

*HIV Prevention Planning Council (HPPC)
and HIV Health Services Planning Council*

**Points of Integration Between Prevention & Care
Tuesday, July 11, 2006**

Meeting Minutes

Members Present: Tracey Packer, Ed Byrom, Thomas Knoble, Derrick Mapp, Ken Pearce, William Blum, Michelle Bakken, , Angie Baker, Matt Jennings, Colin Partridge, and John Melichar

Absent: William Bland, Billie-Jean Kanios, and Brett Andrew

Guest: None

Professional Staff: Eileen Loughran (HPS), Vincent Fuqua (HPS), Aimee F. Crisostomo (Harder+Co.), and Joe Lynn (Notetaker)

1. Welcome, Introductions, and Announcements

The meeting was called to order at 3:38 pm. Everyone introduced themselves, and announcements of upcoming events were made.

2. Public Comment

There was no public comment.

3. Approval of Minutes from 6/6/06 Meeting (Vote)

The minutes were corrected to reflect the correct spelling of the CEAER Coalition and of Billie-Jean Kanios' name.

Motion (Knoble/Pearce) to approve the minutes as amended passed unanimously.

4. Committee Business

There was a short discussion of the effect of a member's recusing himself/herself versus abstaining from a vote. Co-Chair Ed Byrom promised to get further guidance from the Steering Committee on the issue.

There was also a discussion on changing the day of the month on which the Committee might meet. Next month it was agreed that the committee would meet as scheduled, on the first Tuesday of August. Starting in September, the committee would try to meet on the third Tuesday of the month. Vincent & Eileen will check with absent members and on room availability before sending out a final confirmation to the group.

- ***Report from HIV Prevention Planning Council (HPPC)***

Membership is about to begin an active recruitment drive. SFLI is prioritizing topics to focus on in three areas; prevention education, documenting our success, and specific populations. Strategies and Interventions is looking at structural interventions, an issue that might be of interest to POI. POI co-chairs presented the document, "Thinking Big" at the CHPG conference last month.

- ***Report from HIV Health Services Planning Council (HSPC)***

There's been no movement on reauthorization of the CARE Act; prioritization will proceed normally until the options are narrowed by Congressional action; issues center on the waiver process and definitions of medical case management. The HIV Prevention Planning Council may want to consider any role it could play as these issues develop. HAPN has a study that might be considered on shifting funding between the general fund and Ryan White dollars depending on the new rules that Congress could adopt.

There was a recent forum for folks over 50 at which some PWP questions were asked. The forum participants reported that fear of rejection, stigma, and shame drive the failure to test. Viral load and status do not affect their safe sex practices. Survival burnout was a theme that emerged from the group.

- ***Report on California HIV Planning Group (CHPG)***

Bill & Ed presented "Thinking Big" to the Integration Task Force. The presentation was well received, and members from LA & San Diego requested online copies. Eileen added that we received positive feedback about the

document. Members of the Task Force were encouraged to contact us if they had any additional questions.

Follow-up Discussion on Late Testers. (Possible Vote)

- Literature Review
- Discuss Response to Guiding Questions
- Finalize Recommendations

Aimee Crisostomo, Harder & Co., presented a report on the literature of late testers, comparing findings made in studies outside of San Francisco and those made in San Francisco. There was a discussion about the need to weigh the studies, taking into account the number of cases in each study. It was also noted that IDU use and prison stay were not reported factors for late testing. Most late testers tested because of clinical symptoms or illness. Many did not test because they did not perceive that they were at risk.

There was also some discussion about upcoming needs assessment. It was agreed that the Committee could bring back questions on any topic areas that they would like to be considered for the needs assessment.

Some folks thought some more data were needed concerning gender, age, MSM/MSF practices, inpatient vs. outpatient, stigmatization, and discrimination. Aimee presented research questions that were being considered by the needs assessment project team such as questions concerning the barriers/factors motivating for test, where folks would go to be tested and what would encourage folks to be tested, and how our findings conform to the national research. Perhaps Kaiser would be useful for recruiting folks for the needs assessment.

The group decided to move on from the needs assessment and focus on recommendations for late-testers based on the Committee's discussions thus far. In thinking about recommendations, it was suggested that the Committee consider how care and prevention could work together to address the needs of late-testers. Care needed to be exercised in client intake so that they could be followed up properly. The Mission day laborers project was seen as successful for getting folks tested; perhaps, women in beauty salons could be reached in similar fashion. We need to think about how to target specific populations. The messages need to target those at risk not just those at highest risk; this could be done with women by developing additional outreach at places like maternal

clinics where women gather. Using joint STD/HIV testing panels might be an idea worth putting on the parking lot. Mobile HIV testing could be used to target youth and young folks. Larkin Street Youth Center has a pilot project for rapid mobile testing and limited STD testing for youth and young adults. There is a similar program in San Mateo. The State Bridge Program gives money to bring folks who have fallen out of care to bring them back into care.

5. Recommendations for Non-tester (Possible vote)

This discussion was put off to the next meeting.

6. Follow-up Discussion on Disclosure (Possible Vote)

- Brainstorm Recommendations

For the benefit of those not present at the earlier presentation, the discussion began with a brief overview of the disclosure assistance program. Some 80% of those contacted under the program were not aware that they were at risk.

Some wanted to study the role of serosorting. Since the community was using this strategy, how should public health address it? Sensitivity would be given to the area where the strategy was being used, i.e. rural vs. urban, politicized areas. Risk reduction counseling might be helpful for folks who choose not to disclose. How could those folks negotiate safer sex disclosure? One person related the story of a MSM married man who explained to his wife that he may have been exposed through a needle stick. This was his strategy for negotiating the issue.

There was the sense that it was important to get in front of the issue before others drive the planning in the area of disclosure. If we don't drive the conversation, someone else will. One size need not fit all. This would be not just for positives but for negatives as well.

Data specific for San Francisco about the disclosure program may help to understand whether it is successful. Other problems such as TB may lend insight.

We needed to include a diversity of approaches to disclosure, but also to be accepting of nondisclosure as an option and incorporating it into our training – policy should be broad and incorporate harm reduction. Clients need to be supported since it is in the client's best interest.

It was agreed that more formalized language summarizing these conclusions would be prepared by the co-chairs/planning team to be presented back to Committee next month.

7. Planning for Next Meeting

For the next meeting, we would consider problems relating to nontesters, late testers, and disclosure. Speakers would be invited from a variety of programs.

8. Evaluation and Closing

This meeting adjourned at 5:28 pm.

The next meeting will be on Tuesday, August 1, 2006 from 3:30-5:30 PM at
25 Van Ness Ave., Room 330A.

* Minutes were prepared by Joe Lynn and reviewed by Aimee Crisostomo, Eileen Loughran, Bill Blum and Ed Byrom.