New Approaches in STD Prevention and Control in San Francisco

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OUR MISSION

Drawing upon community wisdom and science, we support, develop, and implement evidence-based policies, practices, and partnerships that protect and promote health, prevent disease and injury, and create sustainable environments and resilient communities.

OUR VISION

To be a community-centered leader in public health practice and innovation.

STRATEGIC DIRECTIONS

1. Superb knowledge management systems and empowered users

2. Assessment and research aligned with our vision and priorities

3. Policy development with collective impact

4. Assurance of healthy places and healthy people

5. Sustainable funding and maximize collective resources

6. Learning organization with a culture of trust and innovation

PHD STRATEGIES AND PERFORMANCE MEASURES 2012-2015

STRATEGY 1: Build an integrated information and knowledge management infrastructure that enables us to monitor health, to inform and guide activities, and to improve staff and systems performance.

PERFORMANCE MEASURES:
1.1 Build a strong, highly functional information technology (IT) and technical assistance infrastructure in alignment with Department of Public Health IT strategy.
1.2 Establish a highly functional, integrated infectious disease system to collect and report data and to deliver and monitor public health actions.

STRATEGY 2: Integrate, innovate, improve, and expand efforts in community and environmental assessments, research, and translation.

PERFORMANCE MEASURES:
2.1 Create an action plan that supports division priorities.
2.2 Build cross-section interdisciplinary teams to improve health outcomes and programmatic activities.

STRATEGY 3: Conduct effective policy and planning that achieves collective impact to improve health and well-being for all San Franciscans.

PERFORMANCE MEASURES:
3.1 Establish a division-wide Performance Management, Equity and Quality Improvement Program.
3.2 Establish systems and partnerships to achieve and maintain Public Health Accreditation.
3.3 Develop a prioritized legislative agenda and strategic implementation plan to address health status and inequities.

STRATEGY 4: Lead public health systems efforts to ensure healthy people and healthy places

PERFORMANCE MEASURES:
4.1 Establish community-centered approaches that address the social determinants of health and increase population well-being.
4.2 Sustain and improve the infrastructure and capacity to support core public health functions, including legally mandated public health activities.

STRATEGY 5: Increase administrative, financial and human resources efficiencies within the division

PERFORMANCE MEASURES:
5.1 Establish a centralized business office for the division.
5.2 Appropriately address the human resource issues regarding civil service and contract employees.
5.3 Establish a centralized grants management and development system for the division.

STRATEGY 6: Build a division-wide learning environment that supports public health efforts.

PERFORMANCE MEASURES:
6.1 Establish a division-wide Workforce Development Program.
Rates of Chlamydia, Gonorrhea Continue to increase in San Francisco; Syphilis has slightly declined

P&S Syphilis: Primary and Secondary syphilis are two stages of syphilis were patients can transmit to others, most commonly via sex
STD Increases are Occurring Even as HIV diagnoses Decline

- HIV Diagnoses
- Chlamydia Rate
- Gonorrhea Rate
- P&S Syphilis Rate
Chlamydia, Gonorrhea, and Primary & Secondary Syphilis

Rate per 100,000 population

Year


Chlamydia
486.1
(N=189,937)

Gonorrhea
138.9
(N=54,255)

P&S Syphilis
12.5
(N=4,890)
Challenges of Increasing Congenital Syphilis in CA

• Syphilis can be transmitted by a pregnant woman to her baby with severe health consequences including miscarriage or death shortly after birth

• Transmission can be prevented by timely treatment of the mother with penicillin

• CA rates of congenital syphilis increased from 9.2 cases/100,000 live births in 2011 to 28.2 in 2015

• SF Congenital Syphilis cases: 1 each year in 2015 and 2016
Priority Populations are Those at Highest risk for STDs or Severe Complications of STDs

- Gay and Bisexual Men and other Men who have sex with Men (MSM)
- Adolescents and Young Adults of Color
- Transgender persons
- Pregnant women (Preventing Congenital Syphilis Cases)
Program Approaches for MSM

• Francisco Buchting, PhD – consultant behaviorist, 2016
  • Literature Review, expert Interviews, draft recommendations.
  • One Example:
Program Approaches for MSM, continued

- Integrate STDs and Sexual Health into HIV-related interventions
Program Approaches for Young Women

- SFDPH Black/African American Health Initiative

- Chlamydia Screening Rates in young B/AA women in SFHN one of Four Focus Areas

- Led by Ayanna Bennett, SFHN and Susan Philip, PHD

- Started with Youth Clinics, assess best practices and implement throughout

BAAHI: Chlamydia Screening in young women in SFHN Youth Clinics increased in 2016
Testing volume during April 2016-March 2017 increased 35% overall in the youth clinics, compared to the prior year and detected 29 (30%) more infections in young women of color.
Program Approaches for Young Women, continued

• Community Focused collaboration with Dr. Cherrie Boyer, UCSF Professor of Pediatrics, led by Jacque McCright in the Community Health Equity and Promotion Branch of PHD
  • Beginning with Key Informant provider interviews
  • Planning to direct additional grant resources via CDC and CDPH to formative community based work
    • Example – home collection kits for Chlamydia and Gonorrhea?

• CDC Gonorrhea Resistance Grant with CDPH - enhanced testing and partner services for youth in Bayview, better understanding of risk for antibiotic resistant gonorrhea in this population
Program Approaches for Trans Women and Trans Men

• City Clinic and Public Health Laboratory data systems changed to allow flexibility in patient gender and anatomic site for STD specimens

• First Transgender Data Section in 2015 STD Annual Summary

• Training in Transgender cultural humility for City Clinic staff

• In Process of Revising the Confidential Morbidity form used city-wide

What terms to use?

• It boils down to dignity.
• How would we want people to talk about us?
• Mirror the terms a client uses to define themself
Program Approaches to Prevent Congenital Syphilis

- Syphilis/HIV Disease Intervention Specialist Team prioritizes syphilis cases and contacts who are women of childbearing age

- Academic Detailing will incorporate provider messaging

- Grand Rounds, monthly STD reports

- City and DPH policies of Sanctuary City, Care for All and harm reduction
City Clinic is our Essential Hub for Sexual Health Services, training and research

- High Volume 17,662 visits in 2016; 53% people of color
- Diagnosed 34/255 (13.3%) of the new HIV infections in San Francisco in 2015
- Diagnosed 2,536 cases of chlamydia, gonorrhea or syphilis in 2015
- 106 patients in HIV Early Care in 2016
- Trained ~100 medical and nursing students, residents, fellows and practicing clinicians in 2016
- Locally relevant research: e.g. critical site for NIH-CDC gonorrhea study leading to new alternative treatments in the CDC STD Treatment Guidelines
Quality Improvements to Benefit Sexual Health: Chlamydia and Gonorrhea Testing at the Public Health Lab and City Clinic

- 22% more tests
- 60% faster results
Future Opportunities

• CA legislature one time appropriation of $5 million in FY 2016 for local STD prevention, administered via CDPH

• SFDPH has been approved to use a portion of these funds available through June 2019 for strategic planning for optimizing sexual health in San Francisco
Thank you

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH