

San Francisco Department of Public Health STD Prevention and Control Strategic Plan

➤ **The Project Scope:** Hatchuel Tabernik & Associates (HTA) is supporting SFDPH in developing a strategic plan that will serve as a short-term road map for addressing the challenge of rising STD rates in San Francisco in a timely, effective, and collaborative manner. The SFDPH STD team plans to assess strengths, assets, and challenges that they and their partners face in reducing STD rates, revisit their organizational structure, and identify a pathway forward. The project timeline is February to June, 2019.



Launch with Steering Committee



Secondary Data Review



Key Informant Interviews and Focus Groups



Planning & Outreach Meetings: Steering Committee, Large Group Forum, Planning Retreat



Reporting

➤ Context

Dramatic rises in STD rates are occurring in San Francisco, California, and across the United States. Following the reorganization of the Population Health Division (PHD), the SFDPH STD program team has worked in a dispersed structure that crosses multiple branches of the PHD. The San Francisco Health Network also plays an important role in STD prevention and treatment. Men who have sex with men, transgender individuals and young women of color are disproportionately affected by STDs, and are priority populations for the SFDPH STD program.

➤ STD Snapshot

STD rates are rising locally and nationally, and disproportionately affect marginalized communities. At the same time, the number of new HIV diagnoses annually is declining in San Francisco. Declining HIV rates in SF are attributable to widespread uptake and implementation of highly effective biomedical strategies to improve health and prevent new infections (PrEP and HIV Treatment as Prevention) and using a well-organized collective impact initiative, “Getting to Zero.” These highly effective biomedical HIV prevention strategies do not prevent STDs. Decreasing rates of condom use in MSM in San Francisco correlate with increases in use of biomedical HIV prevention strategies and contribute to the rise in STD rates.

Syphilis

↑ Congenital syphilis cases doubled from 2013-2017 nationwide, CA has 2nd highest rate

↑ Cases increased 144% from 2017-2018 among women in SF

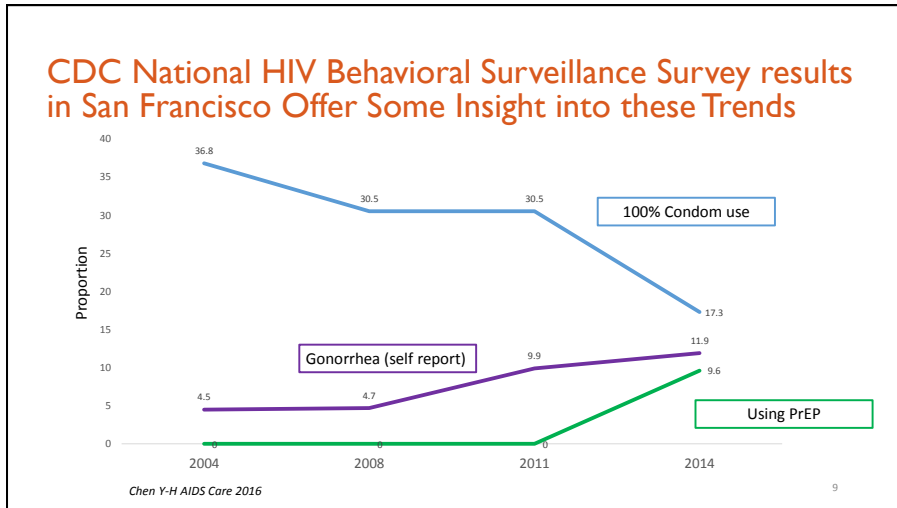
Gonorrhea

↑ Disproportionately high for MSM population (men who have sex with men)

Chlamydia

↑ In 2016 Black/African American women age 20-24 infected at 6.3x rate of White women of the same age

CDC National HIV Behavioral Surveillance Survey results in San Francisco Offer Some Insight into these Trends



From STDs in San Francisco: STD/HIV Clinical Update, Feb 8 2018, Susan Philip MD MPH

➤ **The strategic planning work provides an opportunity to focus energy on this issue and together identify ways to effectively address the rises in STDs in San Francisco**

➤ **SFDPH’s STD Work Current Strengths, Problems, Opportunities and Threats**

A subset of the SFDPH Population Health Division (PHD) STD leadership conducted an initial SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis, identifying several key strengths and opportunities in tackling this challenge, as well internal and external challenges.

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| <p style="text-align: center;">Strengths (internal)</p> <ul style="list-style-type: none"> • Strong commitment to sexual health and health equity from City leaders and SFDPH leadership • Strong community relationships • SF City Clinic • SFDPH Staff <ul style="list-style-type: none"> ○ Diversity of staff, and an Epidemiology team that understands and can assist with using data to inform program, quality improvement, and policy • National Recognition • ISCHTR (internal, integrated STD data registry, disease investigation management system, & electronic medical record) • Adoption of LEAN methodology for continuous quality improvement | <p style="text-align: center;">Problems (internal)</p> <ul style="list-style-type: none"> • Federal (CDC) funding decreasing to SFDPH • Limited infrastructure to support effective communication • High turnover • Physical space • STDs may be considered “less important” than HIV • EPIC (data management system) <i>note – this is also an opportunity</i> • Developing leadership diversity • Multiple concurrent, important division and department wide initiatives that require participation and attention from STD leadership team (i.e. competing priorities) |
| <p style="text-align: center;">Opportunities (external)</p> <ul style="list-style-type: none"> • Increased attention to non-HIV STDs • CBOs (better level of trust with focus populations) • Biomedical STD prevention innovations in progress • HIV and Opioid funding • Systems currently in place (i.e. Getting to Zero) • Community stakeholder support • Good relationships with Clinician Champions (UCSF, Kaiser, VA Clinic, and SFDPH Health Network) • EPIC • Policy opportunities (SB 1152) • PrEP • PHD is using a health equity & disparity lens • HHS working on a STD Federal Action Plan (https://www.cdc.gov/std/general/Listening-Sessions_General-Announcement.FINAL508.pdf) | <p style="text-align: center;">Threats (external)</p> <ul style="list-style-type: none"> • Increase in disease rates • Geolocating dating apps do not allow partner notification • Emerging resistance to antibiotics to treat STDs • Congenital Syphilis • National political environment • Regional issues, local campaigns • Declining rates of condom use among MSM |