

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

**Points of Integration Between Prevention & Care
Tuesday, August 1, 2006**

Minutes

Members Present: Tracey Packer, Ed Byrom, Thomas Knoble, Ken Pearce, William Blum, Michelle Bakken, William Bland, Billy Jean Kanios, Matt Jennings, Colin Partridge, John Melichar

Absent: Brett Andrews, Derrick Mapp, Angie Baker

Staff present: Vincent Fuqua (HPS), Eileen Loughran (HPS), Joseph Cecere (HHS), Aimee Crisostomo (Harder+Co.), and Joe Lynn (note taker)

Guest: Erko Sugano

1. Welcome, Introductions, and Announcements

Co-chair Ed Byrom called the meeting to order at 3:32 PM, and everyone introduced themselves. Mr. Byrom reminded everyone of the new dates for the committee to meet, the third Tuesday of each month, beginning in September.

Council Member Billie-Jean Kanios announced an open position at Walden House.

Harder+Co. support Staff Aimee Crisostomo announced that the project team is currently recruiting participants for the HPPC late testers needs assessment. She asked committee members to take invitations to give to clients whom they think may be eligible to participate.

Michelle Bakken said that she has applied for membership with the Prevention Council, and that TARC was beginning testing for Hepatitis C, and that Tracy Brown, executive director of TARC, is recovering at home now.

William Bland announced that his absences have limited his voting rights in the HPPC. He is currently an emeritus member.

It was also announced that Rickey Williams from Stop AIDS had died and that a vigil was being held that evening.

2. Public Comment

There was none.

3. Approval of minutes from 7/11/06 meeting (vote)

Motion (Thomas Knoble/ Matthew Jennings) to approve the minutes for the July 11, 2006, meeting passed unanimously with Ms. Kanios' abstaining.

4. Committee Business

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

The focus with HPPC has currently been on drafting the interim progress report (IPR) for CDC.

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

The focus has been on the prioritization/allocation process with the CARE Act's reauthorization seemingly on hold. Carry forwards have also been a subject of discussion.

5. Follow-up Discussion on Disclosure (vote)

- **Review Key Discussion points**

Mr. Byrom reminded the committee that the time to present the committee's recommendations is quickly approaching. This made time a sensitive issue in completing the discussion on disclosure. He then reviewed the history of Thomas Knoble's and Doug Sebesta's presentation on the Disclosure Initiative that led to the committee discussion.

- **Present draft Motion**

"Disclosure assistance services are a vital part of a strategy to support prevention with HIV clients. In order to provide a full spectrum of prevention services to those clients that are not interested/ready to disclose their HIV status, The POI committee recommends that CDAP services funded by SF HIV prevention services include a component on risk reduction strategies without

disclosure of HIV status. These strategies may include safer sex negotiation and safety enhancement practices”.

Some believed the motion should address how we can help providers help those clients not yet ready to disclose their status. Thus, there was a relationship between this motion and on training offered to providers. Tracy noted that the motion needs to address the Health Department.

It was agreed that the motion should support the current disclosure initiative in San Francisco. Disclosure services should be client-centered, culturally competent, and take into consideration individuals who are not interested in or not ready to disclose. Some thought we should find a way of saying that we supported the negotiation of safer sex by those who do not want to disclose.

The motion needed to articulate that we are in line with federal guidelines although we reflect a broader view that incorporates client-centeredness and cultural diversity. There was a recognition that our silence on disclosure services would lead to other folks trying to define it. We need to highlight that partner notification is an effective intervention. Otherwise, we may be cornered with only one option available to us. Leadership is required.

After some discussion, language was proposed for the basis of a draft that could be prepared for the next meeting. A draft of the motion will be crafted and may include the following language: The Committee recommends to the Health Department that it should incorporate disclosure services traditionally known as partner notification services as a vital part of HIV prevention; the program must be client centered and respect the cultural diversity of our community. It should incorporate the broad spectrum of disclosure options that may include but are not limited to harm reduction, safer sex and safety enhancement practices.

It was agreed that the Health Department had a role to assure that providers are trained. It was reported that training will start in the next few months. There was the hope that this would allow feed back from providers. Doug Sebesta will pilot the training to this group.

Ms. Crisostomo will send out the notes of this meeting through email so that everyone would be prepared to vote on the final language of the motion in September.

6. Follow-up Discussion on Late testers & Non-testers (vote)

- **What is happening: Research that is planned**

The HPPC is working with Harder & Co. to do a needs-assessment on late testers. There is also a proposal being developed by Sandy Schwartz to do more in-depth research on late testers.

- **Recommendations based on the clinical expertise of this Group**

Regarding the relationship between late testers and disclosure, the group was reminded that just as some folks had difficulty telling another of their status, other folks may have a barrier to hearing the information.

The group then worked on the following list of issues and recommendations to consider regarding late testers:

Issue	Recommendation
People don't want to know	Break down age barriers
Fear of knowing	Social marketing by HIV folks as to the benefit of knowing
Barriers within medical system	Rapid testing/outreach
Youth culture	Recognize broader aspects of accessing healthy living; need to put in context of why folks don't access health care
	Making health care more accessible
	Relax standards governing testing, may lead to no counseling required
	Train providers to talk with folks about sex; a lot of late testers came from providers outside of the HIV area
	Train pastors and community leaders about testing benefits remembering Tuskegee fears; identify stakeholders at community level
	Target emergency care providers
	Targeted to women of color/Latinas
	Working with people who don't perceive themselves as being at risk –

Issue	Recommendation
	later testers
	Messages that acknowledge different situations that could be at risk but don't think of how their situation might be at risk
	Explore positive aspects in social marketing offering examples of benefits from testing
	Improve data collection by giving carrot to provider
	Community center model – integrate health care, testing within. Group prenatal care
	Group for folks thinking of testing
	Role for stigma reduction/ go beyond faith community
	Recognize folks of faith beyond churches
	Barbershops as a meeting place for ideas

The Strategies and Intervention Committee is also looking at some of these same issues.

7. Planning for next meeting

- **Review Parking Lot**
- **Evaluate Work plan**

The committee reviewed the current parking lot list and the work plan. A question was asked as to whether the POI committee would continue beyond 2006. Tracey Packer responded that it will likely continue since this joint committee is the primary way that the HPPC and the Care Council (HSPC) are working together. An updated work plan will reflect what the committee decides to focus on from September through December.

Motion (William Blum/Matthew Jennings) that the Committee take up next in its work plan the issues of 1) serosorting/blood & viral load as surrogate infectivity

guage/seroconversion & late stage infection; and 2) linkage to care/continuing of services.

It was anticipated that work on these issues would occur starting in October after the committee prepares its presentation to the HPPC.

8. Evaluation and closing

The Meeting adjourned at 5:21 PM.

The next meeting is on Tuesday, September 19, from 3:30-5:30 p.m. at 25 Van Ness Ave., Room 330A.

These minutes were prepared by Joe Lynn and reviewed by Vincent Fuqua, Eileen Loughran, Ed Byrom, and Bill Blum.