

HIV PREVENTION PLANNING COUNCIL (HPPC)

Strategies and Interventions Committee

Thursday, June 1, 2006

Minutes

Members Present: Emalie Huriaux, John Tighe, Abbie Zimmerman, Joani Marinoff, Alix Lutnick, Michael Cooley, Weihaur Lau

Members Absent: Michael Discepola, Maria Ortega, Chandra Sivakumar, Dave Hook, Dee Hampton

HIV Prevention Staff: Dara Coan, Vincent Fuqua, Israel Nieves-Rivera, John Pabustan

Harder+Co Staff: Clare Nolan, Naomi Forsberg (notetaker)

Guests: John Melichar

1. Welcome and Announcements

- Emalie opened the meeting at 4:07.
- Emalie announced that she will be facilitating today's meeting.

2. Public Comment

No public comments were offered.

3. Approval of May 4, 2006 Minutes

A motion was offered and seconded to approve the minutes. The group voted to approve the minutes.

4. Committee Business

Report from Steering Committee

- Emalie shared that Steering Committee had a discussion about the recent Chronicle article on the new policy for non-written consent for HIV testing at SFGH. It was clarified that this non-written consent applies only to SFGH. There may be a hearing to contest the new policy.
- The needs assessment will be discussed at the next HPPC meeting.

Draft recommendations on update to S&I Chapter

Draft recommendations for improving the Strategies & Interventions chapter were discussed at the last committee meeting. The committee will vote on draft recommendations today and begin work on structural interventions.

- There was a motion to approve the recommendations, then seconded, and opened up for discussion. Emalie asked if there were any comments or concerns.
- Joani thought the draft recommendations were collective of the discussions they have been having.
- Abbie said that a common theme about the potential resources that were noted in the chapter is that they tend to be "academic heavy" instead of maybe something that is more accessible, like websites and CBOs that people can resource like a guide. Adding more "lay friendly" resources would be helpful.
- It was noted to review the resources and they will be amended. Clare added that it is important to ensure "lay friendly" resources.
- Draft recommendations were voted on and passed.

5. Structural Interventions 101

Goal: Review definitions and purpose of structural interventions.

- Priorities are to focus on structural interventions so that organizations can use the chapter to see what kind of structural interventions they can use.
- Clare first talked about the materials she sent out over email. The first was a fact sheet that CAPS puts out about structural intervention. Clare explained how a structural intervention is an intervention that changes the environment for a group of people rather than an individual. She then gave some examples of structural interventions that were done in other places.
- The previous idea was reiterated with a definition of structural change from Dan. Clare shared that structural interventions are new or modified programs or policies that are logically linkable to HIV transmission and acquisition that can be sustained over time even when key factors are no longer involved. These changes may directly or indirectly impact individuals. So, this idea is a more broad idea of environment vs. individual and changing how things are done institutionally or environmentally rather than how they are taught to each individual.
- Clare explained the 'river exercise' which showed where and at what point different structural interventions would be helpful. Clare asked for some examples from everyone else to make sure everyone was on the same page.

- Abbie said one structural intervention is the current policy of not allowing MSM to donate blood to lessen the risk of transmitting HIV through blood transfusions.
- Clare said that it was also important to acknowledge that something may be a structural change but that doesn't mean that it is ethically alright for people.
- Joani gave an example of how at City College they started to change programs and mandating trainings, etc, so that people started to implement different kinds of programs and curriculum, which was a structural intervention.
- Clare said the logic model was adapted from the Connect and Protect manual. She explained how to read the logic model effectively.
- Joani stated that risk is not so much about number of partners but it is more about the protection you use while with partners.
- Israel stated that risk for HIV transmission is unprotected sex with partners of different serostatus or unknown status, and we should specify this to lessen judgment of those who may have multiple partners.
- Clare noted that the logic model is not like a traditional one but this model can help explain the idea of how structural interventions might affect risk factors.

6. Brainstorm Possible Structural Interventions for SF

Goal: Begin the process of thinking about some ideas for structural interventions and review a possible prioritization model.

- Emalie suggested identifying communities that need to have some kind of structural interventions and at the end we'll have some time to prioritize the list of communities.
- Israel suggested waiting to prioritize today because later we are going to have some examples of structural changes and what has happened in the past so there may be new ideas later.
- Dara also made the point of how it is important to be thinking about when to get the HPPC involved so that they are aware of the prioritized list and we can keep everything going smoothly. So at the end of the brainstorm we'll leave some time to think about when the HPPC could be brought in.

Brainstorm Activity: Which communities might need the most structural interventions?
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The committee brainstormed the following populations as in need of structural interventions:

- sex workers and IDU populations

- transgender population
- immigrants and migrants - both documented and undocumented
- gay men and youth as two subpopulations
- MSM of color
- Incarcerated people
- condom distribution in jails
- Women of color and the need to work towards decriminalization of sex work.
- African American MSM

The group began a brainstorming of ideas for structural interventions:

- Emalie shared that the Brazil didn't take money from US funding for HIV work because the money would have stipulated that Brazil can't support sex work and Brazil acknowledged that they had to include sex workers in HIV work to be able to make progress. Within federal funding you are not allowed to technically promote sex workers, which makes it hard to help sex workers.
- Israel talked about the Helms Act which says you can't promote sex at all.
- Joani suggested a structural intervention would be prioritizing housing for people at risk for HIV.
- Emalie suggested having housing that is harm reduction based or possibly, women-only housing for pregnant women who are using drugs, which could also apply to many communities.
- Abbie suggested condom distribution in schools without health workers or a nurse or any kind of extra education for the youth. She added that mandatory trainings for teachers about HIV and transgender issues and anti-homophobia would be a good structural intervention.
- John M. suggested mandating chapters to be added to health curriculum about queer youth and other issues that are relevant.
- Joani suggested making it safe for queer and questioning youth to be in a mandated school and brought up Massachusetts and how the queer youth there brought it to court that if they were to go to mandated schools they must feel safe there.
- Emalie suggested a supportive response to kids who have drugs, rather than penalizing them.
- John T. suggested having real follow through with the policy change so the policy changes are actually implemented.
- Clare observed how there are different sectors of populations and so one thing that may be good is looking into what are the environments that each of these communities are in that affects the core risk factors.
- Alix brought up how to get families involved for groups, more of a program change to prioritize family programs and issues to create an environment to rebuild community and gain education for each family or community member.

- Joani suggested social marketing to address social norms and reevaluating them.
- Steven talked about how it would be important to also reach private schools so that they get the same education.
- Joani suggested we target the African American gay and MSM community.
- Michael suggested how they need a safe space and place that is theirs.
- Israel said it is important for San Francisco to be looking at access to health and another would be normalizing condom availability. For example having them installed in places that are not gay or straight. It should be a norm in the sexual haven of San Francisco.
- Alix suggested access to the Reality condom.
- Joani asked if there are any interventions that we can attempt to look at that are more related to the bigger issues of ending racism, transphobia, etc.
- John T. suggested going to churches and working with them reduce stigma among the African American community. He asked whether there is a way to structuralize such an effort. John M. commented that it could be structuralized if a pastor was teaching tolerance.
- Emalie suggested safe injection rooms because SF is really the only city that could do it. She talked about referring to "needle dispensing" instead of "needle exchange" and the decriminalization of needle possession. John P. suggested having drop boxes for needles
- Alix suggested having a safe place for sex workers to work out of and the importance of health care, access to housing and employment as a right. With these needs addressed, people who don't want to do sex work don't have to.
- Joani suggested expanding educational programs or venues so that people can get services, like Second Chance at City College, at a lower threshold
- Dara explained the concept of mapping to prioritize things on 2 levels, one of impact which is referring to what extent the proposed structural change can impact the goal of decreasing HIV incident by 50 percent, which is our overall goal. And the second thing we need to think about is if the structural change is feasible. Dara provided an example of how intervention in schools, aimed at affecting youth, would not have a very big impact because the youth that HIV is affecting are not in school. So we need to be thinking about a tactic that would create a big impact to reduce epidemic HIV incidence by 50 percent in 2009.
- Emalie added that the next chapter is going to say that "these are our high impact structural changes that they need to continue to be worked on past 2009" which is to inform RFPS in the future.
- Joani suggested that having some collaborative with the Human Rights Commission so that they can help us with that part of it because they are

also working structurally and they can inform our work very powerfully and can also give us lots of ideas for structural changes.

- Israel suggested that everyone also should think about things that are structurally in place now that can be changed.

7. Next Steps, Evaluation, and Closure

- Emalie brought the discussion back to final thoughts.
- Abbie asked if it was possible to bring this up to the full council and that we should ask for time at a full council meeting to present something soon.
- Michael talked about using surveys so that we can work on it outside so that the meetings don't get very tedious and then added that if this is supposed to become a chapter it may be better to stay general and not specific.
- Israel said what would be in the best interest of time would be to say, "these are the populations and these are some structural interventions" for the chapter.
- Abbie said that this is a very a helpful meeting and said that she now really has a good idea of what structural interventions are and added that for the next time it would be good to quickly go over today's discussions.
- Emalie closed the meeting at 5:34 PM.

The minutes were prepared by Naomi Forsberg and reviewed by Vincent Fuqua, Israel Nieves-Rivera

**The next meeting is scheduled for Thursday, July 6, 4:00 - 5:30 PM
at 25 Van Ness Avenue, Room 330A**