

HIV PREVENTION PLANNING COUNCIL (HPPC)

Strategies and Interventions Committee

Thursday, May 4, 2006

4:00 - 5:30 pm

MINUTES

Members Present: Weihaur Lau, Abbie Zimmerman, Dee Hampton, John Tighe, Dave Hook, and Joani Marinoff

Members Absent: Michael Discepola, Maria Ortega, Michael Underhill, Alix Lutnick, Michael Cooley, Chandra Sivakumar, Emalie Huriaux

HIV Prevention Staff: Vincent Fuqua, Dara Coan

Harder+Company Staff: Clare Nolan, Linda Tran

1. Welcome and Announcements

Abbie called the meeting to order. Participants introduced themselves and shared program updates with the committee.

2. Public Comment

No public comment.

3. Approval of April 6, 2006 Minutes

- Dave mentioned he did not receive the April minutes. Vincent will make sure he gets on the list.
- Dave moved to approve the minutes. Weihaur seconded the motion. The committee voted to approve the April minutes. There were no abstentions or dissensions.

4. Committee Business:

- Report from Steering Committee

Dara recalled a presentation from Alex Kral, previously the lead author of the Urban Health Study. He and an outreach worker reported what they interpret to be an emergency in the IDU community. Funding shifts have led to a gap in outreach services to injection drug users, which is now affecting the community. In turn, the Steering Committee recommended examining the gap more systematically (e.g. conducting a resource inventory and gap analysis), and requesting immediate funds from DPH to help address the gap. There was also discussion about long term policies that may help.

As a result of the previous discussion, the Committee did not talk about the needs assessment and therefore did not vote. Plans for the May meeting include

presentations about the needs assessment. The Committee is expected to vote on it in June.

5. Complete Strategies and Interventions review

Goal: make recommendations (possible vote)

- The next discussion involved next steps for finalizing the strategies and interventions document (see attachment A). The committee had identified the majority of gaps and weaknesses during the last meeting. In respect to not having reviewed all the strategies and interventions, Abbie opened the forum for members to add any final comments. John noticed there weren't any strengths for the internet strategy (page 6, item 22) and asked if there was any further discussion regarding that. Abbie replied members had felt the current strengths were acceptable. Dave noted one potential strength of the internet is the fact that it is a significant and growing source for reaching gay men. Dara also shared the idea of potentially using the internet similarly to how the STD/"Inspot" campaigns have used it. As a final note, the committee acknowledged the absence of committee members and remains open to any suggestions for this document.
- The discussion then moved to recommendations for improving or adding to the strategies and interventions section. The HIV Prevention Plan is scheduled to be updated in 2008. Although this year is not a plan year, Clare noted that work for the next plan may start as soon as 2007. In order to preserve the committee's feedback regarding the strengths and weaknesses in relation to strategies and interventions, the committee might want to consider summarizing those comments and integrating them with the updated plan. For example, in addition to adding new information, Abbie had suggested adding case studies. Others had talked about including notes on what it takes to implement a strategy, as well as the level of funding required to operate a strategy. Dee asked whether this information will be used to update new committee members on the work done to date. Abbie clarified that in addition to providing information on strategy gaps and strengths, the committee would be adding separate sections dedicated to topics like examining funding outside the AIDS Office. In her experience, providers often use this plan as model for what the AIDS Office funds when it serves more as a resource guide. Dee asked if the document was a resource for people who are looking to get funded, those who are already funded, or don't know what they're doing. Members responded it will be used for all purposes. Dara asked committee members to think about what they would tell or direct next year's committee to do when working to update the plan. The following are committee suggestions:

- *Case studies*

Abbie had suggested case studies because they offer more of a visual and can frame a possible program plan. Other members also liked the idea. There was a brief discussion whether the case studies will

demonstrate each strategy or whether they will offer ways to mix strategies in a manner that works for the target community and organization.

Abbie felt there would be room to provide a case study for each strategy. Some providers may only need one intervention for their clients. In addition, because each strategy is so specific, the case studies can offer a lot of details that providers may find to be valuable. Abbie didn't think the resources in the current document were helpful or user-friendly and felt case studies are a great place to highlight what San Francisco CBOs are doing.

Clare recalled a previous conversation where members mentioned a fledgling organization may have more difficulty putting strategies together with an intervention. She imagined using a specific scenario in a case study to demonstrate the staff and training needs of an intervention, as well as the pitfalls that may occur. She also mentioned a program is a collection of strategies and interventions, and these are the individual building blocks. Dee asked how much detail the committee intends to get into when describing specific instructions for strategy implementation.

Dave suggested modeling the case studies around an anonymous organization or a best practice in San Francisco in order for it to be real. Basing case studies on real programs and real providers can show what's really needed to operate an intervention on the ground. Abbie agreed because these organizations have done the work and will know what it is required to implement strategies and interventions. Weihaur commented the case studies should document organizations that no longer exist due to loss of funding. Therefore, if another person wanted to replicate the services, s/he can take the information and pick it up. Dee emphasized documenting the gaps and what could have been done differently, so people who go in to provide the service don't face the same challenges. Joani also suggested the case studies be written in a way that is similar to a mentoring guide and accessible. The text should be warm and welcoming.

- *Tools/tips for implementing strategies and interventions*

John liked the practical application of the idea. He agreed strengths and weaknesses provide information, but they do not prepare people for implementation. He felt providing implementation information can be really used as a practical tool. Joani agreed and suggested including implementation trips for avoiding programmatic pitfalls. Weihaur also recalled a discussion about government accountability and mentioned if the document provides a guide as to what resources need to be paid and not underpaid, people seeking funding are more likely to adequately know what and how much to request.

- Abbie asked if last year's plan was the first plan. Dara responded it is the fourth. She also explained the current process for determining what work to do as part of the update will be similar to previous processes. In the past, strategies and interventions were not closely examined because evaluation was emphasized. Consequently, they will probably look at in-depth this coming year since it has been awhile since the Council has looked at this.
- Clare will compile the committee's ideas and send it to all members. The committee plans to vote on them during the next meeting.

6. Discuss next steps for the committee work

Goal: Review proposed work plans (small group) 4:55-5:20

- The goal of this discussion was to plan the committee's work for the remaining 5 to 6 meetings. Prior to the meeting, members were asked to review the guiding questions (see attachment B) and vote on their top two priorities. All but three members voted. Poll results show the committee prioritized these two topics:

Question 1) Focus in on structural interventions. Identify potential priority areas for structural interventions and decide how these interventions can be supported and implemented in San Francisco. Requires approximately 3-4 meetings.

Question 5) Look at which strategies, interventions, and approaches CDC and HPS are willing to fund. Determine whether and how the HIV Prevention Plan should communicate this. Discuss and make recommendations about how to address the challenges when what CDC.HPS will fund is not doable in the real world. Requires approximately 2 meetings.

John asked what factors were used to calculate the number of meetings and wondered whether they were reasonable. Dara responded the estimates were based on the draft work plans (see attachment C), which are merely suggestions for the committee. Committee members loved the work plans and took a few minutes to read over the workplan for question 1, structural interventions.

Joani felt it would be useful to include evaluation, which can be a challenge. Abbie recalled a previous conversation where the committee acknowledged an evaluation piece was missing but felt it would take a lot of work. She added anything the committee doesn't get to address can be recommended as something the next group can work on. Vincent shared that HPS is working on an evaluation component for evaluating strategies and interventions. Once finalized, the plan will be presented to the committee for additional recommendations. Joani recommended adding structural interventions as an agenda item to the in-house evaluation and stressed its importance.

Dee commented she would like the committee to move ahead through the work plans if time permits. The committee recommended planning ahead, so it can do more work as time allows. Abbie also requested committee member do outside reading in preparation to share their comments at the table. Dee shared she would like to know more about structural intervention before the next meeting so not to ask basic questions. Clare will compile a briefing on structural interventions using the resources from Joani and Dara and email it to the committee prior to the next meeting.

Dee motioned to approve that the committee will work on structural interventions for the majority of their next few meetings. Dave seconded the motion. The committee approved structural interventions as the committee's next steps without any abstentions or dissensions.

- The next discussion focused on what the committee will cover after structural interventions. Dee suggested that the committee wait to vote on this, so members who attend the next meeting can hear about it. John expressed concern that if the committee waits, it might lose the idea of having considered question 5, strategies, interventions, and approaches funded by CDC and HPS. He also felt if the committee votes for only one topic, it may only cover one topic.

Joani noticed significant overlap in the work plans. Outreach seems to come up in all of them. She also felt outreach will be a mainstay in programs, yet providers don't know how to deal with the fact it's being de-emphasized and are confused about what will be funded. She added the committee can serve HPPC and communities by flushing out the confusion behind outreach. The committee discussed whether to fold outreach as an additional component. Abbie suggested addressing outreach through the lens of question 5 and incorporating outreach into the chart for question 5. She also suggested using outreach as an example for each topic; for example, using outreach as an example for program fundability, program design, technical assistance, etc. The committee discussed the option of working on a sixth option on outreach and incorporating it into questions 2, 3, 4, and 5. Dara reminded the committee that the number of estimated meetings is also based on the assumption that the committee does substantial work in between meetings. The group unanimously agreed to prioritize questions 1 and 5 and integrate outreach into the discussions.

7. Next Steps, Evaluation, and Closure

- Joani mentioned the previous discussion to add case studies and implementation tips will address question 3. HPS staff will call absent committee members to share and explain the committee's decisions for next steps.
- Staff will invite Dan, a national expert on structural intervention for HIV prevention, to present to the committee at the next meeting. Dara will also

consult with Connect to Protect staff to see if they can contribute to the conversation.

- The committee also briefly talked about potentially doing an up river/down river exercise in relation to the spectrum of prevention during the next meeting. The exercise will help people can get an idea of what is a structural intervention and what is a traditional HIV prevention intervention. Joani felt it would useful to have that timeline available during the committee's discussions as a visual and reminder of where ideas and strategies are on the spectrum.
- Joani announced she will be teaching during the summer and may miss some of the meetings.
- Dara informed the group service providers will receive an invitation to an evaluation meeting scheduled the same day as the next committee meeting (June 1st).
- The committee will vote on recommendations for the plan at the next meeting. Emily will facilitate next two mtgs.
- Abbie pointed out one reason for coming to committee meetings is to have a say in all of the discussion. She acknowledged and commended committee for going above beyond and to get feedback from those who cannot come to the meetings to contribute.

The meeting adjourned at 5:30 PM.

Minutes prepared by Naomi Forsberg and reviewed by Vincent Fuqua and Abbie Zimmerman.

Next Meeting: Thursday, June 1, 4:00 – 5:30 PM.