

HIV Prevention Planning Council (HPPC)

Strategies and Interventions Committee

Thursday, August 3, 2006

Minutes

Members Present: Emalie Hurieaux, Weihaur Lau, Dave Hook, Dee Hampton, Chandra Sivakumar, John Tighe, John Melichar (HPS Program Manager)

Members Absent: Abbie Zimmerman, Alix Lutnick, Michael Cooley, Joani Marinoff

Professional Staff: Clare Nolan (Harder & Co.), Israel Nieves (HPS), Aimee F. Crisostomo (note taker), Vincent Fuqua (HPS)

Guests: John Pabustan (HPS Program Manager) and Eiko Sugano (Connect To Protect)

1. Welcome and announcement

Emalie called the meeting to order at 4:05 PM. Everyone was introduced and the following announcements were made:

- Aimee Crisostomo (Harder+Co.) distributed provider letters regarding recruitment efforts for the HPPC needs assessment of late testers. She asked committee members to distribute invitation/recruitment cards to clients who might be eligible to participate.
- Recruitment for the HPPC has begun. Membership applications are available.
- Alix Lutnick will not be attending today's meeting but wanted to share the following news – San Francisco is very close to establishing a grievance line for sex workers. The work is a collaboration between SWOP-USA, St. James Infirmary, and the SFDPH STD Division.
- Chandra announced that Larkin St. Youth Services is conducting a social marketing campaign for youth rapid testing.

2. Public Comment

None.

3. Minutes

Motion was made and seconded to approve the minutes (Dee Hampton/Dave Hook). The minutes were approved with changes regarding reduced risk in sex clubs.

4. Committee Business – Report from Steering Committee

Emalie provided an update on the Steering Committee. Discussion at the last Steering Committee was focused on the update of the Interim Progress Report for the CDC.

5. Review outcomes of survey and develop next steps (possible vote)

Endorsing a Definition of Structural Interventions

Emalie began today's discussion of the survey results and thinking about next steps. She asked the group to think about how information from the committee on structural interventions could be presented to the full council. She suggested recommending structural interventions as part of the HIV Prevention Plan as a fundable item. She also suggested that the committee endorse a definition of structural interventions as defined by Connect To Protect:

Structural changes are new or modified programs, practices or policies that are logically linkable to HIV transmission and acquisition and can be sustained over time, even when key actors are no longer involved." (Source: Connect to Protect Strategic Planning Guide)

The committee discussed and clarified these suggestions. Dee noted that they had previously talked about prioritizing structural interventions that are doable and worthwhile. It was clarified that the list of structural interventions the committee prioritized may not be implemented any time soon. The strategy would be to endorse structural interventions in the Plan, advocate for funding for structural interventions in the Plan, and present examples of potential structural interventions. Israel added that currently the Plan does not specify structural interventions as an intervention that could lead to structural change and it does not provide examples.

John Pabustan asked whether the definition of structural interventions in the Plan should refer to the concept of structural change. Israel commented that structural interventions can be evaluated by measuring structural changes. The group wondered if there are other definitions of structural interventions aside from the definition from Connect To Protect. Clare pointed out that CAPS also has a definition for structural change. The group agreed that it is necessary to

choose a specific definition for structural change and endorse it as part of the Plan. The group decided to vote for a definition via Survey Monkey. Clare will gather other definitions for structural interventions and send a survey to committee members.

Including Structural Interventions in the Plan

The group agreed that it is important to include structural interventions in the HIV Prevention Plan. However, there was discussion as to what could actually be funded by the city in terms of structural interventions. John Melichar, HPS program manager, reminded the group that in city contracts, there are some things that are not going to be implicit in regards to structural interventions because it is not within the purview of the city. Israel agreed that they will have to review contractual limitations; however, while the committee can't lobby, they can still facilitate education of the Board of Supervisors and the city.

The group recognized that there are some limitations with what can be funded with city dollars and that agencies may have to pursue other funding for structural interventions. The group agreed to include in the Plan examples of structural interventions as well as mechanisms needed to put them in place such as advocacy and community education.

Discussion regarding specific examples of structural interventions continued. Examples should reflect a range of impact and feasibility. Eiko from Connect To Protect noted that examples from last month's meeting seemed like they could be accomplished by collaborations between multiple organizations. She wondered how collaborations can be supported if RFPs are for individual contracts. Israel clarified that individual RFPs can reflect the collaborative work.

The group agreed to emphasize in the Plan that structural interventions can be accomplished through collaborations. It was also suggested that the structural interventions section of the Plan should also include a concept mapping chart because it was helpful in understanding varying degrees of impact and feasibility. Another suggestion was posed to include the examples of structural interventions within the concept mapping chart.

Feedback on the Survey

Emalie asked the committee for feedback on the survey. Most of the members thought that the survey was a good start to identifying potential structural interventions for San Francisco. However, some felt that it was

difficult to rate impact and feasibility for some of the examples because they had limited information on the topic. The survey was subjective for some. In particular, the group talked about how feasibility meant different things for people (e.g., funding, political climate, etc.); and another member explained that she didn't understand some of the statements because they were not specific enough.

Reviewing the Survey Results – Nine Examples of Structural Interventions

Clare presented the nine structural interventions that rated high on both impact and feasibility. A one-page document entitled "*Structural Interventions as High Impact and High or Medium Feasibility*" was distributed. After calculating the averages for the entire list of ideas, she set cut off points. Choosing items with high impact and medium/high feasibility led to nine prioritized items. Setting a higher threshold of high impact and high feasibility would have led to only four items. The group did not have any questions on the process for selecting the cut off points. They began discussion on individual topic items as listed in the one-page document.

- **Men of Color – Work with churches to reduce HIV stigma**

The group discussed this item. Some wondered whether this item was meant for African American gay men only. There was also concern that what applies to the African American community may not apply to other ethnic communities. It was noted that this intervention may be effective in the African American community and that there is value in targeted interventions. Ultimately, the group agreed that it's about reducing stigma around HIV in general, working with religious institutions of all kinds as appropriate for specific communities, and to having high impact on supporting all individuals. It was clarified that if there was an RFP, agencies could be more specific about how they would reach men of color through religious institutions.

In conclusion, the group decided to rephrase it to say, "Work with religious institutions to reduce HIV stigma".

- **General – Increase community access to health care**

The group discussed how this idea may be too broad and does not identify a specific program or intervention. One person asked whether they could just take this out as an example. As a response, some explained that increasing

community access to health care is a structural change that can affect lower rates of HIV. The next step would be thinking about how this can be done. In places where men of color and immigrants are, for example, small clinics are closing down due to lack of funding and people are having a harder time accessing health care. Weihaur suggested keeping the topic broad but providing some examples. Clare suggested thinking about universal health care which has been passed for San Francisco and perhaps recommending HPPC to support universal health care. Chandra agreed but also added that it would be important to advocate for community clinics to stay open as well. Israel suggested that the committee may want to engage the San Francisco Leadership Initiative Committee by asking them to write a letter of support for universal health care in San Francisco on behalf of the HPPC. The group agreed. They also agreed that it is important to keep this example and to advocate for increased funding for community health centers.

- **General – Implement RNA testing for those who test during window period before HIV is detected with typical test**

The committee had a discussion about routine testing. They agreed that the intent of this example is to make HIV testing more accessible at test sites as well as at other settings. One member suggested adding “rapid testing”. It was clarified that CDC refers to “routine testing” as applied in primary care settings. However, testing alone is not enough; it is important to try to enforce behavior change as well; routine assessment and counseling should be an integral component.

It was pointed out that doctors in primary care settings would be more inclined to conduct routine assessments and counseling if they were reimbursed for it. As one put it, they would do it if it had a code. An example of a pharmacy that conducts counseling was shared. Currently pharmacists conduct counseling with their patients requesting emergency contraception (ECP) because they can bill for the service (e.g., FamilyPACT covers ECP and reimburses pharmacists for their counseling time when an eligible and enrolled women gets ECP at the pharmacy). It was agreed that funding has to be coupled with the counseling in order for it to be feasible in primary care and medical settings. Vincent noted that medical providers are required to go through training every year. He suggested that counseling should be part of this training. A concern regarding consent was also discussed, in particular, being able to opt out of testing and services and knowing what would be reflected in one’s medical record.

Emalie summarized the group's recommendations for this topic/example. The topic/example could be rephrased to include routine HIV assessment in primary care settings, counseling, and reimbursement.

6. Next Steps, Evaluation, and Closure

A suggestion was made for committee members that have the expertise to take on the work of writing up the rationale and statements for each of the structural interventions. The following assignments were agreed upon:

IDUs - Emalie and Dee

Youth - Chandra and Eiko

Condoms - John T.

Immigrants - Weihaur

Men of Color - Weihaur and Vincent

Clare will send the committee a sample write-up of the structural interventions for routine testing discussed today. As a tip, she asked the committee members to think about the rationale for each structural intervention and how it could come about. The next planning meeting is on August 18. Committee members agreed to send Clare their drafts by August 14 to give the planning group enough time to review.

Emalie made a brief announcement that co-chairs for SFLI and Strategies & Interventions are meeting next week to discuss the overlap of ideas between the two committees. She will keep the committee posted.

Meeting adjourned at 5:30 PM.

Minutes prepared by: Aimee F. Crisostomo

Minutes reviewed by: Israel Nieves-Rivera and Emalie Huriaux

**The next meeting is scheduled for September 7, 2006 from 4:00-5:30 PM at
25 Van Ness Ave., Room 330A**