a shameful thing. [Group C]

Two men said that they didn't have the conversation with their partners because they used hookup apps to meet partners and were able to see that information in profiles, so there was no need for in-person discussion of those issues.

Four men who were HIV-positive said that they used to make a point of disclosing their HIV status to partners before sex, but eventually discovered that it rarely made a difference, so slowly stopped bringing up the conversation. One described,

[If] something's going to happen for real, I say, 'By the way, I'm positive.' And that's it...And then they can take that to say whatever they need to. But usually it's just like, 'Cool. I'm on PrEP. Let's fuck right now.' [Group D]

Another explained,

I disclose, but then it didn't work because people still wanted to have sex bareback. So...I said, 'Why [do] I have to bother with myself to explain?' Because when you meet somebody and when you start talking about that, explaining, it breaks everything. So that's why I don't talk to people—most of the people don't talk. With some people when you meet them maybe oftentimes they use—some of them like to touch the topic, but most of the people that I know now, they don't talk and I don't feel like telling everybody. [Group A]

Yet most participants said that they make a practice of always attempting to communicate to their partners about HIV or STD status, with varying degrees of success – dependent upon the familiarity of the partner, their self-confidence at the time, and their substance use. There were 17 instances where someone brought up their commitment to communication about these issues with partners before sex. The majority described the conversation as just part of the natural conversation related to what a person's "into" and any other standard conversations about sexual preference before sex. Some generically described conversations about status, but three people described detailed discussions about dates of testing, window periods, and other nuances of status that are frequently overlooked during a pre-sex conversation – the opposite of the respondent who said, "If it does get discussed, it usually in a breeze by question of whether you're TDF [totally disease free]." [Group D]

It is important to note that almost all the discussion about communication with partners centered around HIV, not STDs, with the expectation implied or stated by most in the groups that someone who knows they have an STD would not be having sex. As one plainly put it, "I'd be concerned if someone knows they have chlamydia or gonorrhea and is, like, going out and having sex. That's a little shady."

OTHER STRATEGIES TO PREVENT STDs

In addition to communicating with partners about HIV status, participants in each of the focus groups were specifically asked to identify any strategies they use to protect themselves from STDs. Five HIV-negative men said – as described above – that they assume all partners may be HIV-positive, and then act – as one said – "as safe as you want to be, under those conditions." [Group A] Four men said they use condoms, all the time, not matter how much they'd rather

not. One described testing regularly, and sharing results with partners, as a strategy. As discussed earlier, others also talked about the importance of regular testing, though didn't bring this up as a strategy to prevent STDs when specifically asked that question.

One man said he tries to only play with "safe people" – those who are familiar and whom he trusts. Three others similarly described partner choice as a main strategy for preventing STDs; one was an HIV-positive man who won't play with guys who are negative, and one was an HIV-negative man on PrEP who still tried to avoid sex with HIV-positive guys. The third one was HIV-negative and highly informed about HIV research. He had a completely different take on the concept of serosorting:

And I would really be having—rather have sex with someone who's undetectable and on antiretroviral therapy...it's just not gonna happen. Transmission, it's not going to happen. That's what three major parallel studies independent of each other have shown recently—that it's better than 99% effective if one person's taking antiretroviral therapy. But if both, it's really great. So you're dealing with someone is HIV negative or thinks that he is—well when was your last test? Well that has a window of opportunity there and you could be newly seroconverted. And be at a really high level of viral load in that early stage of infection. [Group C]

Four men talked about strategic positioning or strategic choices of sexual activity based on risk – whether choosing to only have oral sex, or choosing not to – as one put it – "bottom socially". However, two of the four acknowledged that while these decisions might protect them from HIV transmission, they were unlikely to be protective against other STDs.

The other strategies mentioned by one person but not necessarily widely shared were: not brushing teeth right before oral sex, peeing right after sex, not being high during sex, and "looking for things", as one person described:

Sometimes I'm—it's almost made it at times hard to...feel very free to have sex because I'm looking for things a lot of times. I'm looking for lesions. I'm looking for things that would make it look like—I'm looking for—I'm constantly looking for something that looks like staph. That's the one I'm probably most scared about is staph infections. ...'cause all that stuff is so easy to get, especially when you're having a lot of sex. And it's—I just keep my eyes open. [Group B]

Finally, two participants described the use of pills to prevent STDs – one who said that whenever one person in their group was diagnosed with an STD, they all took the drugs to "just kill it right there, within our family." [Group C] The other explained,

This is not something I do, but a close friend of mine, he told me he takes an antibiotic pill every time after he has sex with someone that he doesn't know....to kill the bacteria. [Group A]

It's worth noting that the facilitator immediately pointed out to the rest of the group that this is not a recommended strategy for prevention of STDs.

PREP

One of the strategies to prevent HIV – though not STDs – that warranted its own conversation in each focus group was the use of PrEP. Two men had never heard of PrEP, and one vaguely knew what it was but didn't know much about it. Six men across the four focus groups were actively on PrEP, and all but one thought it was an excellent addition to the HIV prevention toolbox. One explained, "I think it's good to help get HIV under control, because condoms are clearly not working." [Group D] Another said, "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 C] One, however, shared:

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 A]

As already described, there was significant concern among some participants about the problems posed by widespread PrEP use; a couple described health concerns related to long-term use of Truvada, but most were concerned about the potential for increase in STDs related to higher rates of unprotected sex for those on PrEP. All in all, there were 13 instances of participants raising concerns about the negative effects of PrEP, across the four focus groups.

The remaining conversation about PrEP had to do with logistics, especially cost. One participant said he heard PrEP was expensive. [Group A] Another said that his insurance had paid for Truvada, but wouldn't pay for the lab work that was required for him to get a refill on his prescription. [Group C] Others explained that they had heard PrEP was available for anyone who wants it, and you can get it for free – including lab work, by going through City Clinic. [Group C] There was also some debate among participants about how many days you needed to consistently be taking PrEP before it "gets up to full speed," with some believing you need 10 days, and need to start over if you miss more than 3 days in a row, and another saying that "Some doctors will...feed your paranoia" about things like that, and that PrEP was extremely effective. [Group C]

PERCEIVED RESPONSIBILITY OF THE INDIVIDUAL

Participants in all focus groups were asked about what they thought was the role of the DPH in preventing the spread of STDs. In the course of asking that question, 11 people identified places where they thought – regardless of what the health department does – the individual has personal responsibility to protect himself. Three people said that they thought "promiscuous sex" among MSM was their own responsibility to stop, to prevent STDs. One participant who felt strongly about this issue said,

We should stop sexualizing each other. Ultimately....I'm not saying you should be ashamed of your sexual habits, whether you're into kink, gay, straight. Whatever, you want to practice sex that's fine. But just be much more conscious and aware of, like, what you're doing when you have interactions like that. That, like, I am much more than

just this sexual object....Why should the health department front that bill [for everyone testing as a result of their sexual activity]? [Group A]

Four participants thought it was very important for individuals to take responsibility for listening to information, making their own smart decisions, and getting tested. As one said, "I mean, [the health department] can have all the posters in the world, but if you don't.....it all comes on you." [Group A] Finally, four participants said that all MSM as individuals had a responsibility to collectively care about each other, share information, and increase dialogue in order to reduce the spread of STDs. One explained, "Sometimes it's more effective to hear [prevention information] from your friend than from the press or health department." [Group A] Another said,

I think there needs to be more of a sense – like everybody was saying, more of a sense of responsibility. More dialogue, period. Because that's what I heard at the table today...there was practically no dialogue around stuff. I think that aspect of it needs to change. [Group B]

PERCEIVED ROLE OF THE DPH

Regardless of individual responsibility, there were two main areas that people thought the DPH played an important role in STD prevention. The first was information sharing. Some (10) described this mainly as the importance of continuing advertisements or social marketing campaigns, with "real information, not scare tactic information." [Group A] More detail about their specific suggestions for messaging are included in the next section; however, those who brought it up in the context of the DPH role stressed the importance of responsible information sharing – 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.

For others, information sharing meant something other than social marketing. One described the importance of continuing sex education in the schools, before people are sexually active. [Group A] Two others described the importance of in-depth educational opportunities – similar to the PLUS Seminar – for those who were interested in more information. [Group B] Another said the health department needed to help MSM get "back to basics" around condom use, saying,

They have no idea how to put it on and....[they] always get kind of floppy, or too tight, or have air in it. And then....breaks, and things like that. It's happened, like, thousands of times. So it's back to basics, sort of, about condom usage. Folks are trying to use a condom, but they're not doing it right. [Group C]

And finally, two men described the need for the DPH to provide information in the area of resources, rather than prevention how-tos. One explained further,

The most comprehensive website that they could possibly put together with links and details, and maybe advertise it in the form of a condom or something that they can get in the bars, that will direct them to a specific location, where they can get all the information they need so that they can kind of choose and pick what's important to

them, and have it in one source. One stop location where you can get all the information you could possibly need or the links to get there. [Group A]

The other main role for the DPH was offering free, accessible testing services. People mentioned testing 19 times as an important thing the DPH provides. For many, testing was considered such a vital role of the DPH because – as one said – “I think they do better than a lot of private doctors.” Another agreed,

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. [Group A]

In general, the feedback about Magnet and City Clinic and the quality of services they offered to MSM in San Francisco was quite positive. Participants praised the environment, the quality of information and counseling, and the availability of testing services. However, two criticisms were repeatedly raised in relation to City Clinic: the lack of a phone number where a live person could be reached, and the limited testing schedule. It was difficult to tell from the transcripts whether there were a few vocal participants with these concerns or whether the concerns were widely shared. However, numerous people described their frustration with the “annoying voicemail message that says ‘leave us a message and we’ll get back to you in a week’”, or their experience leaving a message and not getting a return call in a timely manner (or ever). Some went so far as to say it would be good for the DPH to operate a 24-hour hotline where people could call for information about STDs or to talk to someone if they were afraid they had recently been exposed. As for the limited schedule (specifically, where some days were only for women or only for symptomatic people), one man summed up the sentiments of many by saying,

Diseases don't wait for Thursday. It's going to be like, “OK sweetie, I won't do anything today.” And if it's not convenient, people aren't going to do it. In this age of convenience, if it's not convenient, a person will just be like, this is way too complicated, fuck it. [Group D]

In addition to testing being available at Magnet, City Clinic, and other DPH clinics, alternative locations for testing were a popular topic. Three people mentioned that they liked mobile testing, and three others specifically mentioned testing at street fairs. One suggested testing at farmer’s markets, because “that’s where the young people are,” [Group D] and others mentioned sex clubs, the gym, and bars.

One man suggested that setting up a free reminder system (via text message or other) to support regular testing would be helpful. Two others discussed the value of results available online – as City Clinic already has – so that after testing the results were easily and rapidly accessible – both to the person testing and for sharing with his partners, if he so chose. A fourth person emphasized the important role the DPH should play in encouraging testing through offering incentives for doing so.

In addition these main roles for DPH, there were also some other suggestions that participants had. One described the importance of the DPH continuing to do research, and stay up on the

research of others, in order to “find out what the cause of [increases in STDs are].” [Group B] Another said he’d like to see the creation and distribution of a tool, a kind of a log for sex partners, to aid with partner notification after someone tests positive for an STD. Another described the importance of continuing training for doctors, especially about PrEP, since not all private providers are familiar with the options or latest research out there. And finally, three participants talked about their wish for DPH to be more involved in policy or regulatory issues, including the consistency of HIV and STD testing as part of regular medical care at non-DPH clinics, and regulation of safer sex practices within the adult industry.

When asked who DPH should consider as important partners in the prevention of STDs, there was a wide variety of answers from participants – most with no elaboration. Included in this list of potential partners were the Housing Authority, Mission News, the Black Coalition, the tech industry – “I think that is probably your biggest and best area to work on because that’s where everyone is....[and that’s] really where we’re going as a community.” [Group D]– bars, high schools, colleges, hospitals, and CVS and Walgreens – “If Walgreens can refer you to where you could go [for testing], and you don’t know? That would be amazing.” [Group C]

SUGGESTIONS RELATED TO MESSAGING / SOCIAL MARKETING

When asked if they remembered any specific social marketing / advertising campaigns related to STDs, there were a few common answers. Four people recalled the Healthy Penis campaign – all positively – and four people recalled a campaign with the slogan “Know Your Status,” with mixed reviews about its effectiveness. Three people remembered a campaign that one person described as having Victorian buildings with all different types of people, and another described like this:

I remember the one that sticks out in my mind the most, because I saw it all over the city and it was cool because...it was a graphic design, almost like unique to the neighborhoods. Where like we were getting off the BART, the BART station on 24th and 16th and you were coming up, and it was like images of Latinas that were lesbian, gay, Latinos, mixed couples, and it was in different languages, and it was just like, know your status. It was a really good ad. And even in the Castro they had straight couples, gay couples, interracial couples. I thought that was a cool ad. [Group A]

One person recalled the Crystal Mess campaign from back in 2004, and remembered it being a productive use of scare tactics. Another recalled a recent PrEP ad that featured an attractive couple smiling or cuddling (“a pretty generic campaign”) and another recalled a We > AIDS poster. Finally, one person recalled an infographic ad in the Castro Street MUNI station that reminded people to get tested on important dates – like your birthday – to remember to get tested. Another remembered a “really weird billboard” coming into San Francisco, which said “Number Two in Syphilis.” He said, “I had to take a picture of it, and I sent it to my roommate, because...I looked, it was hilarious, but also really, ‘What?!’” [Group D]

There was general sentiment that infographics were useful and well-received – this was specifically noted by 3 participants. Nine participants said they thought that statistics and data would be interesting and appreciated in any future social marketing campaigns that DPH might

undertake to prevent the spread of STDs. A number of them actually referenced the figure of rising STD rates that they had been shown earlier in the group, and said that would be useful to show. However, at least one participant disagreed, saying, “I wouldn’t necessarily say the graphs. I’d say more percentages or times or something like that. That’s easier to grasp in a second.” [Group A] This is exactly the concept of the infographic – something visual and quickly digestible, but still grounded in hard data and interesting facts. The feeling was pretty clear across focus groups: “What’s the real science? The numbers, not a slogan.” [Group A] Another said, “For the most part, we’re educated and intelligent, so come to us at that level.” [Group D] One said that the best thing would be a “realistic approach – one in four people on MUNI have gonorrhea. That would make me go check!” [Group C]

In addition to vivid statistics displayed in an easy-to-digest way, 3 participants pointed out that sex still sells. As one said, “They’ve done more matter of fact, informative posters. But no one remembers them because they’re boring...you remember the sexy ones.” [Group A]

While there wasn’t much disagreement on the concept of sexy posters attracting attention, there was decidedly mixed feedback about the use of fear-based messaging in advertising. Seven times, participants said they thought the DPH should do more to make people afraid of STDs, so they change their behavior. “They need to be apprehensive and say, ‘Wow. Maybe this can happen to me,’” [Group C] explained one. Others described the need for images of HIV survivors, or people who have died, or other images that deglamorize HIV and STDs. [Group B] But one pointed out his own challenges with fear-based advertising:

I think [fear-based] stuff like that is important, too. The kind of in-your-face kind of stuff. But I’m really affected by kind of – I think I’d like to see more, ‘Love yourself, get tested.’ Or, ‘Love yourself, ask the questions.’ Or something like that. [Group B]

Another put it more bluntly:

Fear is no good. Instilling fear in people hasn’t worked in the past and it’s not working in the present....people told me about HIV. But my behavior didn’t – it changed, for a little bit....but it went back to the same because you’re human. That’s the problem. [Group C]

Two participants had specific suggestions for how you could reframe the same types of ads as positive, community and individual-confidence building campaigns. One said,

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 C]

Another suggested:

Start using the providers, and ask them to say, ‘This [thing you’re doing to protect yourself] is great. We love this. Keep doing this. But think about what else you can get, because it doesn’t cover this, this, and this.’” [Group C]

Regardless of whether people thought it was useful to be fear-based or not in advertising, all participants who spoke on this issue were in agreement that a good campaign “hits home.” Without that, no one will remember it or change their behaviors, as one pointed out:

If you make people believe that it's way too normal, everyone or every other person has gonorrhea or chlamydia and it's treatable, and blah blah blah. It's going to just become like the flu and how many of you went to get a flu shot this fall? [Group C]

Another explained it another way:

The more personalized the information is, the harder it hits home. Like if you put those types of graphs all over the Castro/SoMa where there's like 18 posters of a guy in a jockstrap, and then you put chlamydia.

And finally, one participant particularly called for a thoughtful approach to messaging, with a clear discussion of the goals of the campaign, and the needs of MSM in San Francisco:

[Know Your Status campaign(s) are] so ineffective in this city, though. Like, know your status. We do know our status, now what? I'm positive. What's step two? [Group D]

Beyond the messages that would be most effective, the focus group participants also had a lot to say about the placement of ads for any campaign. Three participants talked about the importance of spreading out campaigns, and not concentrating them only in the Castro or SoMa. The particularly mentioned the Mission and the Western Addition as two places where gay men lived but advertising of this kind was not prominent. Another pointed out that making this shift to a wider geographic spread wouldn't be as simple as buying more ad space with greater reach:

I wouldn't be caught dead in Castro. I just stay in SoMa. I think there's a very sense of community. I feel like the Tenderloin has a sense of community....You have to figure out what that is and target it towards that group...because there are different parts of the city that are totally different. [Group C]

Another participant: *I agree with that. The communities have different characteristics [Group C]*

There were also very specific suggestions that participants had about locations that would be good for placement of campaign materials. Four people named MUNI stations, MUNI buses, or BART stations as good places for ads, with a high volume of people who are captive and really do read the ads. However, for those who don't take public transportation, other options are important. Three other specific suggestions included urinal stall advertising, doing guerilla advertising right next to posters advertising events that are coming up – reminding people of STD rates that are increasing right before they go to that big party – and lastly:

Maybe have a hot guy stand outside, or—it's not just a hot guy. Having different—people of the community. The leather community. Have someone from the leather community come out and hold the sign up or...have someone who's a jock come out or have someone who's a twink come out, or a bear. Just like the different groups of communities that are out there. [Group C]

APPENDIX A: Chart shown to members of all focus groups

