

HIV PREVENTION PLANNING COUNCIL

Minutes

May 11, 2006

The next HPPC business meeting will be held on **Thursday, June 8, 2006**

3:00 - 6:00 PM

Quaker Meeting House, 65 Ninth St, San Francisco

Members Present:

Angie Baker
William Bland
Michael Cooley
Gayle Burns
Edward Byrom
Chadwick Campbell
Thomas Ganger
Dee Hampton
Emalie Huriaux
Matt Jennings
Janetta Johnson
Billie-Jean Kanios
Tom Kennedy
Thomas Knoble
Weihaur Lau
Joani Marinoff, Emeritus
John Newmeyer
Tei Okamoto
Tracey Packer
Colin Partridge
Ken Pearce
Perry Rhodes III
Chandra Sivakumar
Gwen Smith
Abbie Zimmerman

Members Absent:

Michael Discepola, Emeritus*
Isela Gonzalez*
Derrick Mapp
Gail Sanabria*
Frank Strona*
Michael Underhill

HIV Prevention Section:

Dara Coan
Vincent Fuqua
Guillermo Gonzalez
Ju Lei Kelly
Betty Chan Lew
Eileen Loughran
Lisa Reyes

Harder + Co.:

Aimee Crisostomo
Clare Nolan
David Weinman (Minute-taker)

Guests:

JV Aubrey, SFDPH
Michelle Bakken, Tenderloin AIDS
Resource Center (TARC)
Joan Benoit, Native American AIDS
Project (NAAP)
Randy T. Burns, Native American
Health Center (NAHC)
Nathan Costello
Pete Geckeler
Johnson Livingston, NAHC
Aurora Mamea, NAHC
Nelson Jim, NAHC
Maritza Penagos, NAHC
Henry Fisher Raymond, HIV/AIDS
Statistics & Epidemiology
Karen Saylor, NAHC
Alison Whitemore

Process Evaluation Team:

Kathleen Roe

• *These members informed the Chair in advance of their absences.

Welcome, Introductions, and Announcements

Co-Chair Gayle Burns called the meeting to order at 03:05 PM. She welcomed attendees, noting that ordinarily this would be Perry Rhodes III's turn to facilitate, however because of the agenda's content, they traded duties. She asked attendees to introduce themselves and make announcements.

- Emalie Huriaux announced that she attended the International Harm Reduction Conference, is in the process of writing up her notes and will share them with interested members.
- Abbie Zimmerman reminded members of the email that was distributed regarding intern positions available at Huckleberry's Cole Street Clinic for peer health educators.
- Janetta announced that the annual June Tranny Week Festival is approaching. More information will follow.

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- Weihaur Lau reported that he will going back to Malaysia because his father is ill. He expressed concern that he may not be able to reenter the US.
 - He added that it has been his "profound pleasure" to have worked with the HPPC and that he hopes that he can return to continue his work.
- ⇒ Gayle Burns asked that he let the Council know what it can do for him and it will make every effort to help.
- Joani Marinoff made these announcements:
 - ⇒ Information was made available outlining classes at SF City College in the HIV program;
 - ⇒ There would be Hepatitis A, B, & C classes at SF City College again this summer; and
 - ⇒ She is organizing a focus group for those who are doing case management.
 - Contact her for more information on any of these offerings.

Gayle Burns observed that a little more than a year ago Council member Chata Ashley passed away, and last year Mike Pendo, a member of the HPS professional staff, also passed away. In remembrance of these colleagues, all those who have worked on HIV prevention and have been lost, as well as all the work done by members and professional staff she invited members of the Native American Health Center (NAHC) to perform. She introduced Nelson Jim, Aurora Mamea, Karen Saylor, Johnson Livingston, and Nathan Costello to perform the '*Honor Song*.'

- Nathan provided background on the '*Honor Song*,' including that it is an observance of all aspects of nature, things that people can not live without, including the sky and mountains, but also the elements and the seasons. This song is about the four directions as well as the healing and blessings that come from people's voices.

After the performance of the '*Honor Song*' Council members and all in attendance expressed their appreciation with applause.

Gayle Burns pointed out the index cards distributed and encouraged members to use these for questions and comments explaining that the Steering Committee and the Co-Chairs will review these cards and report back to the Council.

Review and Approval of Minutes of April 13

Motion was made and seconded to approve the minutes of the 04/13/06 meeting. No changes or objections were raised. The minutes were approved without abstention.

General Public Comment

- Randy Burns distributed flyers entitled, "*Shake The Feathers*," announcing events sponsored by NAHC on Friday 06/23/05, in conjunction with LGBT Pride week celebration.
- Henry Fisher Raymond from the HIV/AIDS Statistics & Epidemiology of the AIDS Office announced that the next nationwide Behavioral Surveillance study will soon launch and will look at sexual behavior among high-risk heterosexuals living in high risk areas. He reminded council members that every year, the target populations change. The last cycle included transgender male to females. And, that next year, the focus will be on gay men.
 - ⇒ This will enable an examination of a rarely studied population as well as provide an opportunity to compare SF's results with those of the 24 other participating cities.
 - ⇒ People interested in participating in this study should contact him directly.

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Member Response to Public Comment

- Thomas Ganger, asked what it mean to live in a high-risk area.
 - ⇒ Henry Fisher Raymond explained that, although it may be fallacious, the CDC considers areas with both high levels of poverty and high prevalence of HIV to be "high risk."

HPPC Co-Chairs/Steering Committee Written Report

Gayle Burns introduced Dara Coan with an update to the written report previously sent to all members. Dara Coan's comments included the following.

- A surveymonkey from will be sent to all members from UCHAPS (Urban Coalition of HIV AIDS Prevention Services) regarding the Performance Evaluation Measurement System (PEMS).
 - ⇒ The surveymonkey seeks to get feedback from community providers so that PEMS can be discussed at the upcoming HIV Prevention Leadership Summit (HPLS).
- She noted that some standardization of surveymonkey surveys is underway including that all future surveys will include in the email's 'Subject' line what is being surveyed, when it is due, and how long it will take for users to complete.
- She also distributed the document entitled, "*Follow Up Plan for 2005 Committee Work*," copies of which are available for absent members upon request.
 - ⇒ She explained that this outlines action being taken on recommendations from 2005.

Gayle Burns asked if all members got copies of the written Co-Chairs' report. She clarified that UCHAPS will meet in Dallas 06/03-04/06, with the HPLS meeting the remainder of that week, also in Dallas.

HPPC Community Member Attendance Policy

Gayle Burns introduced Chadwick Campbell who conducted the presentation entitled, "*Community Member Attendance Policy*" copies of which had previously been sent to all members.

- Chadwick Campbell highlighted that when there is a high volume of absences among Committee members work is delayed because quorum is defined as one half plus one of voting members and without quorum action can not be taken.
- He then reviewed the text of the proposed policy, after which the floor was open to comments and questions. He noted that this policy is parallel to the attendance policy for HPPC members.

Comments and Questions

Significant discussion followed about the wording and/or meaning of the proposed policy, particularly regarding the following issues.

- If a Community Member losses her/his voting privilege:
 - ⇒ On, or after, their third absence;
 - ⇒ After their second and on their third absence;
 - ⇒ On their fourth absence, after their third; or
 - ⇒ As a result of three overall absences.
- Inconsistency in the wording of the presentation and the printed version of the policy distributed at the meeting entitled, "*Committee Meeting Attendance: Community Members*."
- The desirability of accommodation for absences due to health issues related to HIV.

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- The number of maximum/minimum meetings required; including the total number of meetings per term (per year).
- Community Members' participation in the establishment of this attendance policy.
 - ⇒ Noting the Council's responsibility to set and amend Committees' policies and practices.
- It was highlighted that Committees have a lot more Community Members this year than in the past, in some cases comprising the majority.
- The necessity/desirability of the policy for Community Members being consistent with the policy for Council Members.
- Whether members of the community would be reluctant to participate in Committees with the proposed restrictions.
 - ⇒ And/or would members of the community participate without voting privilege.
- Consistency in use of nomenclature of 'Committee' as opposed to 'Sub-Committee.'
- Desirability of policies written in simple, rather than compound sentences.

Several amendments were proposed and seconded. All were withdrawn without a vote.

It was moved and seconded that the policy be returned to the Membership/Community Liaison Committee for further review and clarification. The motion passed by consensus.

Native American AIDS Project: Presentation on the Rapid Assessment Process (RAP) on the Two-Spirit Community

Gayle Burns introduced Joan Benoit, Executive Director of the Native American AIDS Project (NAAP). Her presentation entitled, "*Native American Risk Assessment*," had previously been sent to all members. Her additional comments included the following.

- Slide 2 - The notation that the NAAP recently became an independent non-profit organization was met with applause.
- Slide 3
 - ⇒ The MSM group has two drumming circles per week, which includes instruction in singing.
 - ⇒ They have a Transgender group that meets weekly.
 - ⇒ Their Women's program includes recovery services.
 - ⇒ At powwows they display an eagle statue commemorating all those who have fallen from AIDS for the duration of the event, focusing attention on its impact in this community.
 - ⇒ The HIV Direct Services are provided under two contracts, the first a collaboration with the NAHC, and the second funded by SFDPH.
 - ⇒ The Peer advocacy program includes:
 - Home and hospital visits;
 - Working on end-of-life issues, particularly those dealing with home and family; and
 - Ensuing that, where possible, people with AIDS get to their home reservation before they die -- and with certainty after they die.
- Slide 4
 - ⇒ None of the assessment's participants were clients of NAAP, all were recruited.
 - ⇒ There are over 100,000 Native Americans in the Bay Area, although they tend to be invisible due to the large Latino community and may identify or be identified as Latino) and because they tend to be very mobile.
- Slides 5 & 6

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- ⇒ Native Americans have the lowest per capita income, the highest unemployment rate, and the highest school dropout rate of any population in the country.
- ⇒ Poverty, unemployment, and homelessness have been shown to be a link to HIV infection, and low income is connected to lack of primary healthcare and prevention services.
- Slide 7
 - ⇒ Native Americans tend to migrate frequently between their home reservations and urban centers for a number of reasons, including: travelling the "Powwow Highway;" visiting family; attending ceremonies; looking for work; and returning home when sick.
 - ⇒ Circular migration tends to promote disease transmission.
 - ⇒ Participants of mixed Native American and Latino blood (28%) often identify, or are identified, as Latino causing confusion in the provision of healthcare services.
- Slide 8 - 90% of housed HIV (+) Native Americans live in Single Room Occupancy (SRO) facilities.
- Slide 8 & 9 - 54% of those who reported living on the streets, or in a park, had also used injection drugs in the past year.
 - ⇒ According to the SF Prevention Plan, Native American IDU have a higher risk of infection and seroconvert at the highest rate of any population or ethnic group.
- Slide 9 - More participants indicated that they use marijuana than those who indicated that they used it recreationally, because many people look at marijuana as medical.
- Slide 15 - nationwide the CDC reports that Native Americans have the highest or second highest rates of Gonorrhea, Chlamydia, and Syphilis than any other group.
- Slide 17 - Accurate information on ethnicity isn't being captured because it isn't asked, or isn't asked for at a sufficient level of detail.

Comments and Questions (by topic)

In General

- In response to a question Gayle Burns explained that powwows are cultural gatherings for people who are no longer living in reservation, and are open to the public.
 - ⇒ There are groups of people who travel from one powwow to the next (referred to as "*Travelling the Powwow Highway*") performing and selling arts and crafts.
 - ⇒ During after hours there is a lot of socializing, drinking, drugs and sexual activity.
 - ⇒ Joan Benoit added that there is a lot of 'snagging' at these events because Native Americans don't date within their own clans - often not even within their tribe.
 - She added that traditionally powwows were the proper setting to meet people outside of one's clan.
- Tom Knoble asked how it is possible that race and ethnicity is not being asked in SF.
 - ⇒ He added that programs aren't supposed to be funded without gathering that data.
 - ⇒ Joan Benoit noted that based on what a client looks like program workers often assume the client's race/ethnicity rather than asking.
- Thomas Kennedy said that his understanding of being Two-Spirit referred to gender identification rather than sexual orientation.
 - ⇒ Joan Benoit explained that traditionally the concept of sexual orientation didn't exist, one's identity was based on the roles one fulfilled within the group.
 - In way of example, a woman may choose the role of a warrior, live as man, and have a wife, who would retain her identify as a woman

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- ⇒ About 15 years ago the term Two-Spirit started being used as a way of including traditional role-based identity and also to unify the LGBT community.
 - She noted that the term is rarely used among Native Americans, adding that in some tribes having two spirits in one body isn't a good thing.
- Responding to Emalie Huriaux Joan Benoit noted that it is important for most urban Native Americans to be reintroduced to their culture.
 - ⇒ She noted that NAAP's HIV prevention contract has provision for some cultural reintroduction.
- Emalie Huriaux asked about harm reduction messages in regards to alcohol and substance use.
 - ⇒ Joan Benoit explained that most services to the population are abstinence based, and that in the past harm reduction has been viewed as enabling.
 - However, harm reduction is beginning to be recognized as a valuable tool, including increased use as a means to get people into substance use treatment.

Condoms

- Michael Colley asked if there was a difference in condom use among HIV (+)/(-) Native people.
 - ⇒ Joan Benoit said that she believes there is but also highlighted that there is a high percentage of substance use among the HIV (+) and where there is substance use there is sexual risk behavior.
- Ju Lei Kelly asked about the availability of condoms at powwows and on reservations.
 - ⇒ Jean Benoit explained that NAAP and others extensively cover local powwows; she was not, however, sure about condom availability in reservations.
 - ⇒ Gayle Burns added that it has been very difficult getting condoms into the reservations, although it is getting better.
 - ⇒ Joan Benoit noted that traditionally Native Americans don't talk about sex, except when making a joke.

RAP Methodology

- In response to William Bland's questions about the study's methodology Joan Benoit provided this background:
 - ⇒ Collecting the data took about three months;
 - ⇒ Participants were given a \$20 stipend;
 - ⇒ Interviewers were hired that were not associated with NAAP or with the Native American LGBT community;
 - ⇒ To promote openness interviews were conducted in the evening;
 - ⇒ Street outreach and collaboration with other agencies were used for recruitment; and
 - ⇒ They didn't advertise at powwows because they wanted the study to be SF based.
- Colin Partridge asked if the RAP was representative of the larger community.
 - ⇒ Joan Benoit explained that they feel the data is reliable, particularly as all tribes were fairly represented.
 - ⇒ She noted that that the RAP also had representation from transgender people, a difficult group to recruit.
 - ⇒ She added that there is very little information available on Native American women.

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- In response to Colin Partridge's question Joan Benoit said that one would expect to see significantly different results between various tribes.
- Chandra Sivakumar asked if this methodology could be used on the reservations.
 - ⇒ Joan Benoit explained that although it is outside of NAAP's purview, other agencies have been CDC funded to test this method on some reservations; if it proves effective it will be applied more widely.
- Responding to Ken Pearce's question, Joan Benoit explained that 94% of the study's participants had previously been tested (Slide 17).

The Boarding Schools

- William Bland asked for an explanation of the boarding schools.
 - ⇒ Joan Benoit explained that they were designed to assimilate Native American children into the white culture, and at one time were mandatory.
 - At these schools children could not speak their native language and were not allowed home visits.
 - ⇒ She noted that there are still a lot of them in existence, mostly religiously based, and usually targeting the very poor.
 - She explained that many Native Americans are so poor that they are confronted with the choice of losing their children to the Foster Care system, or sending them to these boarding schools.
 - ⇒ She noted that assimilation is less overt than in the past and most offer summertime home visits.
 - ⇒ She pointed out that this is one of the reasons that so many Native Americans can no longer speak their native language, and do not know their cultural traditions.
 - And she noted that these boarding schools have often been the site of sexual abuse.
- Emalie Huriaux asked if data is available about the number of Native American people who had been in boarding school programs.
 - ⇒ Joan Benoit said that studies have determined that about 25% had been in a program.

Sexual Assault

- Thomas Knoble asked for clarification about the cultural aspects of sexual assault.
 - ⇒ Joan Benoit explained that there are a lot of cultural components to this including the large number of Native American children who had been in boarding schools, as well as the environment itself: often rural, with a lot of substance abuse, and lots of violence.
- Emalie Huriaux asked what is needed to help people work through issues of historical and personal trauma, including discrimination, hatred, and sexual assault.
 - ⇒ Joan Benoit highlighted the importance of culturally appropriate counselors.
- Tei Okamoto asked about the effects sexual abuse has on the individual's ability to set limits and sexual negotiation skills.
 - ⇒ Joan Benoit explained that it takes counselors years to rebuild self-esteem among those who have been abused, and that self esteem must be addressed before one can deal with substance and condom use issues.

The attendees expressed their appreciation for Joan Benoit's comments with applause.

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Presentation on HIV Prevention at the Native American Health Center

Gayle Burns introduced Maritza Penagos from the NAHC. Her presentation was entitled, "*Circle of Healing*." She provided a background on NAHC's programs including the following.

- NAHC is a Community Based Organization (CBO) founded in 1972.
- It is one of the largest urban CBOs serving urban Native Americans, with clinics in Oakland, Sacramento, Santa Barbara, and SF.
- Their HIV services program, called "*Circle of Healing*," is headquartered in SF.
 - ⇒ The term comes from the concept of having balance in one's life.
- NAHC is a Native American Center of Excellence (COE) for the provision of HIV services.
 - ⇒ Psychiatric services are provided in collaboration with SF City Clinic Consortium.
 - ⇒ They contract with NAAP who provides peer advocacy and mental health services.
 - ⇒ They collaborate with the Friendship House, which provides residential treatment.
- NAHC and the Friendship House are doing a five-year Special Project of National Significance (SPNS) with the mission of providing wraparound, wholistic, culturally appropriate services for Native Americans with HIV.
 - ⇒ They have 55 clients enrolled in the SPNS project, including:
 - 48% reporting active substance abuse;
 - 44% having CDC defined AIDS; and
 - A large percentage who are homeless.
- They offer various programs to their HIV (+) and high risk clients including: culturally traditional healing services; weekly shared meals; community outreach cultural events; and weekly message therapy.
- Their CDC funded initiatives include:
 - ⇒ Prevention case management provided by their Wellness Support Counseling program;
 - ⇒ HIV testing using Rapid Testing; and
 - ⇒ A Prevention with Positive (PWP) program, "*The Partnership for Health*" that takes place in a medical setting and in which participants are given a three to five minute consequence-framed prevention message.
- The NAHC's target populations are MSM, MSM/IDU, IDU, high risk people who are HIV (-) or of unknown status, and HIV (+) Native Americans & their partners.
- They also serve a lot of non-Native high risk people at their clinic.
- They utilize a three pronged approach to outreach as follows.
 - ⇒ Conventional street outreach such as -- shelters, participation in the Community Plan Mobile Outreach Van, Needle Exchange, and in conjunction with other agencies.
 - ⇒ Drop In Center that is welcoming, and where many of their community events are held.
 - ⇒ Community Events include: monthly HIV Prevention Workshops, a condom distribution program, a life quilt project, traditional story telling, the "*Voices of Bravery*" program that involves making and wearing tee-shirts with HIV prevention messages, and others.
- NAHC's Prevention Case Management (PCM) includes:
 - ⇒ A program called, "*Wellness Support Counseling*" (WSC), an adaptation of the CDC's model, which was not culturally appropriate.
 - ⇒ Risk Reduction Assessment at Friendship House that provides them with the opportunity to introduce new clients to PCM/WSC; and
 - ⇒ Participation in the Forensic AIDS Project until that program lost funding.
- Highlights of NAHC's HIV Counseling, Testing & Linkage (CTL) include:

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- ⇒ Counselors that are certified testers;
- ⇒ A very successful drop-in testing site at NAAP;
- ⇒ Implementation of Rapid Testing in June 2005 with the help of the HPS; and
- ⇒ Extending off-site testing at Friendship House, and expanding to their other facilities.
- HIV Testing statistics include:
 - ⇒ 246% increase in testing since inception, five years ago;
 - ⇒ 50% of all confirmed HIV (+) are Native American; and
 - ⇒ The leading risk factors for those testing HIV (+) are MSM, MSM-IDU, and IDU.
- The "*Partnership for Health*" program involves training their medical provider(s), which was fairly easy as their provider(s) had long been giving HIV prevention messages.
 - ⇒ An audit found an average of two prevention messages per year per client.
 - ⇒ Many of their clients, however, come in only for critical care, not routine healthcare, and prevention messages are not as effective a critical care setting.
 - Counselors are being trained to explain the importance of regular healthcare.
- NAHC has gotten a lot of capacity building assistance.

The attendees expressed their appreciation for Maritza Penagos' presentation with applause.

Comments and Questions

- In response to Janetta Johnson's question Maritza Penagos said that Friendship House is approximately 50% Male/50% Female.
- Responding to Thomas Knoble's question she explained that currently NAHC is conducting local off-site testing at Friendship House and NAAP and hopes to expand to powwows and others venues.
- Ken Pearce noted that as a result of the PWP Committee work (a joint committee of the HPPC and CARE Council) HIV prevention services were written into the COE grant.
- In response to a question Billie Jean Kanios provided explanation of the COEs, including: they provide of the highest level care, that there are seven of them, they are currently in their first year of operation, and they offer a full complement of wrap around services.

The attendees again expressed their appreciation to Maritza Penagos with applause.

Need Assessment Discussion

Co-Chair Gayle Burns, Dara Coan of HPS, and Clare Nolan of Harder & Co conducted the presentation entitled, "*2006 Needs Assessment*." Copies of the presentation had previously been sent to all members. In addition to the printed information their comments included the following.

- Slide 6 - Dara Coan noted that she has worked on many of assessments for the HPPC.
 - ⇒ She pointed out that the RAP discussed by Joan Benoit was prioritized by the HPPC
- Slide 7 - This assessment was the first done on the men who have sex with MTF transgender population and the research was later published.
- Slide 11 - There was a Council presentation about the FTM population a couple of years ago that raised a lot of question, but there is little research literature on this group.
- Slide 12 - Copies of the full list entitled, "*Needs Assessment Ideas*" had been sent to all members (document name: Summary for 5-11 Council.doc) in advance of the meeting.

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Comments and Questions (by topic)

In General

- Janetta Johnson asked if the list in the Needs Assessment Ideas document (the Ideas document) is comprehensive.
 - ⇒ Dara Coan explained that the Ideas document outlines all of the groups members have suggested directly or through the Committee process.
- Billie Jean Kanios asked if the report about men who have sex with MTF is available and was told that a copy would be emailed to her and to other members upon request.

Research Literature

- Ken Pearce asked if it is valid to look at only local studies, and if consideration should be given to studies conducted in other locations.
 - ⇒ Clare Nolan explained that local studies are highlighted because in many cases national data, and data from other areas, is not relevant to SF.
- Clare Nolan and Dara Coan reviewed the Short List populations as regards research literature available, including the following.
 - ⇒ Late testers have not been extensively studied nationally.
 - ⇒ IDU has been widely studied, but looking at something like whether this group's prevention needs have been met by current SF services could yield valuable data.
 - ⇒ FTM who have sex with MSM is a group about which little data has been collected.
 - ⇒ Youth has been widely looked at, and to get useful information the topic needs to be made much more specific, including the suggestions made by the 2005 Youth Committee.
- Tei Okamoto asked if members could access a more comprehensive list of local studies.
 - ⇒ Dara Coan noted that compiling a list of all research available would not be practical, due to the vast amount in San Francisco, but in the surveymonkey the groups would be narrowed, and that once a group is chosen the available literature will be reviewed.

Short List Suggestions

Perry Rhodes III explained that the Ideas document was compiled so members could review all of the suggestions members have aired in a single list. Clare Nolan added that the Short List highlights the items that have had the most energy and discussion.

Late-testers

- Angie Baker clarified the definition of a late tester is a person who had their first HIV test within one year of being diagnosed with AIDS (as per the CDC definition).
- Abbie Zimmerman asked if the issue to be voted on would be the whole set of late-testers or one or two subsets of that group.
 - ⇒ Dara Coan explained that the research question would be refined later in the process, as below.
- Ken Pearce noting that this group crosses many age groups, BRPs, and ethnicities.
 - ⇒ He also highlighted the advantages of providing services early rather than later.
- Joani Marinoff noted that because late-testers are found in so many populations it would be difficult to gather useful information on specific groups.
- William Bland observed that the data he has seen about late-testers indicates that they are largely people of color, and that looking at only the Late-testing component of those communities may not provide meaningful information.

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- Clare Nolan noted that an assessment of late-testers might look at things people have in common such as economic status.
- Janetta Johnson asked what strategies could be used to locate late-testers.
 - ⇒ Claire Nolan suggested talking with people who had recently seroconverted.
 - ⇒ She added that these people could be identified and reached through testing agencies.
- Responding to Dee Hampton's question Dara Coan indicated that about 40% of new AIDS diagnosis in SF are late-testers, but that she was not sure of its ethnic composition.

IDU

- Emalie Hurliaux suggested that what is needed for IDU, including service gaps and which services are needed, is well known, so the Council shouldn't duplicate what is already known.
- Dara Coan noted that an IDU research inventory is currently underway.
- Joani Marinoff pointed out that while there is much known about IDU, it doesn't seem to be known how to get the group's incidence lower.

FTM who have sex with MSM

- Tei Okamoto asked if the most recent data on FTM Transgender guys is from 1999.
 - ⇒ Dara Coan said there are some more recent studies not included in the Ideas document.
- Janetta Johnson noted that it would be difficult to find members of this group.

Youth

- Michael Cooley noted that the Connect to Protect Committee is looking at why youth aren't getting tested and suggested looking at something else, because that Committee is exploring this population's needs.
- Weihur Lau suggested that Asian & Pacific Islander youth is very much under the radar and would like to see that be addressed.

Other (Non-Short Listed) Population Suggestions

- Dee Hampton suggested focusing on African American MSM, which is a population with particularly high incidence.
- William Bland advocated for African American MSM who nationally comprise 46% of the total incidence and in SF about 33%.
 - ⇒ He added his concern that there hasn't been a response from SFDPH or the prevention community to this high rate of incidence.
- Janetta Johnson highlighted her current work on long-term AIDS services with the MTF population and has noticed that nearly half of their support group is men who have sex with MTF
 - ⇒ She suggested assessing how to provide culturally competent services to this population, highlighting that their needs are not being addressed and are unique.
- Billie Jean Kanios also advocated for men who have sex with MTF, noting that a MTF group she works with has also adopted men who have sex with MTF as there was no specific group for them to go to.
- William Bland said that there seems to be an interest in looking at smaller populations of which little is known, however, if the objective is to impact HIV the Council should be looking at the first BRP (MSM) as there remains a lot unknown about that population.

Process

- In response to a question Dara Coan explained that the vote will be for only one assessment.

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- She also explained that Harder & Co will review available literature and in conjunction with the Membership Committee would formulate a research question.
- William Bland suggested taking some ideas off the list so as to narrow the voting.
 - ⇒ Dara Coan explained that the process agreed upon was to leave everything on the list, and priority will be established by response to the surveymonkey.
 - She noted that the Steering Committee will review results and narrow the list to no more than three proposals for the Council's vote.
- In response to Dee Hampton's question Dara Coan explained that the surveymonkey is not a vote but a way of getting members' input.
- Tracey Packer reminded the Council about the purpose of a identifying assessment.
 - ⇒ Appropriate mechanisms to address populations that are under or inappropriately served, or that need more focus and attention.
 - ⇒ She commented that in June the Council will review how the funding is being applied, and can make recommendations regarding allocation to gather data about a group which the HPPC has less information.
- Joani Marinoff expressed concern that without knowing which groups have been researched it is difficult to determine how useful a study might be.
 - ⇒ Dara Coan explained that Harder & Co and the Membership Committee would refine the parameters so as to have as large an impact on prevention as is reasonable.
 - ⇒ Clare Nolan added that concerns could be brought up at the Membership Committee meetings, which are open to everyone.
- In response to William Bland's suggestion Dara Coan indicated that a BRP overlay would be applied to the surveymonkey list.
- Abbie Zimmerman noted that most members either work with, or feel strongly about one population or another making a decision somewhat difficult.
 - ⇒ Dara Coan suggested that the role of the HPPC when providing feedback on the surveymonkey, or other situation, members should focus on what is most needed in the whole of SF.
 - ⇒ Tracey Packer added that the HPPC's job is to look at the big picture of HIV prevention in San Francisco.
- Gayle Burns suggested that members review all of the needs and gaps that have been discussed at Council meetings over the past few years.
- Responding to William Bland's question Dara Coan said that if the issue is about programs not meeting the known needs of identified at-risk populations, or prioritizing services, it would be better addressed in Committee work.
- Thomas Knoble observed that the needs assessment is an opportunity to look at populations that aren't usually represented at the Council such as groups further down on the BRP list.
- In response to William Bland's question it was noted that the HPPC does not allow proxy voting.

Claire Nolan summarized by observing that the choice of which group to look at might be simplified by the criteria members use to evaluate the options. She suggested making the choice based on which would have the greatest impact, rather than the size of the groups, the need for evidence to support a funding or priority change, or the group that least is known about.

HIV PREVENTION PLANNING COUNCIL

Minutes
May 11, 2006

The attendees expressed their appreciation to Gayle Burns, Dara Coan, and Clare Nolan with applause.

Summary, Evaluation, and Closure of Meeting

Gayle Burns reminded member to fill in the evaluation form. She also thanked Betty Chan Lew for the refreshments. The meeting adjourned 6:00 PM.

Minutes prepared by David Weinman.

Minutes reviewed by Lisa Reyes and Tracey Packer.

**Reminders: The next HPPC business meeting, will be Thursday, June 8, 2006
Location: Quaker Meeting House, 65 Ninth Street, SF**