

# HIV PREVENTION PLANNING COUNCIL

Minutes

September 14, 2006

## **Members Present:**

Angie Baker  
William Bland, Emeritus  
Gayle Burns  
Edward Byrom  
Michael Discepola, Emeritus  
Thomas Ganger  
Isela Gonzalez  
Dee Hampton  
Emalie Huriaux  
Matt Jennings  
Janetta Johnson  
Billie-Jean Kanios  
Tom Kennedy  
Thomas Knoble  
Weihaur Lau  
Derrick Mapp  
Joani Marinoff, Emeritus  
John Newmeyer  
Tei Okamoto  
Tracey Packer  
Colin Partridge  
Perry Rhodes III  
Gail Sanabria  
Chandra Sivakumar  
Gwen Smith  
Frank Strona

## **Members Absent:**

Chadwick Campbell  
Ken Pearce\*  
Abbie  
Zimmerman\*

## **HIV Prevention**

### **Section:**

Dara Coan  
Vincent Fuqua  
Guillermo Gonzalez  
Betty Chan Lew  
Eileen Loughran  
Israel Nieves-  
Rivera  
Michael Paquette  
Lisa Reyes

## **Guests:**

Helen Ruan, WFG  
Rick Gerharter, BAR  
Michael Petrelis  
Eiko Sugano, Connect to Protect  
Jacob Laurent, Connect to Protect  
Rakle Welburn, Trans/UCSF  
Michelle Bakken, TL Health  
Matthew Bajko, BAR  
Eric Whitney, ISIS  
Jen Hecht, STOP AIDS  
Mark Utterback, STOP AIDS  
Angel Fabian, AGUILAS  
Walter Chang, UCSF/CAPS  
Kojz Sakakibava, UCSF/CAPS  
Elena Flores, SFSU  
Margaret Rhee, SFSU

## **Harder + Co.:**

Aimee Crisostomo  
Clare Nolan  
Ray West (Note-taker)

## **Process Evaluation Team:**

Kathleen Roe

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

## **Welcome, Introductions, and Announcements**

Gayle Burns, Community Co-Chair called the meeting to order at 3:05 PM. She welcomed attendees and explained that the facilitating duties rotate between the three Co-Chairs. She noted that Perry is the facilitator for today and would arrive soon.

- Billie-Jean Kanios – Praised HPPC and HPS website for revision (SFHIV.ORG).
- Michael Discepola announced there will be project training regarding meth and gay men harm reduction coalition all day training and information is available by calling 510-444-6969.
- Thomas Knoble announced that on 9/25 and 10/7 a pilot training will be conducted for disclosure issues specific for prevention for positives and prevention contractors.
- Gail Sanabria thanked Tracey Packer for participating in a focus group with the State Office of AIDS on guidance for 2008-2010.

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- Derrick Mapp announced that a celebration of life will be held for Rickey Williams on Saturday, September 16<sup>th</sup>, at the City of Refuge.
- Joani Marinoff announced that she would be taking a sabbatical in 2007.
- Tei Okamoto announced that if anyone needs transgender or gender variance sensitivity please contact her.
- Emalie Huriaux announced that on Saturday, September 23<sup>rd</sup>, there will be an overdose awareness event. She also brought up Nov. Harm Reduction Conference, which will take place in Oakland, CA. She encouraged organizations to sign up to share tables at the conference in order to provide pertinent prevention information to conference guests.
- Matt Jennings announced that today's Council meeting will be his last meeting as a HPPC member. He accepted a job with the HPS to work on special projects.
- Tracey Packer introduced Ray West as note taker.
- Tracey Packer introduced new HPS Health Educator, Michael Paquette. He will be working on trainings and main liaison with STD Prevention and Control and will also work on meth issues.
- Vincent Fuqua announced that on 9/28 Thriving and SFGMI Poz/Neg Bridge the Gap symposium will be held and all participants are encouraged to come to this event.
- Gayle Burns announced that Abbie Zimmerman and Ken Pearce will be absent.
- Ju Lei from the Membership Committee announced the opportunity for mentoring to new members. If interested, please fill out index card and return to her.
- Gayle Burns announced that on Saturday from 11-7 there is a Pow Wow for Medicine Warriors in Oakland.
- Gayle Burns encouraged Council members to help in the recruitment efforts for the needs assessment with late-testers. She reminded members that Harder+Co. is doing interviews with "late-testers" or people who tested positive in the last 3 years and within a year was diagnosed with AIDS. The needs assessment is very important and will help to identify the prevention needs of late-testers.

Perry Rhodes III began facilitating the meeting from this point.

### **Review and Approval of Minutes of August 10, 2006**

Motion was made and seconded to approve the minutes from the August Council meeting. There were no objections. The minutes were approved. Gwen Smith abstained.

### **General Public Comment**

1. Jacob Laurent, UCSF's Connect to Protect has been funded for Mpowerment, a structural change initiative focused around prevention with young gay and bisexual men between the ages of. He stated that this a 16-24 peer leadership program with a core group of 15 - 20 young MSM and plan social events for the community. This program creates a curriculum that is self determined and prevention messages are diffused during the program and the idea is there will be widespread HIV prevention. The first meeting will be on Friday, September 22<sup>nd</sup> from 6-8:30 and is an overview of the core group and about empowerment. He encouraged agencies with youth involvement or staff to come. He also stated that this initiative is looking to have a steady/stable

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meeting site. If anyone knows of open meeting locations, please take a business card and let him know.

2. Michael Petrelis discussed the theme of violence in syphilis prevention advertising. Six years ago, the Bay Area Reporter (BAR) published a syphilis ad featuring a time bomb. He held up a poster/advertisement distributed by and paid for by the (SF) DPH, and that the ad that ran in Bay Area Reporter newspaper that was paid for by DPH. He then felt every issue of BAR dropped 35,000 bombs on the community with a fear message and thinks of bombs being dropped. With 25 years of AIDS controversy, the cumulative effect leads to drinking, drugging and unsafe sex. He stressed that what "we need positive reinforcement in the reduction of rates and SF has responsibility to be more intelligent in the prevention and should move away from controversy. We have had a quarter century of alarmist messages that have demonized us that have said we are diseased or at risk of disease. Please be intelligent and move away from this."

### **Member Response**

- Frank Strona responded that STD Control and Prevention is hosting a positive reinforcement seminar and empowerment focus. This will be held in late November or early December and people will not leave feeling battered and be able to recognize the success that both locally and nationally we have put together.
- Tom Kennedy agreed that there are better strategies available and the community should also not sound the bells of controversy.

### **HPPC Co-Chairs/Steering Committee Written Report**

Isela Gonzales thanked the Co-Chairs for including a piece on AB 1677, which would allow condoms to be distributed in State prisons.

Israel Nieves-Rivera suggested all persons present should call Governor Schwarzenegger directly to encourage him to sign AB 1677.

Emalie Huriaux stated that while AB 1677 is great news, John Laird for pulling the Syringe Bill.

Thomas Knoble and Emalie also suggested that the Steering Committee communicate with Mr. Laird inquiring why this bill was pulled. The group was in consensus to send this item to the Steering Committee.

### **Cooperative Agreement (Attachment A)**

The Cooperative Agreement was jointly presented by Israel Nieves-Rivera and Perry Rhodes III.

Perry discussed the timeline of the HPPC review process from June 8<sup>th</sup> until this meeting and the presentation of the letter of concurrence. This was an exhaustive process that involved a review of draft 2007 Performance Measures and highlights of what the HIV Prevention Section was planning to report in the narrative. This process also involved a review of the budget summary of the Interim Progress Report (IPR).

Israel presented the review of the budget summary. After completion of the review, the summary was sent to the council for feedback via Survey Monkey. The completion deadline of the budget survey was August 31, 2006.

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There are two (2) budget categories in the IPR, contractual and administrative.

- Contractual represent contracts with community based organizations and Memorandums of Understanding (MOUs) with other Department of Public Health programs.
- Administrative is the total amount of the CDC award that is administrative. The current administrative budget is \$3,092,364 which represents 34% of the CDC budget.

## **Questions**

To what extent do our progress reports mirror other progress reports from around the country?

Israel stated that the IPR applications ask many specific questions, and to keep it simple, the HPS answered the specific questions very directly. He also stated that the IPR application is standardized across the nation. Additionally he stated that the Steering Committee asked for minor changes and those were completed. They attempted to not confuse the reader. This is part of national reporting system.

Derrick Mapp asked that for the sake of clarity that the differences between letter of concurrence and letter of concurrence with reservations and also letter of non-concurrence.

Israel reminded the group that a letter of concurrence means the HPPC is supporting the HPS plans for 2007 indicators. A letter of concurrence indicates that the IPR reflects the HIV Prevention Plan.

Letter of concurrence with reservations mean that there are points that are not completely supported while a letter of non-concurrence indicates no support for the actions. He mentioned that at the previous meeting everyone in attendance approved the indicators and that the Steering Committee approved them as well.

**Motion to approve letter of concurrence. The HPPC agrees with the actions planned for 2007 and supports providing a letter of concurrence.**

<b>Member</b>	<b>Vote</b>
Angie Baker	Y
Gayle Burns	Y
Edward Byrom	Y
Chadwick Campbell	Absent
Thomas Granger	Y
Isela Gonzalez	Y
Dee Hampton	Y
Emalie Hurlaux	Y
Matt Jennings	Y
Janetta Johnson	Y
Billie-Jean Kanios	Y
Tom Kennedy	Y
Thomas Knoble	Y
Weihaur Lau	Y

<b>Member</b>	<b>Vote</b>
Derrick Mapp	Y
John Newmeyer	Y
Tei Okamoto	Y
Tracey Packer	Y
Colin Partridge	Y
Ken Pearce	Absent
Perry Rhodes III	Y
Chandra Sivakumar	Y
Frank Strona	Y
Frank Strona	Y
Abbie Zimmerman	Absent
Yes	22
No	0
Abstain	0

The motion was approved.

**Forensic AIDS Project (FAP) Delivers: Working Behind Bars**

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Objective: To inform HPPC members about the services provided in the San Francisco County jails, and to hear about the challenges working within the criminal justice system.

Kate Monico Klein, Director of Forensic AIDS Project (FAP) spoke about the background of the organization prior to a presentation by the Counseling and Testing team. Started in the 1980's with one social worker, the organization is now a part of Jail Health Services as the DPH branch responsible for approximately 50,000 prisoners who pass through the jails annually. This county is currently only one of six jurisdictions with condom distribution in jails and a broader distribution is being investigated.

Kate also discussed the expansion of services over the years through the use of CARE funding. Currently, FAP is able to provide HIV and hepatitis counseling, testing, vaccination and education and also provides primary care, discharge planning and case management.

The demographics served in 2004 included:

- 89% men, 11% women
- 55% African American
- 21% Latino
- 19% Caucasian
- 5% Asian Pacific Islander
- 28% report that they are homeless and
- 5% is transgendered according to FAP's suggested numbers

The FAP Counseling and Testing team works in several facilities. This includes three jails at the Hall of Justice, on two wards at San Francisco General Hospital and in two jails in San Bruno.

Challenges basically revolve around funding issues. This includes funding for health education groups, to coordinating transgender services.

The FAP counseling and testing team then began their discussion regarding their work with FAP and the incarcerated.

Marcos Banales gave an overview of the environment in the jail system. He noted that the priority of the Sheriff's dept. is security and control. A noticed barrier to effective service is jail staff turnover and the lack of knowledge of the organization and its role with the jail. Lockups, lockdown, shakedowns and client refusal due to timing issues also create barriers to service.

Alonzo Harden discussed HIV testing in the jail system. They maintain a voluntary HIV testing list that generates from medical and psychiatric staff. This request list can be between 40-80 persons a day that request testing.

Testing is done in two (2) ways: conventional and rapid testing. The reasoning for offering different ways is due to the lack of space in some facilities and most prefer rapid testing. Rapid testing began in October 2004 as pilot, the program has expanded to three locations. These jail locations include San Bruno, Hall of Justice and San Francisco General Hospital.

Alonzo also reported the percentage rates for overall HIV testing were:

- Conventional 70%
- Rapid testing 30%

Sylvia Guatemala then discussed her work with females and the outreach work done with intravenous drug users (IDU's). Sylvia works with female inmate IDU's. She provides health education twice a month using the FAP 8 week health education curricula.

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Topics in the curricula include:

- HIV prevention and testing
- Hepatitis C
- Birth control
- Sexually transmitted diseases
- Tuberculosis – among other health related topics.

Common issues shared by female inmates are:

- Rape
- Fear of loss of children and their after care.

To address these issues, community collaborators are integrated into the outreach process. They offer Hepatitis A/B vaccination and liver function testing in addition to HIV testing (rapid) and home access test kits for Hepatitis C.

Marcos then discussed the hepatitis home access testing. This access is new to San Francisco Jails and began in November 2005. The focus population for the program is Intravenous Drug Users (IDUs).

The test is home administered and is conducted by a finger stick test. A questionnaire about risk behavior for Hepatitis C is asked. The specimen is mailed in for evaluation and a personal identification number is issued with results available in approximately two (2) weeks.

The advantages to this type of testing include the ease to carry and perform in a jail setting. If the inmates are released prior to the results, they may call a toll free number to be given their result.

Marcos also conducts classes for barriers for behavior change. There are two (2) groups, San Francisco and San Bruno, with Latinos of different backgrounds. There are also a high percentage of undocumented participants. These groups meet twice a month with 4 to 20 participants. There is an emphasis on domestic violence in these classes. The class is used as a way to outreach for HIV/HVC testing and also to enhance risk behavior change in collaboration with Mission Neighborhood Health Center (MNHC) and Men Alive. Counselors are invited to run groups making linkages between Latinos and programs and stress reduction is also a focus in the classes.

Isela Gonzalez then discussed the services that the team offers to incarcerated transgenders and the community collaborations they maintain. Isela elaborated that the work of FAP is enhanced by collaboration.

FAP has conducted specific health education groups for the past seven (7) years. A curriculum was developed to address the specific needs of the participants to include:

- Hormone therapy
- Self esteem
- Drug treatment readiness
- Self advocacy
- Accessing services in the community

Weekly and bi-weekly Healthy Relationships and Seeking Safety curriculums are conducted with community collaborators. There remains an express need for advocacy for alternative sentencing for transgenders.

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Isela then discussed the barriers for incarcerated transgenders which include:

- Discrimination from inmates and deputies lack drug treatment services.
- Normal population status separates the trans population and gives them little access to programming.
- Transgenders are housed separately
- Lack of access to in-jail drug treatment services

Kate then summarized the presentation stressing linkages to services, focusing on not creating a middle universe between jails and the community, the transitioning of people into the community to reduce risk of return to jail and the barriers to service. Also of importance is the Home Access kit success is because clients can get their own results. Of considerable concern is continued funding for health education and a need to coordinate transgender services.

HPPC is urged to initiate a discussion on designating the jails as its own risk population and support the current legislation on the Governor's desk allowing widespread condom distribution in the city.

### **Questions/Comments**

Weihaur Lau inquired about whether an inmate discloses sexual activity in jails and comes forward.

**FAP** – Yes, and discussions revolve a lot about sexual identity issues. Lately during risk assessment, men are disclosing that they are MSMs. They also feel safe to disclose that they are sex workers, if that is the case.

Dee Hampton inquired about the 40-80 requests for testing a day.

**FAP** – Staff responded that they have the staff capacity to test 20+ per day. Days that they can offer a rapid test, they can test 6 each.

Dee then requested information regarding the seroconversion rate.

**FAP** - Kate responded that the results with 1% of testing were:

5 African Americans

2 Latino

1 Caucasian

8 as heterosexual/1 transgender

With a larger number of IDU representing 63% with 8 people

Derrick Mapp asked about community program development strategies are in place for the African American community.

**FAP** works with community providers and connecting with people works best. Also compete with other programs in the jails.

Derrick: Has an evaluation been completed regarding the efficacy of rapid testing?

**FAP** – In the time that they have been doing rapid testing, only one discordant case has occurred. It was reported and all protocols were followed.

Derrick questioned being there at the sheriff's pleasure and whether it is a red flag. Does FAP have any policy recommendations that will strengthen the project just being "at the pleasure."

**FAP** - The Sheriff is legislatively responsible for whatever happens in the jails and it is a fine balance. FAP feels blessed to be in the SF jail system and senses a bit of synergy.

Gayle Burns asked about any information being collected regarding the Native American community. Native Americans are often given Spanish names, which if just a surname is used to define ethnicity, the fact that they may be Native American will be lost.

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**FAP** - 2004 snapshot is the last time information was gathered and was done by the jail system. It is gathered, and less than 5%, and might be less than 1% but have to self disclose.

Emalie Huriaux asked if sex workers are reluctant to test since if they test positive and get caught having sex work again the charge becomes a felony.

**FAP** – no, they want to get tested each time they go to jail.

Emalie Huriaux then asked about the mandated testing bill submitted by Maxine Waters and asked about any FAP recommendations regarding this bill.

**FAP** - mandated testing sounds good but unless they implement addressing the needs of those that test positive, their work is futile. To do things in prisons must have support. FAP has fought mandated testing since the 1980's.

Gwen Smith announced that the Southeast Health Center has an excellent relationship with FAP and currently 50% clients of their client are referred by FAP.

Joani Marinoff appreciates the team presentation. She then asked about sexual risk and Hepatitis testing. Has there been any correlation of data?

**FAP** - Information is available and the co-infection of HIV is present. Since their focus is inmates, testers tend to be IDUs and sexual activity is a rare mode of transmission.

### **A Tale of Two Studies: Project T and the PrEP survey (Attachment B)**

Albert Liu presented an update on pre-exposure prophylaxis (PrEP) research in San Francisco along with results from the PrEP Survey on awareness and use among gay and bisexual men.

The presentation considered the following:

- An introduction to PrEP
- Distinctions between PEP and PrEP
- Use of Tenofovir as a PrEP agent
- Overview of PrEP trials and Project T
- Off label/community use of PrEP use: PrEP survey

PrEP is considered a promising but unproven strategy. This is based on this type of therapy used in malaria and mother to child HIV transmission treatment. This may be useful in men who have sex with men, sex workers, intravenous drug users and sexually active men and women in Africa.

**Slide 12** discusses the differences between PEP and PrEP with respect to:

- Timing of initiation – treatment immediately after exposure vs. beginning before exposure and continuing through the behavior risk
- Duration – 28 days vs. daily (ongoing)
- Exposure type – isolated vs. recurrent
- Identification of risk event – accurately defined in real time vs. no need to identify risky event

**Slides 13–15** discuss the use of Tenofovir and its efficacy and side effects in HIV Positive persons as well as the results of treatments in animal studies.

An Overview of Project T began with **slide 18**.

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- A CDC-sponsored phase II clinical trial of daily oral Tenofovir in 400 HIV-negative MSM
- Primary objectives:
  - Biomedical safety and tolerability of TDF
  - Behavioral safety: Impact of taking daily antiretroviral pill on risk taking behavior
- Secondary objectives:
  - Adherence to daily study pill
  - Resistance patterns, HIV infections (not powered for efficacy)
  - Social impact of trial participation

**Slide 19** displayed the Project T study design:

- Randomized, double-blinded, placebo-controlled trial of 400 HIV-negative MSM
- 3 sites in US
  - SFDPH
  - AIDS Research Consortium of Atlanta
  - Fenway Community Health, Boston
- Eligibility criteria include:
  - Healthy, sexually active HIV-negative MSM
  - Age 18-60
  - Normal kidney function and bone density at baseline
  - Not taking any medications toxic to the kidneys
- Community input (from CAB and other community members) has been critical in design and implementation of Project T

After discussing the 2 arms of the study in detail and the protective mechanisms in place for the participants, the presentation moved to the Off label/community use of PrEP use: PrEP survey.

**Slide 26** discussed anecdotal reports in the media that people may be already using PrEP/CAP for prevention outside clinical trials. There was an article from the LA times in Dec 2005 with the headline, "AIDS pill as party drug...". It described individuals as taking a T, and says that Tenofovir is being sold in packets along with Viagra and Ecstasy in dance clubs.

**Slide 27** presented the results of a survey conducted at 5 minority gay pride (MGP) events in 4 cities in 2004.

The only available quantitative data on this topic is from Scott Kellerman, presented last year in Brazil. This was a CDC survey in 2004 among men and women attending MGP events in 4 US cities. While there were some differences across sites shown here, this survey showed overall one quarter of respondents had previously heard of PrEP, and surprisingly 7% reported prior PrEP use.

This was concerning because in absence of safety/efficacy data, PrEP use could lead to individual and community harm. For example, behavioral disinhibition in individuals who believe a pill could protect them from HIV acquisition might actually increase their risk of infection.

To conclude, contrary to prior reports, PrEP use appears to be rare in 3 different samples of gay/bisexual men. Although PrEP awareness was limited in these groups approximately 2/3 would use PrEP in the future if proven safe/effective. In addition, risk behaviors were

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associated with PrEP awareness and anticipated future use of PrEP. This highlights the importance of reinforcing that PrEP would need to be integrated into existing prevention strategies and would not be a replacement for these measures.

### **Questions**

Joani Marinoff inquired about the use of PEP considering its extreme expense.

**AI** – Most can get prescriptions from their health care provider because they are not disclosing and the provider will not know if they are positive or not.

Frank Strona expressed concern regarding the fiscal aspect of the treatment. In obtaining data, were people going to be asked “how much will you pay for treatment out of pocket?”, and what is price point interest?

**AI** – Access is a critical issue that has been brought up with respect to who will pay. One course of treatment is 4-500 dollars and discussion about the possibility of insurance paying for this and what settings is PrEP to be provided needs to be looked at. The cost effective analysis is being looked into.

Derrick Mapp expressed concern regarding PrEP and PEP identification clarifications.

**AI** – This topic was discussed in Toronto and the terms are similar and the focus group was asked how to clarify term issues. In his opening address at the conference, Bill Gates used a new term of oral prevention, (CAP) Continuous Antiretroviral Prevention.

William Bland asked if internet groups were considered in the test.

**AI** – No, but surveillance is piloting a new internet survey and results have been extremely low.

William then questioned why there were high odds with the Caucasian model.

**AI** – There is not a good rationalization of why.

### **Summary, Evaluation, and Closure of Meeting**

Perry reminded members to fill out their evaluation forms. The meeting was adjourned at 5:50 p.m.

Minutes Prepared by Ray West and reviewed by Aimee Crisostomo, Lisa Reyes, and Tracey Packer.

**The next HPPC meeting will be Thursday, October 12th, 2006  
at the Quaker Meeting House, 65 Ninth Street, San Francisco.**