

# ENDING THE EPIDEMICS





COLLECTIVE STRATEGIES FOR ADDRESSING  
HIV, HEPATITIS C, AND SEXUALLY TRANSMITTED INFECTIONS  
IN SAN FRANCISCO

Developed by a broad coalition of city government and  
community-based stakeholders in San Francisco, through funding from  
CDC's PS-19-1906 and with the support of Facente Consulting

*Cover photo: End Hep C SF*



# Table of Contents

	Introduction.....	2
	Section I: Community Engagement .....	3
	Existing Community Engagement Mechanisms.....	3
	New Voices.....	5
	Section II: Epidemiologic Profile.....	7
	HIV.....	9
	HCV .....	9
	STIs .....	10
	Section III: Situational Analysis .....	11
	Cross-Cutting Theme 1: Homelessness and Housing Instability .....	11
	Cross-Cutting Theme 2: Behavioral Health.....	12
	Cross-Cutting Theme 3: Access to Treatment and Prevention.....	12
	Cross-Cutting Theme 4: New Challenges for Older PLWH .....	12
	Cross-Cutting Theme 5: Incarceration .....	13
	Cross-Cutting Theme 6: The Effects of COVID-19.....	13
	Section IV: Ending the Epidemics Plan...	13
	Summary of Activities by Pillar.....	13
	Workforce Development .....	17
	Acknowledgments.....	17



# Introduction

In Fall 2017, the San Francisco Department of Public Health (SFPDH) launched a planning process for the future of HIV, hepatitis C (HCV), and sexually transmitted infection (STI)<sup>1</sup> programs and services. The goal of this process was to develop a coordinated and integrated response to these three epidemics of diseases spread through sexual contact or blood-to-blood transmission, given the overlap in the populations most affected by each epidemic. This “HIV/HCV/STD Roadmap” effort was inspired by a number of driving forces, including continued health disparities for some San Franciscans, changing needs among affected populations, level or decreasing funding, and the continued existence of disease-specific programming and funding streams. SFPDH sought to develop a Roadmap that would take a more whole-person approach to HIV, HCV, and STI prevention, care, and treatment.

*The Roadmap supports the implementation of services that will help San Francisco reach the following goals:*

1

Get to and stay at zero new HIV infections, zero HIV-related deaths, and zero stigma

2

Eliminate HCV

3

Reverse the increasing STI rates and prevent congenital syphilis

Over the last 5-8 years the landscape of HIV, HCV, and STIs has changed considerably in San Francisco, even before the COVID-19 pandemic hit. The impacts of social determinants of health, such as lack of housing, structural racism<sup>2</sup>, cisgenderism<sup>3</sup>, and income inequality are more pervasive and intense than ever before. An ever-expanding national racial justice movement is elevating the dialogue around systemic racism and its role in the health inequities our city experiences, especially among Blacks/African Americans and people who are Latino/a/x. Resident tolerance for increasingly visible homelessness and drug use is unusually low, given San Francisco’s history as a progressive and compassionate city. All of these factors strongly suggest the need for an increased focus on person-centered, integrated services and increased innovation to keep up with changing times and refocus our efforts on those with greatest unmet need today.

While this plan was under development, the SARS-CoV-2 virus emerged, leading to a global pandemic of COVID-19 that not only affected our planning process but reshaped our ability to provide HIV, HCV, and STI prevention and care services in San Francisco. This plan will by necessity be a living document: a way to formalize our commitment to continuing to work together to innovate and plan for ending these epidemics in our city the best we can within a changing landscape.

<sup>1</sup> This plan uses the term STI, except when referring to a document or source where the term STD is used.

<sup>2</sup> Structural racism refers to a system where public policies and practices reinforce oppression of people who are not white.

<sup>3</sup> Cisgenderism is prejudice that benefits people who are cisgender (who have a gender that aligns with their sex at birth) and oppresses people who are trans or gender non-confirming.



Photo Credit: End Hep C SF



## Section 1: Community Engagement

### Existing Community Engagement Mechanisms

Both as a result of and preceding Roadmap recommendations, San Francisco has had a robust set of mechanisms for engaging deeply with community members and providers to inform strategies related to HIV, HCV, and STI prevention and care. The HIV Prevention Planning Council and HIV Care Council (now merged into a single HIV Community Planning Council) and End Hep C SF have set a high bar for many years in San Francisco for ongoing, meaningful involvement of community stakeholders and people living with HIV and HCV in planning and oversight of implemented programs. **Exhibit 1** on the following page details the many ways that community engagement is currently fostered in San Francisco. Members of these partner entities range widely, from high-level staff within SFDPH to decision-makers in community-based organizations to physicians and other providers, to community members with life experience invaluable to discussions about how to create or modify programs or structures moving forward. More detailed descriptions of each method for community input available in the full EtE report.



*Exhibit 1: San Francisco’s already-existing community engagement opportunities.*



The circles on this page correspond to a full document with definitions of each. Individuals who are interested should email [Hanna.Hjord@sfdph.org](mailto:Hanna.Hjord@sfdph.org) to receive additional information.

## New Voices

San Francisco released a Request for Proposals (RFP) in February 2020, to help establish new meaningful and ongoing community engagement pathways with five intersecting San Francisco communities that are most impacted by HIV, HCV, and STIs:

**BLACK/AFRICAN AMERICAN  
COMMUNITIES**

*Trans Women*

People experiencing homelessness

**Latino/a/x  
communities**

*People who use drugs  
including people  
who inject drugs*

Four organizations were funded to reach out to people from within these communities. Despite the experiential differences of people who participated in community engagement activities across these five intersecting groups, many of their comments shared similar themes:

### Need for representation

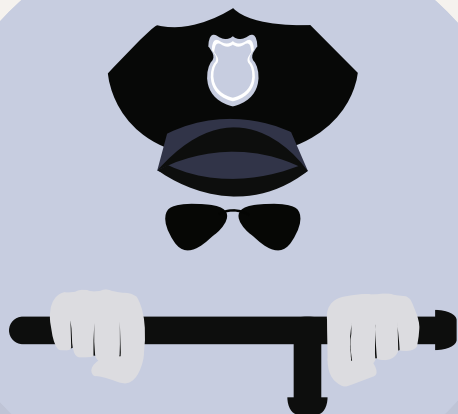
Across the board, participants wanted to see themselves represented at all levels of medical and service providers. The need for increased diversity and community representation among medical and service providers was noted across communities, including the need for more providers from Black/African American, Latinx, and trans communities, as well as providers with lived experience of substance use or homelessness. One participant noted,

*“There are no Black doctors, and not enough Black folks teaching harm reduction. It’s best/easier to hear the info and get education from folks like us.”*





**Outreach:** When developing marketing materials for a specific community, it is also key to keep that community's norms in mind. Respondents expressed a need for the people delivering the messages to represent the community or communities they're trying to reach.



**Need for safety and security:** The issue of safety—of people as well as information—was foremost in many people's minds. Providers need to create a safe, respectful, welcoming, warm, and non-judgmental environment when providing care to people who are likely to have experienced considerable trauma, both within and outside the healthcare system. As one participant put it,

*“... Not being able to access essential services because of a hostile police force and federal government, including ICE, is trauma-inducing.”*

**Community Building:** In order to end the epidemic, it is critical that health care providers help generate self-worth for clients, particularly those who have experienced a lifetime of abuse and systemic oppression. It's not just about providing a test or a pill, but also about helping to build relationships and support connection to community.

**Care that is available and accessible:**

Participants frequently commented that while care might technically be available, care that was only accessible at limited times or in remote locations might as well not be available at all. Additionally, if services are only available in English, then many people in need of services will be excluded.

*“... If I'm a sex worker, I'm not going to access services at certain times. When the agencies are open, I'm still asleep. When I'm up, things are wrapping up. Starting at 4 or 5 pm [would really make a difference] ....”*



**Simplified care access:** Many participants said that services were difficult to access and that most of them weren't under one roof. More options for "one stop shopping" are needed, and when this is not possible, increased transportation options and affordability, as well as alternative care routes for people who are living with disabilities and/or facing discrimination, will improve access to care.

**Stigma:** Stigma was a topic in every community engagement session. According to people who participated in these sessions, providing a broader and more generalized suite of services will bring more people into the umbrella of testing and reduce the associated stigma.



## Section II: Epidemiologic Profile

Given the overlap in the populations experiencing disparities in HIV, HCV, and STIs, SFPD has developed a coordinated and integrated strategy to address these epidemics – and to do so jointly whenever possible, to ensure a more whole-person approach to prevention and care.

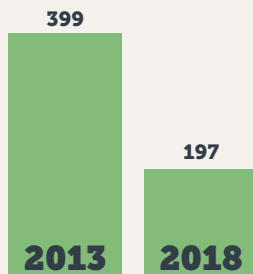


# CURRENT STATE OF THE HIV, HCV AND STI EPIDEMICS IN SAN FRANCISCO, 2019

For data citations or other questions, please contact Hanna.Hjor@sfddph.org

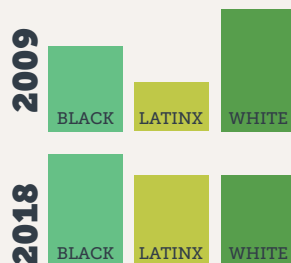
## HIV

### 1 NEW DIAGNOSES HALVED BETWEEN 2013-2018



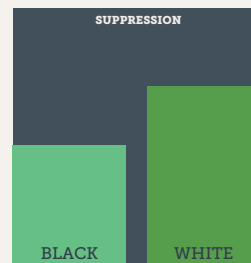
New HIV diagnoses decreased by >50% from 2013 to 2018. There were 399 new cases diagnosed in 2013 and only 197 in 2018.

### 2 PROPORTION OF DIAGNOSES SHIFTING



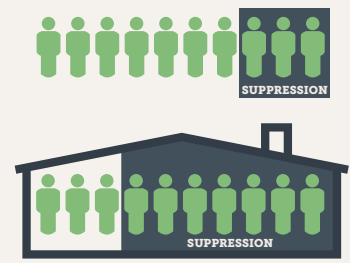
71% of new HIV diagnoses were among people of color in 2018, an increase from only 52% in 2009.

### 3 VIRAL SUPPRESSION LOWER AMONG BLACK/AFRICAN AMERICANS



Only 68% of Black/African Americans were virally suppressed in 2018, compared to 76% of Whites.

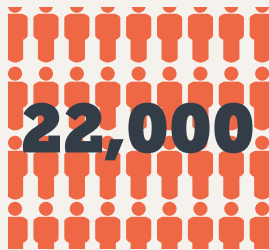
### 4 VIRAL SUPPRESSION LOWER AMONG UNHOUSED



33% of people living with HIV who were also experiencing homelessness were virally suppressed compared to 75% of housed people, in 2017.

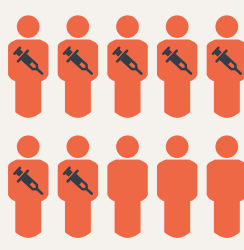
## HCV

### 1 22,000 SAN FRANCISCANS HAVE HAD HEPATITIS C



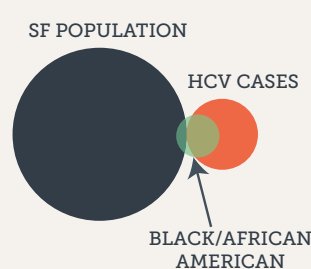
22,000 people—a number equal to the entire population of the Haight neighborhood—have had hepatitis C (are antibody positive).

### 2 HIGHER AMONG THOSE WHO INJECT DRUGS



68% of active hepatitis C cases are among people who inject drugs, even though they are only 3% of the total population.

### 3 HIGHER AMONG BLACK/AFRICAN AMERICANS



6% of people in San Francisco are Black/African American, yet 31% of HCV cases are among this population.

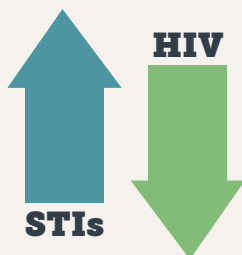
### 4 HIGHER AMONG TRANS WOMEN



While 1 in 100 cis gender women are living with HCV, 1 out of 6 trans women are living with HCV.

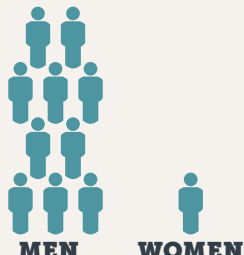
## STIs

### 1 NEW DIAGNOSES ARE RISING



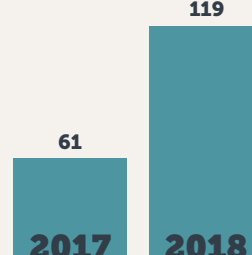
The rates of new syphilis, gonorrhea, and chlamydia diagnoses are increasing while new HIV diagnoses are decreasing.

### 2 SYPHILIS RATES ARE HIGHER AMONG MEN



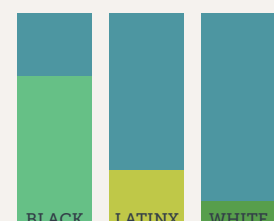
Syphilis rates are more than 10x higher in men than women, with the majority of cases among men who have sex with men.

### 3 SYPHILIS RATES ARE RISING AMONG WOMEN



While syphilis rates are higher among men, syphilis cases among women have doubled between 2017 and 2018.

### 4 CHLAMYDIA RATES ARE HIGHER AMONG SOME BLACK/AFRICAN AMERICANS AND LATINX YOUTH



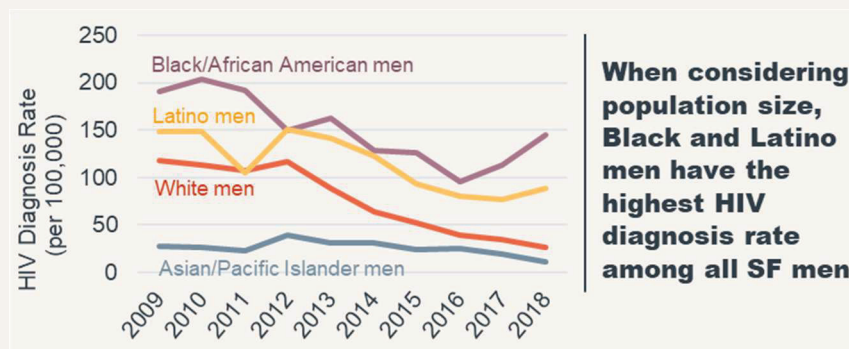
Chlamydia rates are over 5x higher among Black youth and almost 2x higher among Latinx youth compared to white youth.

## HIV

In 2018 new HIV diagnoses declined to a historic low of 197, the first time ever that new diagnoses fell below 200, and in 2019 they dropped even further to 166. This represents an impressive decline of 65% since 2012.<sup>4</sup> Overall, 94% of people living with HIV in San Francisco are aware of their HIV status, and notably, no children (age <13) have been diagnosed with HIV since 2005, representing the success of perinatal programs providing preconception counseling and pre- and post-natal care to women living with HIV. However, these successes give us even more incentive to focus on the areas where we are not yet succeeding as we need to: The declining rate of new diagnoses over the past seven years have been driven primarily by the declines in both the number and proportion of new diagnoses among whites; in 2018, new diagnoses actually increased among Black/African American and Latinx persons (Exhibit 2). People experiencing homelessness, people who inject drugs, and trans women are also increasingly overrepresented in the proportion of new cases.



**Exhibit 2:** HIV diagnosis rate in men by race/ethnicity, 2009-2018.<sup>4</sup>



## HCV

San Francisco's HCV elimination initiative, End Hep C SF, estimates that as of 2015, approximately 22,000 residents of San Francisco had antibodies to HCV—this is about 2.5% of all people living in San Francisco that year.<sup>5</sup> Some people with antibodies have cleared the virus naturally or have taken treatments to be cured, but an estimated 12,000 people (a little less than 2% of the population) still have active virus in their bodies. The populations most disproportionately impacted by HCV include people who inject drugs, people experiencing housing insecurity, trans women, Blacks/African Americans, men who have sex with men, and baby boomers.<sup>6</sup> Additionally, people living with HIV are disproportionately impacted by HCV. In San Francisco, it is estimated that 11% of people living with HIV are co-infected with HCV.<sup>7</sup> HIV-HCV co-infection is particularly high among men who have sex with men and people who inject drugs. To address this, in 2019 End Hep C SF released a plan for “micro-elimination” of HCV among people living with HIV, by addressing unique HCV testing and treatment needs for this group.

<sup>4</sup> San Francisco Department of Public Health. (2019). *HIV Epidemiology Annual Report, 2018*. Retrieved from San Francisco, CA: <https://www.sfdph.org/dph/files/reports/RptsHIVAIDS/HIV-Epidemiology-Annual-Report-2018.pdf>

<sup>5</sup> Facente SN, Grebe E, Burk K, et al. Estimated hepatitis C prevalence and key population sizes in San Francisco: A foundation for elimination. *PloS One*. 2018;13(4):e0195575.

<sup>6</sup> End Hep C SF. (2017). *Hepatitis C in San Francisco*. Retrieved from San Francisco, CA: <https://endhepcsf.org/san-francisco-hpc-prevalence-estimate/>

<sup>7</sup> End Hep C SF. (2019) *Elimination of Hepatitis C Virus Among People Living with HIV in San Francisco: Research Results, Recommendations, and Micro-Elimination Implementation Plan*.



## STIs

As rates of HCV and HIV have fallen, the rate of new syphilis, gonorrhea, and chlamydia cases has continued to rise in San Francisco. Three congenital syphilis cases were reported in San Francisco in the first 9 months of 2019. Although this count of cases is low, it is troubling because congenital syphilis is completely preventable with early testing and appropriate treatment of pregnant women.

Given the increasing and high incidence of STIs in the City, SFPDPH is focused on reducing STI health disparities and preventing the most severe complications of STIs by prioritizing work with:

- 1 Gay, bisexual, and other men who have sex with men (MSM)
- 2 Adolescents and young adults, particularly those of color
- 3 Trans persons, and
- 4 Cis gender females of reproductive age who are at risk for syphilis infection (and therefore newborns with congenital syphilis).

It is important to note that, across all four of these groups, Blacks/African Americans experience higher rates of STIs than any other group,<sup>8</sup> and therefore must be prioritized in STI services.



<sup>8</sup> Ngyuen T (2020). Unpublished data.



## Section III: Situational Analysis

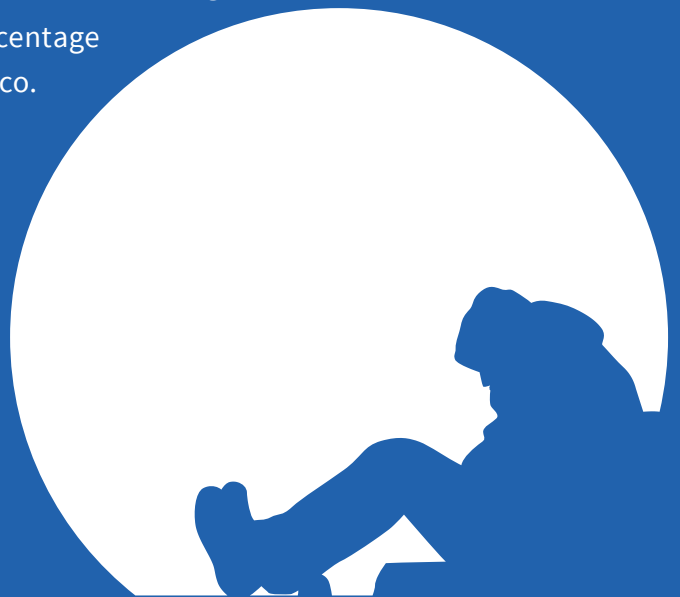
A “syndemics” framework says that diseases or health conditions in populations are affected by the factors in which the population is immersed: social, economic, environmental, and political, above and beyond biological factors.<sup>9</sup> We cannot address a particular disease without recognizing that the burden of disease falls disproportionately on people who are also negatively affected by racist, classist, sexist, and xenophobic systems. HIV, HCV, and STI work cannot solve these root causes, but we can address them head on where they show up in the work. The following cross-cutting themes are, in large part, driven by these root causes.

### Cross-cutting themes

Economic inequality, structural racism, and cisgenderism are much discussed in San Francisco, nearly always from a deficit-based perspective. Yet, research shows that by continually talking about, for example, Blacks/African Americans and their disproportionate experience with poverty, we are in fact perpetuating the very racist systems and practices we seek to dismantle.<sup>10</sup> Part of the challenge for our planning processes is to begin to completely reframe our approach to one that is asset-based and affirming. While we may not be able to solve these root causes, we can address them where they show up in the work. The following six key areas are largely driven by these root causes, and they must be addressed in order to end the epidemics.

## 1. Homelessness and Housing Instability

People experiencing homelessness represent a large percentage of those diagnosed with HIV, HCV, and STIs in San Francisco. We cannot get to zero infections unless we address the root causes of the housing crisis in our city. Therefore, numerous strategies in this plan focus on directly addressing homelessness and housing instability as a way to prevent infection or improve health outcomes of people already living with HIV, HCV, and/or STIs.



<sup>9</sup> Syndemics: Health in Context. The Lancet. March 4, 2017: 389(10072), 881.

<sup>10</sup> Traban Shorters, Keynote Speech, Collective Impact Convening, June 2020.

## 2. Behavioral Health

Many people have a need for services to support them with mental health or substance use challenges, but don't know how to access them, or are afraid of the stigma associated with these conditions. We will continue to integrate behavioral health services and overdose prevention with HIV, HCV, STI services—and to integrate harm reduction approaches more deeply into behavioral health services to make it easier for people to safely access culturally appropriate support for mental health or substance use concerns.



## 3. Access to Treatment and Prevention



Tens of thousands of people who are living with or at risk for HIV, HCV, or STIs are served by San Francisco-based systems every year. However, it is clear that the services are not accessible to everyone. Structural changes are required to ensure that services are harm reduction-based, trauma informed, and delivered with a racial equity lens, to maximize access for all those who need it; further, this plan involves providing services in multiple ways, with a focus on self-testing, mobile and telehealth-based services, and other low-threshold strategies.

## 4. New Challenges for Older People Living with HIV

There is a need for the local HIV service system to adapt, by improving integration of HIV, HCV, and STI services with geriatric medicine, planning for long-term impacts of HIV drug therapies,<sup>11</sup> and increasing services to address social isolation and the economic vulnerability that often comes when living on a fixed income.



*Photo Credit: Lazara Paz-Gonzalez*

<sup>11</sup> Marin, San Francisco, & San Mateo Counties, California. 2017–2021 Integrated HIV Prevention and Care Plan

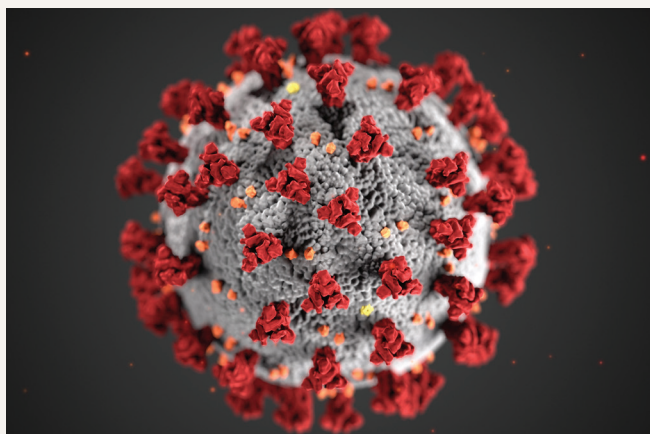


## 5. Incarceration

Incarceration creates significant challenges to effective prevention and added burdens for HIV, HCV, and/or STI care during the period of detention. For instance, community engagement participants described scenarios where persons who were jailed had been denied care including HIV medications, hormone therapy, and HCV or STI treatment. Discharge from jail or prison is also a critical period that poses numerous health and social risks, including risk for HIV, HCV, and STI transmission; substance use; mental illness relapses; overdose; and homelessness. Our EtE strategies therefore include efforts to improve continuity of care during both incarceration and transition back to the community outside.



## 6. The Effects of COVID-19














Community members noted that access to HIV, HCV, and STI testing and treatment has been much more difficult during the pandemic. Much of the first year of implementation will be dedicated to assessing and redesigning HIV, HCV, and STI services that make sense not just for those who have virtual access to providers, but also for those on the other side of the digital divide.

















# Section IV: Ending the Epidemics Plan














## Summary of Activities by Pillar

San Francisco has identified 24 new innovative strategies that will help propel us toward ending the epidemics, across all 4 “Pillars” of the Federal Ending the HIV Epidemic Initiative: Diagnose, Treat, Prevent, and Respond. These efforts will require close partnership with many stakeholders to be successful. The table on the following pages provides an overview of the 24 strategies; key partners and detailed activities for each strategy can be found in greater detail in the full report.

ACTIVITY AND DESCRIPTION		 DIAGNOSE	 TREAT	 PREVENT	 RESPOND
1	<b>Establishing one-stop integrated HIV, HCV, and STI testing sites.</b> We will implement integrated HIV, HCV, and STI testing programs with the goal of greatly reducing barriers to accessing testing for anyone in San Francisco—particularly for communities most greatly affected by and at risk for these diseases. Our community engagement work suggests that to really meet the needs of our most underserved populations, we should also integrate testing with other basic services, including harm reduction and other substance use services, housing support, legal services, immigration services, and similar.				
2	<b>Expanding the reach of HIV, HCV, and STI testing efforts through the use of peer-focused programs.</b> San Francisco values the voices of those with lived experience and is committed to fostering mentorship and peer involvement. We will expand the reach of HIV, HCV, and STI testing efforts through the use of peer-focused programs that hire and support people with lived experience in the priority population(s), including the City's HIV/HCV/STI counselor training and the community navigator program started through End Hep C SF. We will deepen the reach and impact of such efforts by seeking to establish a status-neutral peer program for trans women as well as a program focused on members of the LGBTQ recovery community.				
3	<b>Expanding or implementing routine opt-out screening in healthcare settings.</b> We will implement a new framework that more closely integrates healthcare-based HIV testing with PrEP referral or initiation and STI screening. This approach will expand or implement routine opt-out HIV screening in healthcare settings, further normalizing and de-stigmatizing testing.				
4	<b>Increasing rates of yearly HIV re-screening.</b> We will increase the number of people at elevated HIV risk who are re-screened yearly in healthcare and non-healthcare settings.				
5	<b>Providing comprehensive linkage and navigation to HIV, HCV, and STI services.</b> We will enhance the capacity of community partners to work with existing city-run linkage services to ensure that clients are engaged in HIV, HCV, and STI care and treatment.				
6	<b>Delivering same-day diagnosis and treatment for HIV, HCV, and STIs.</b> A bold new component of our system of care will be to increase the rate of same-day initiation of antiretroviral therapy for the management of HIV throughout our system of care, and to expand same-day treatment initiation to HCV and STIs.				
7	<b>Supporting re-engagement and retention in HIV care and HCV treatment.</b> We will explore new ways to provide linkage and retention support that honor our key populations as whole people with many competing needs, and will provide logistical support through things like medication lockers and transportation options.				

ACTIVITY AND DESCRIPTION		 DIAGNOSE	 TREAT	 PREVENT	 RESPOND
8	<b>Substantially deepening the provision of mental health care for PLWH and people at highest risk for HIV, HCV and STIs.</b> We will pilot approaches to expand availability of systemwide access to mental health services including psychiatric evaluation and consultation services for homeless and marginally housed people living with HIV and HCV, both live and through telehealth. We will also seek to expand clinic hours at the San Francisco Behavioral Access Center (BHAC).				
9	<b>Expanding Substance Use Treatment.</b> We will expand opportunities for on-demand, low-threshold substance use treatment access that adheres to harm reduction philosophies and allows for non-traditional engagement strategies regardless of HIV, HCV, or STI status.				
10	<b>Greatly strengthening the connection of HIV/HCV/STI testing and treatment to housing-related services.</b> We envision this connection working in both directions—expanding HIV, HCV, and STI services in settings that serve people who are homeless or marginally housed, while also strengthening access to housing supports such as coordinated entry, housing case management, housing subsidies and service linkages for individuals receiving HIV, HCV, or STI services.				
11	<b>Accelerating efforts to increase PrEP use.</b> We will implement a multi-layered strategy to address barriers to PrEP uptake, including regionally with Alameda County.				
12	<b>Improving PrEP provision to people of color, trans women, PWUD, and people who are unhoused.</b> We will build on our success in PrEP availability and adoption by continuing our efforts among white gay and bisexual men while also directing more resources to communities of color, trans women, people who use drugs, and people experiencing homelessness, where PrEP uptake has progressed more slowly.				
13	<b>Expanding PrEP 2-1-1.</b> We will expand our PrEP 2-1-1 efforts among communities in which PrEP uptake has progressed more slowly, including communities of color, trans women, people who use drugs, and people experiencing homelessness.				
14	<b>Better utilizing technology to communicate and engage with people about HIV, HCV, and STIs.</b> We will develop a unified messaging and community strategy around STIs for our city, and harness technology to improve our use of social and health/wellness apps to provide HIV, HCV, and STI prevention.				
15	<b>Establishing an STI Community Task Force.</b> We will establish a short-term Task Force to hold community-led conversations about San Francisco's values and goals around STI prevention and care, and determine realistic solutions to address concerns. We will also expand the contribution of our HIV Community Planning Council to discussions and decisions about STI/HIV integration activities citywide.				



ACTIVITY AND DESCRIPTION		 DIAGNOSE	 TREAT	 PREVENT	 RESPOND
16	<b>Improving options for harm reduction in substance use settings.</b> We plan to expand the availability of substance use treatment models across the continuum of harm reduction services, and improve access to low-barrier medication assisted treatment and comprehensive syringe services programs.				
17	<b>Implementing overdose prevention strategies.</b> We will collaborate with the DOPE Project in new efforts to develop onsite overdose response policies and to ensure program participants have unfettered access to Naloxone and overdose prevention and response trainings.				
18	<b>Increasing rates of housing among people living with HIV, HCV, and STIs.</b> We'll be making changes to our housing system including planning to subsidize, build, incentivize rental to people with low-income, collaborate to coordinate care, support people accessing housing, utilize technology to assess housing availability, and guarantee safe, stable housing immediately upon discharge for people completing residential mental health and substance use treatment.				
19	<b>Routinely collecting, analyzing, and publicly reporting.</b> We'll be releasing comprehensive information about viral hepatitis epidemiology and outcomes annually starting in 2021, particularly for HCV.				
20	<b>Conducting an assessment of the City Clinic infrastructure to identify gaps and improve service quality.</b> We will conduct an infrastructure assessment and community perspectives assessment so we can enhance express services and address clinic efficiencies in our city's cutting-edge municipal STI clinic.				
21	<b>Facilitating cluster detection and response.</b> We will expand our capacity to identify and respond to outbreak clusters when they occur.				
22	<b>Rapidly identifying HIV transmission clusters using Secure HIV-TRACE, and intervening appropriately.</b> The HIV surveillance team will run Secure HIV-TRACE on a weekly basis to identify transmission clusters and share information with LINC for rapid follow-up. We will also work with the California Department of Public Health as needed to identify and intervene urgently for clusters that extend beyond San Francisco.				
23	<b>Identifying populations experiencing increases in new diagnoses by running the CDC time-space analysis program.</b> On a monthly basis, we will run the time-space analysis program to identify populations with increases in new diagnoses.				
24	<b>Regularly monitoring drug-resistant strains of HIV.</b> Analyses of molecular surveillance data to identify drug resistant strains of HIV will be ongoing, with an annual summary of results that is disseminated to providers and others through community leaders.				

## Workforce Development

Given the extreme economic inequality and un-affordability of SF, both the SFDPH and its local nonprofit partners have struggled with maintaining a workforce with relevant qualifications and experience. The workplace is a cultural setting like any other, where privilege predicts success. However, it takes significant organizational resources and culture shifting to make the workplace supportive to the success of all workers. In the Roadmap, stakeholders responded to all these challenges by identifying the need to build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported.

To address the workforce crisis, San Francisco plans to develop a Community Health Leadership Institute to transform the HIV/ HCV/STI workforce through training the next generation of public health leaders. We believe that designing this Institute as a means to shift power into the hands of affected communities will result in the structural changes needed to root out institutional racism, cisgenderism, transphobia, and other forms of oppression, and expand economic opportunities for people who have been excluded from the city's booming economy. Several components of the Institute are under consideration and appear in the full report.



Photo Credit: Code Tenderloin

## Acknowledgements

This plan was developed by a broad coalition of city government and community-based stakeholders in San Francisco, through funding from CDC's PS-19-1906 and with the support of Facente Consulting. Community engagement was supported by the HIV Community Planning Council, San Francisco Getting to Zero, the HIV/AIDS Provider Network, End Hep C SF, the Black/African American Health Initiative, Cause Data Collective, the San Francisco Drug Users' Union, San Francisco Community Health Center, and APEB (formerly AIDS Project of the East Bay). Infographics on pages 4, 8 and 9 for HIV/HCV/STI statistics were designed by Jillian Banks-Kong. Booklet graphic design by Robert M. Solis.