

Summary of Strut's 2017-2018 Evaluation Findings

Executive Summary

About Strut

In January 2016, the San Francisco AIDS Foundation (SFAF) opened the doors of its new building housing Strut, an integrated service model that provides sexual health and support services for gay, bi, and trans men, in the heart of the Castro. Seven SFAF programs that operate at Strut: Bridgemen, DREAAM, Positive Force, Stonewall, Magnet, 50-Plus, and Health Navigation. Since opening, Strut's mission has evolved to be more inclusive of the diverse local community that may wish to seek services at Strut, including women-identified participants¹ and sexual partners of gay, bi, and trans men. The Strut model is designed to combine community engagement with biomedical and behavioral services to foster improved health outcomes beyond those achieved by each service individually. Specifically, within five years of integration, the Strut model strives to contribute to: a reduction in new HIV infections by 40%; a reduction in viral load among HIV-positive clients; a reduction in substance use-related HIV transmission risk; an increase in resiliency among GBT men; and an increase in community connectedness. Strut has demonstrated remarkable progress on several key outcomes, such as PrEP use and viral suppression and engagement in care among HIV-positive participants. There are other areas in which Strut has faced greater challenges in reaching the model's goals, such as resiliency, and social connectedness. While STI diagnoses reductions are not an explicit goal, Strut has also seen an increase in diagnoses in the past three years. These findings are detailed in the full report.

An overriding goal of the Strut model, through the integration of SFAF programs, is to contribute to key outcomes to a greater degree than the existing SFAF programs could do on their own, operating independently. For a number of reasons, program integration has taken place more slowly than anticipated, and Strut will have more information about the success of the integrated model in time. The transition to new leadership, delays in facilitating relationships across program staff, and an extended timeline for rolling out the Electronic Health Record system across all programs contributed to a slower launch period for program integration.

About the Strut Evaluation

SFAF engaged Learning for Action (LFA) to conduct an evaluation of Strut, which will explore changes in participant service usage and health outcomes over time. This report provides SFAF with findings about Strut participant demographics, health behaviors, and health outcomes in 2018, approximately two years after Strut opened its doors. It includes comparisons of findings from 2015 (prior to when the integrated service model launched) and 2018 for a subset of outcomes that SFAF has identified as high priority for monitoring over time. This third year of the evaluation also places the outcomes and changes in those outcomes over time in context with those in the larger San Francisco HIV landscape by drawing on findings from the National Health Behavior Surveillance Survey (NHBS). In addition, the report describes successes and opportunities in Strut's implementation and progress toward its intended outcomes since it opened from the perspective of staff, participants, and external stakeholders.

¹ According to staff, the increase in women participants is particularly notable at mobilization events, such as art openings, though measures of event participation are not included in this report.

Summary of Strut's 2017-2018 Evaluation Findings

Executive Summary

The evaluation draws on: 1) Core Variables and Essential Questions (CVEQ) form and Electronic Health Record (EHR) system records; 2) National Health Behavior Surveillance survey; 3) Strut staff interviews; 4) Strut participant focus groups; and 5) External stakeholder interviews.

Participant Characteristics and Health Indicators

Demographics

Since Strut opened, the population of participants, as well as staff, has become **increasingly racially/ethnically diverse**. Specifically, there has been an **increase in the percentage of Latino, Asian, and African American participants**. There have also been small increases in women and trans* participants, although the number of those participants remains very small. Differences in demographics between the Strut sample in 2018, compared to 2015 include:

- Compared to 2015, **significantly fewer participants identify as Non-Hispanic White (53% in 2018, compared to 71% in 2015, $p < .001$)**. While the percentage of White participants has decreased, Strut has seen increases in Latino participants (21% in 2018 compared to 16% in 2015, $p < .01$) and Asian participants (13% in 2018 compared to 10% in 2015, $p < .05$).
- The percentage of Strut clients who live in the 94114 zip code, which includes the Castro, decreased from 22% in 2015 to 18% in 2018, while **the percentage who live outside of San Francisco has increased from 15% to 22%**.

Sexual Health

Strut is a leader in sexual health care, specifically in providing the LGBTQ community with the latest available options for HIV and STI prevention and treatment in a caring, non-judgmental way. **Participants express satisfaction with the high quality of client-centered programs and services offered by Strut staff**, which, for many people, is different from the quality of care they experience with other traditional medical providers.

[Strut staff are] easy-going, non-judgmental. There are so many groups - they help you a lot. They **empower you by giving you choices you can use**. And STI screening is a big positive.

-Strut Participant

Strut has continued to innovate and adapt systems to increase access to quality care each year. In particular, leadership has created new systems to increase availability of appointments, reduce wait times, and increase client comfort:

- In 2017, **Magnet implemented Magnet Express, which allows returning clients without symptoms to access HIV and STI testing in an expedient walk-in appointment**. Many PrEP clients use Magnet Express for their regular three-month testing appointment. **Magnet Express has bolstered the number of clients that access clinic appointments by approximately 300 appointments per month**.
- In response to feedback that some participants felt shame while waiting outside the building in the same-day appointment line, **Strut implemented a new system through which participants simply take a number in front of Strut and return upon the building's opening to get their appointment slot**.

Summary of Strut's 2017-2018 Evaluation Findings

Executive Summary

- Strut has begun to offer **Hepatitis C treatment** and introduced a **bridge program to help participants access anti-retrovirals (ARV's) during a transition in insurance plans or providers.**

There are several key areas in which Strut tracks outcomes to measure progress toward their goals to support clients' sexual health. These areas and outcomes are described below:

- **PrEP use:** SFAF is a leader in the HIV prevention and care field, and Strut in particular is playing a significant role in increasing access to PrEP. **The percentage of HIV-negative Strut respondents that report taking PrEP has almost doubled since 2015, from 27% to 46%.** The rate of PrEP use among Strut participants is nearly 10 percentage points higher than that of the NHBS respondent population, suggesting higher PrEP use among Strut participants than among the broader San Francisco MSM population. The changes seen among both groups reflect a more limited national trend of increasing access to and use of PrEP.

*Our PrEP program has grown so much that...they've started referring to other clinics and helping train other clinics...
That has placed Strut and Magnet specifically as a leader in PrEP access.*

-Strut Staff Member
- **STI testing:** Strut encourages participants to engage in regular STI testing, ideally every three months. **Testing rates have risen, with 70% of all respondents reporting having a STI test within the past three months, compared to 50% in 2015.** The percentage of Black and Latino participants receiving testing was notably higher than that of White participants in 2018 (80% and 81%, compared to 68%). This difference may be reflective of Strut's concerted efforts to draw in more people of color for services, including through strengthened partnerships between events with BBE and DREAM and testing services. **STI testing rates among Strut participants remain higher than the NHBS comparison group.** The rate among Strut participants who have tested in the past 12 months was markedly higher than that among NHBS respondents in 2015 (94% compared to 65%). While the rate has stayed approximately the same among Strut participants, it has increased by nearly 10 percentage points among the NHBS respondents. Given that Strut had a very high 12-month testing rate already in 2015, it is not surprising that it has not increased.
- **STI diagnosis:** In 2018, **45% of Strut respondents reported being diagnosed with an STI.**² In recent years, STI rates in San Francisco have been on the rise. This can be explained partly by an increase in testing, which reveals infections that went undiagnosed in the past. In addition, as PrEP plays an increasingly prominent role in the HIV prevention landscape and users' fear of HIV transmission decreases, participants may be less likely to engage in behaviors that prevent STI transmission.

² 2015 data are not available for Strut because data were not available from the Magnet sample.

Summary of Strut's 2017-2018 Evaluation Findings

Executive Summary

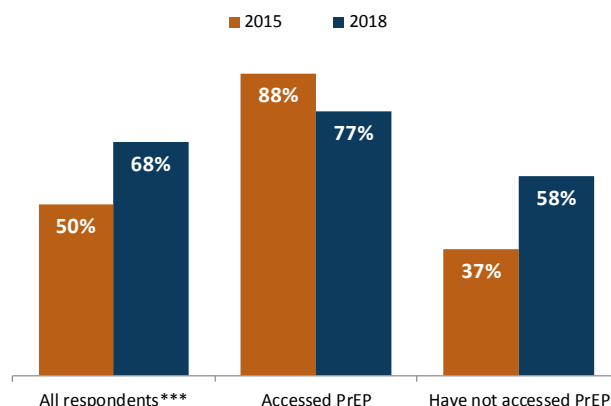
- HIV testing:** Strut recommends that HIV-negative participants get tested for HIV every three months.

The frequency of HIV testing among HIV-negative participants has increased since 2015. Among all participants, **68% reported testing in the past three months in 2018, compared to 50% of participants in 2015.** In contrast, the percentage of NHBS respondents that has been tested in the past three months was similar to that of Strut in 2015 but decreased by more than 15 percentage points in 2018. The rate of HIV testing among Strut participants who have accessed PrEP within the last three months is consistently higher than that among non-PrEP users, which is likely driven by the testing requirements for PrEP treatment.

However, while HIV testing rates among non-PrEP users *increased* between 2015 and 2018, testing rates among participants who have taken PrEP in the past 12 months decreased during this time period. The increase in testing overall and among non-PrEP users may be driven by an expansion in the accessibility and volume of testing available at the clinic, and increased STI exposure, symptoms, and diagnoses in the participant population at large, which has led to more traffic in the clinic. The decrease in testing rates among PrEP users may be explained at least in part by the increased wait time for participants to schedule PrEP services. Because of the wait time, many PrEP users had an HIV test conducted within the previous four months, slightly longer than the recommended 3-month period. Since the time of data collection, PrEP Express had been rolled out, which makes it faster and easier for participants to access follow-up testing.

- Treatment for HIV-positive individuals:** Similar to 2015, **less than one-quarter of respondents (19%) report that they are HIV-positive**, (compared to 18% in 2015). Engagement in care remains high among HIV-positive clients. Among those who have accessed services at Strut for at least three months, HIV-positive clients report the following about their status and treatment:
 - 99% have a regular doctor or medical provider**, which is the same as 2015 (99%).
 - 92% currently take HIV medications**, which is similar to 2015 (96%).
 - Three-fourths (**75%**) report having a **medical visit within the past three months**, an increase from 2015 (64%).
- Nearly all (**89% HIV-positive respondents**) report being **virally suppressed**, which is a statistically significant increase from 2015 (81%).⁴ While viral suppression rates are similar among the San Francisco MSM population represented in the NHBS sample, that rate has remained relatively constant over the same time period.

Percentage of Strut Participants who have Tested for HIV In the Past Three Months³



***p<.001;
 There is a statistically significant difference in HIV testing rates among those who have accessed PrEP compared to those who have not accessed PrEP (p<.001)
 All respondents: 2015 n=254; 2018 n=620
 Accessed PrEP (within past 12 months): 2015 n=69; 2018 n=220
 Have **not** accessed PrEP (within past 12 months): 2015 n=180; 2018 n=226

³ For both years, this variable is reported only for respondents who had been accessing services for at least three months.

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Summary of Strut's 2017-2018 Evaluation Findings

Executive Summary

- **Sexual risk: Most respondents (82%) report having sex without a condom** in the past 12 months, a significant increase from 2015 (67%).⁵ However, condom use is still a risk reduction strategy for many clients: close to half (42%) report using condoms some of the time. This is a slight decrease from 2015 (50%). In 2018, **11% of Strut respondents report having anal or vaginal sex with a person who injects drugs** in the past 12 months.⁶ The risk reduction strategies that respondents most commonly employ to decrease the risk of disease transmission with their sexual partners are **getting tested for HIV every 3-6 months (64%), taking PrEP (56%), and getting tested for STIs every three months (54%)**. Respondents use these strategies with significantly greater frequency compared to 2015.

Substance Use

Among Strut respondents, substance use is common and is problematic for some. This may be especially true for participants in Stonewall, a harm reduction alcohol and drug treatment program, and DREAM, which has been increasing outreach to young black men with high needs, including challenges with substance use. In 2016 Strut launched Cheers Queers, a brief one-on-one harm reduction intervention designed to support participants to reduce binge drinking. In early 2018, Strut launched Healthy Works, a program focused on increasing access to syringes and NARCAN for people who inject drugs (PWID) in the Castro.

- In 2018, **7% of respondents reported that they were currently in a program or receiving services for alcohol use**, which is similar to 2015 (5%).⁷
- In 2018, respondents appear to engage in less excessive drinking patterns, compared to 2015. For example, **4% of respondents report having six or more drinks on one occasion on a weekly basis, compared to 10% of respondents in 2015**. There was, however, a comparable increase in participants who report having six or more drinks on one occasion monthly.

⁵ This data point was not collected for Magnet respondents in 2015, and thus the 2015 figure is not representative.

⁶ This data point was not collected for Magnet respondents in 2015 and thus is not reported for that time point. It is reported only for respondents who had been accessing services for at least three months.

⁷ For both years, this variable is reported only for respondents who had been accessing services for at least three months.

Summary of Strut's 2017-2018 Evaluation Findings

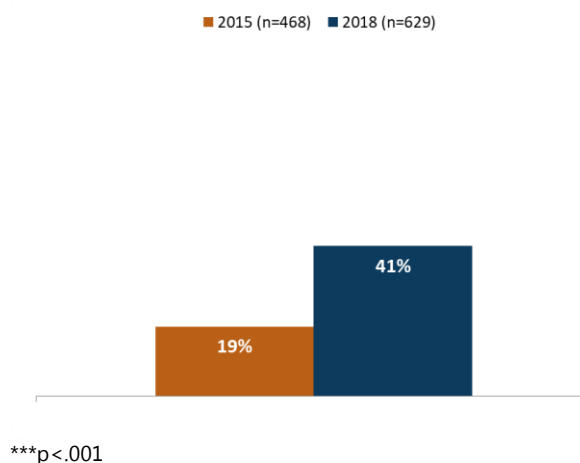
Executive Summary

Mental Health and Social Support

Strut aims to support participants' emotional and physical health by linking them to needed mental health services. Stonewall participants are eligible to receive support through participation in individual counseling sessions and support groups, while participants in other programs may be referred to mental health services outside of Strut. Strut staff and participants pointed out the **need for mental health support for a broader range of participants.**

- In 2018, 32% of respondents reported that they were **currently receiving mental health services**, compared to 17% in 2015.
- **The percentage of respondents who reported feeling down, depressed, or hopeless in the past month doubled from 2015 to 2018.** This increase may be partially explained by the fear and confusion that many LGBTQ people are experiencing during the Trump administration, and the challenges of living in an increasingly unaffordable and rapidly-gentrifying urban area. It could also reflect a change in the population that is accessing services at Strut.
- **Respondents report somewhat less resilience compared to 2015.** 80% of respondents say that they "tend to bounce back after illness or hardship" "often" or "nearly all the time," a slight decrease from 86% in 2015.

Percentage of Participants who Felt Down, Depressed, or Hopeless in the Past Month***



Strut-wide activities and events have helped to foster a greater sense of community among staff and participants across programs, as well as among other community members who attend. Staff have noticed a continued **increase in attendance at groups and community events** across programs. Strut measures social support using a set of five questions that gather information about the frequency with which various forms of social support are available to respondents:

- Participants report relatively high levels of some types of social supports; for example, **73% of respondents report that they have someone to confide in or talk to about problems** "most of the time" or "all of the time."
- Respondents have less support in other areas. Most notably, **17% of respondents report having someone to help with chores if they are sick** "none of the time."

Summary of Strut's 2017-2018 Evaluation Findings

Executive Summary

Internal Operations and Cross-Program Collaboration

Since Strut first opened, staff and participants have developed more comfort in the space and increasingly **stronger relationships across programs**. Several factors have contributed to this shift, including strong and thoughtful leadership, clearer building policies and internal processes, and more familiarity and connection among staff and participants across programs.

As internal processes and procedures have become clearer, Strut programs have been able to more effectively collaborate to serve participants better. A key goal of the Strut model is to connect participants to services and activities across programs. As program staff have become more knowledgeable of other programs' offerings, there have been more internal referrals and cross-program collaboration to plan events and activities. Participants report that they **value staff referrals and recommendations** to internal programs and activities and to services and resources outside of Strut.

Community Partnerships

San Francisco is home to a diverse and committed network of organizations that provide critical services to the LGBTQ community. An established and well-known institution in this landscape, SFAF and Strut are interested to learn more about how they can be a strong partner and collaboratively serve the LGBTQ community even better. External stakeholders report that the current leadership at SFAF is **more humble, open to new ideas, and interested in collaborating** with other LGBTQ organizations in the community, compared to past leadership. Looking to the future, stakeholders invited Strut to **cultivate a deeper commitment to interdependence and partnership** with other organizations serving the LGBTQ community in San Francisco. This includes being in closer communication with existing partners about program changes, inviting and stepping into opportunities to collaborate with new and existing partners, and stepping back to learn and receive input from other providers.

Strut is also committed to receiving input about the impact that they have on neighboring institutions and individuals in the Castro. Stakeholders in the Castro identify Strut as a **supportive and positive neighbor**. Strut helps to generate foot traffic in the neighborhood, which supports a vibrant community atmosphere and boosts sales for local businesses. Stakeholders identify Strut as contributing to the well-being of the Castro community by providing essential and high-quality sexual health services in the neighborhood.

Summary of Strut's 2017-2018 Evaluation Findings

Executive Summary

Recommendations

Strut leadership may consider the following opportunities to better serve participants at Strut and in the wider network of care in San Francisco.

- **Explore strategies for supporting clients with mental health and social support needs.** An increasing number of Strut clients report depression, social isolation, and mental health needs. The driver behind this change is not clear, nor whether it's reflective of trends among the broader population or of a shift in the composition of the Strut population. Given the level of need for mental health supports, Strut is encouraged to explore options for connecting clients with counseling services. Strut could consider expanding existing support groups and programs to different client populations to increase opportunities to build social connections and supports.
- **Maintain commitment to innovation and responsiveness to meet client needs and expand care.** Strut leadership have been nimble and innovative in their approach to increasing clinic capacity and enhancing care, for example through the launch of Magnet Express and by expanding anal and vaginal health services. We encourage Strut to continue to be responsive and creative, particularly in this constantly evolving health landscape. On the horizon, Strut has plans to launch PrEP case management in Fall 2018. This program will help to address the needs of HIV-negative participants, including supporting those who may struggle with PrEP adherence.
- **Continue to bring staff together and facilitate relationship building and inform clients of services available.** Current Strut leadership have demonstrated a strong commitment to fostering increased integration of programs and services at Strut. Efforts to build connections among staff across different programs have contributed to increased knowledge of the range of programs and services in the building and referral processes, as well as increased trust among staff, which has fostered more cross-program referrals and inter-program collaboration. For example, since late September, Magnet, Stonewall, health navigation, DREAM, and the PrEP program have collaborated to host QTPOC Night, a weekly event to support queer and trans people of color. However, many participants still do not know about all of Strut's services and programs and there is room for further growth in education and outreach to participants. Continued commitment to bringing staff together will maintain the momentum for cross-program collaboration and service integration.
- **Continue to define target populations and Strut's approach for strengthening the broader system of care in San Francisco.** As Strut evolves, leaders continue to explore who the specific target populations are and how to ensure that care for all is accessible and client-centered. While Strut is now clinically equipped to serve cis women and trans women, and staff have become more skilled and comfortable working with these clients, Strut will need to continue to consider the extent to which they engage in outreach to these communities. Strut functions within a larger landscape of providers in San Francisco and serves clients both directly and also by supporting their partner organizations. Continued relationship building, partnership, engagement, and coordination with other providers in the city could contribute to the strengthening of the system of care city-wide. A recent example of such a collaboration is Strut's partnership with Castro Cares to provide weekly syringe access and conduct outreach to people who inject drugs and/or are homeless.
- **Continue to actively promote sexual health and sex positive messaging.** Strut actively encourages STI prevention, testing, and treatment for participants. For example, the Douchie campaign that focused on anal health gained notable traction in the summer of 2018. As condom use among Strut participants decreases, continued emphasis on STI prevention is essential. Participants encourage Strut to ensure consistent attention to STI prevention and care, in addition to the current strong messaging about PrEP. Strut can also be a leader in STI prevention more broadly; as external

Summary of Strut's 2017-2018 Evaluation Findings

Executive Summary

stakeholders conveyed, Strut is well positioned to be vocal about this message in their broader community and City communications.

- **Explore opportunities to strengthen and build partnerships with organizations from the greater Bay Area to address needs of clients who are not San Francisco residents.** Strut has seen a large increase in participants from outside of San Francisco. Further, last year, 60% of newly diagnosed HIV cases were people from outside of San Francisco, most of whom were from the Bay Area. The increased demand for services from non-residents suggests that Strut is meeting a need among populations that were either not accessing services prior, or who were not satisfied with the services they were receiving. While the factors driving the trend are not clear, it is likely that Strut's reputation for affordable and client-centered care is attracting new participants, as well as Strut's high levels of PrEP service provision. To support the ongoing and comprehensive care of these participants – and especially for HIV-positive clients who need to be engaged in regular care – there could be value in Strut exploring opportunities to strengthen and build new partnerships with sexual health and HIV prevention and treatment organizations in the greater Bay Area. Strut can reach out to its existing partners in the East Bay– East Bay AIDS Center (EBAC), Oakland LGBT Center, Gender Equity Resource Center (through UC Berkeley), and Pacific Center – to continue or initiate conversations about how to link people to needed health services. Strengthening these partnerships and building new ones would extend the network of providers and services to which Strut could refer and connect participants, particularly in cases where they are seeking care additional care closer to their home. Strut may also consider gathering information from non-San Francisco participants to better understand how they have chosen to access services at Strut and where they have accessed services in the past. Better understanding the factors that are drawing participants to Strut would help Strut both better understand the gaps in services that it is filling and also inform opportunities for partnerships in other cities.