

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

**Points of Integration between Prevention & CARE
Tuesday, October 17, 2006**

DRAFT MINUTES

Members Present: Bill Blum, Tracey Packer, Ed Byron, Thomas Knoble, Ken Pearce, Michelle Bakken, Billie Jean Kanios, Derrick Mapp, Angie Baker, and Michael Discepola

Absent: Colin Partridge, John Melichar, Matt Jennings, William Bland

Staff Present: Michael Paquette (HPS), Eileen Loughran (HPS), Joseph Cecere (HHS), Aimee Crisostomo (Harder+Co.), and Joe Lynn (note taker)

Guests: Jenna Rapues (DPH), Dee Hampton –AIDS Health Project, Jen Hecht – Stop AIDS Project, and Jeff McConnell –Gladstone Institute

1. Welcome, Introductions, and Announcements

- Co-Chair Ed Byron called the meeting to order at 3:32 pm, and everyone introduced themselves.
- Thomas Knoble announced that he had accepted a position at DPH and as of Nov. 1 will no longer be on the Council.
- Jenna Rapues announced that there will be another session to pilot the training for the Disclosure Initiative.
- Bill Blum announced that he has accepted a position at DPH and will be resigning from the committee at the end of the month.

2. Public Comment

There was no public comment.

3. Approval of minutes from 9/19/06 meeting (vote)

Motion (Kanios/Byrom) to adopt the minutes with the amendment correcting the spelling of Billie Jean Kanios' name passed unanimously with Michael Discepola abstaining.

4. Committee Business:

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

A working group had been established to study attendance policies. There were presentations from two committees.

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

Stephen Herman had been elected Co-Chair of the HSPC. Dr. Susan Philips would be joining the POI committee and Randy Allgaier will be joining the HPPC. There was a discussion about developing the recommendations of POI for HPPC approval before drafting the recommendation as a motion for HSPC. A consensus was reached on this approach.

- **PWP Conference Report back- highlights**

The conference was productive. There was a short review of presentations made there, some of which should be online shortly. There were a lot of networking possibilities at the conference. A future conference is planned for January 12th, with three local counties participating; San Francisco, San Mateo, and Marin. A Yahoo group has also been formed.

5. Follow-up Draft motion based on Recommendations from late & non-testers (vote)

The Committee approached the draft recommendations one by one:

A. Social marketing strategies for non-testers.

Social marketing included media as large as billboards and as small as Ipods. It was not specific to any type of social marketing. Those decisions were left to SFDPH. However, care would be taken not to work at cross-purposes with present strategies of populations to be reached.

Motion (Byrom/Bakken) to adopt the draft passed unanimously

B. Providing support services for non-testers.

This motion was not intended to place a burden on SFDPH to provide the services.

Motion (Blum/Parker) to adopt the draft after amending the term “high-risk” to read “at-risk” passed unanimously.

C. Reaching late and non-testers in medical settings.

There was a discussion that emphasized the importance of respecting the choice by some people not to test.

Motion (Byrom/Kanios) to adopt the draft recommendation passed unanimously.

It was agreed that the discussion on the recommendations would continue at a special meeting scheduled for Monday, Oct. 30, 3:00 – 4:30 at 25 Van Ness Ave, room 330A. The group will finalize the recommendations and review a draft of the presentation for the November 9th HPPC meeting.

6. Facilitated Panel Discussion on Serosorting

- Dee Hampton, AIDS Health Project
- Jen Hecht, Stop AIDS Project
- Jeff McConnell, Gladstone Institute

Jeff McConnell delivered a PowerPoint presentation. He defined serosorting as the selection of sexual practices on the basis of the HIV status of one's partner. Strategic positioning involved the positive partner in a mixed status setting taking the receptive position in MSM unprotected anal intercourse (UAI). UAI was going up in all groups, most frequently with positive MSM pairs. UAI without disclosing status is decreasing. Seattle data indicate new HIV rates among serosorters is 2.6% vs. 4.1% in nonserosorters. There is the problem of teaching folks how to perceive the status of one's partner. There may be a conceptual link to data earlier reviewed by the Committee with the late testers who report that they never had sex with a positive partner. Serosorting as a practice has been steadily increasing.

Superinfection is more difficult to collect data on because cases are so rare. 95% of the 21 world-wide cases identified to date occurred during the first three years of the initial infection.

Mr. McConnell drew the conclusion that serosorting was not as safe as consistent condom use but was safer than doing no serosorting. He advocated continued programs of HIV testing and disclosure of HIV status to prospective partners.

Dee Hampton said that she had learned from counseling sessions that people tend to believe their partner's representation of status.

Jen Hecht said that serosorting is occurring in the community. She noted that a large percentage of infections occur during the acute infection stage and we need to shorten the period during which folks are not aware of their status. She introduced the idea of looking at serosorting through two frames: community-wide impact and individual level.

The discussion also noted that serosorting can be a positive individual's way of being with someone who can understand his/her problems.

Some Committee members expressed comfort with recommending serosorting among positives but not with negatives. There was a consensus that the community may benefit from reintroducing old posters explaining the hierarchy of risk in sexual practices. A comment was also made regarding a need for a self-risk assessment tool for negatives that suggests to the individual a level of testing

based on his/her level of risk. Group discussion also touched upon the need to educate the community about what negative means. Individuals may have different perceptions of his/her negative status (e.g., negative to an individual may mean having a negative HIV test three years ago, but not taking into consideration more recent risk behaviors or negative may mean having tested negative for HIV three weeks ago).

Tracey Packer announced a new campaign that will be released in November “Status-sorting is Prevention” is part of the Disclosure Initiative.

7. Planning for next meeting

- **November HPPC Presentation**

The group will discuss serosorting and strategic positioning more at the next regularly scheduled POI meeting on 11/21. Members who wish to suggest the names of additional speakers on this topic area should contact staff.

Aimee will develop a draft presentation based on the committee’s work. The group will review & finalize the presentation on 10/30. The POI committee will present at the 11/9 HPPC meeting.

8. Evaluation and closing

The meeting ended at 5:27 p.m.

* These minutes were prepared by Joe Lynn and reviewed by Eileen Loughran, Bill Blum, and Edward Byron.

***Next Meeting: Monday, October 30, 3:00 p.m. to 4:30 p.m.**

Next Regular Meeting: Tuesday, November 21, 3:30-5:30 p.m., Room 330A

*** Extra meeting scheduled to continue work on late testers recommendations**