

HIV Prevention Planning Council (HPPC)
Strategies and Interventions Committee
Action Minutes from Meeting:
April 6, 2006

Members Present: Weihaur Lau, Michael Cooley, Chandra Sivakumar, Abbie Zimmerman, Dee Hampton, John Tighe, Dave Hook, Alix Lutnick, Joani Marinoff, Michael Underhill

Members Absent: Michael Discepola, Emalie Hurliaux, Maria Ortega

Guests: Andrea Heckert, Kurt Schroeder

Professional Staff Present: Vincent Fuqua (HPS), Israel Nieves-Rivera (HPS), Clare Nolan (H+C), Joe Lynn (H+C, note taker), and Dara Coan (HPS)

1. Welcome and Announcements

Abbie called the meeting to order at 4:03. After each individual was identified, the following announcements were made:

- Dara indicated that there are funds for the HPPC to conduct a needs assessment with a target population this year. Committee members should forward potential populations of interest to Eileen (HPS).
- Chandra announced that Larkin Street Youth Services will be conducting mobile rapid testing at the Eureka Valley Recreation Center the project is being conducted with support from the Universitywide AIDS Research Program
- Vincent said that Doug Sebesta had a calendar conflict that precluded him from making today's meeting
- Michael C. announced a new drop in group that meets Tuesday evenings at the STOP AIDS Project on 18th Street

Abbie then explained her role as facilitator in the meeting and asked for clarification on who are voting members. Vincent explained that all Committee members, whether they are HPPC or community members, have a vote unless they have emeritus status. In addition, Vincent and Israel share one vote as staff members of the HIV prevention section.

2. Public Comment

Andrea noted that Kurt and she were planning a presentation to the HIV Prevention Section on April 11 on the capacity building services that they can provide to Latino community based organizations in San Francisco.

3. Approval of March 2, 2006 Minutes (vote)

The committee voted to approve the minutes with Michael C. and John abstaining.

4. Committee Business:

- **Report from Steering Committee**

Israel reported that the Steering Committee discussed the March Council meeting which had been a closed meeting concerning cross cultural communication and diversity. The goal is to enable every one in having their voice heard.

During the training members poised questions that they wanted more information and/or clarity form the HIV Prevention Section (HPS). The HPS staff has been working to answer the questions raised and a report will be provided to the members at the April 13th council meeting.

The membership committee was charged to develop an attendance policy for community members. This information was presented to the steering committee and a motion will be presented to the full council at the April meeting.

In March the Centers for Disease Control and Prevention released “Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings.” Comment on the recommendations was due on March 29th. The San Francisco Leadership Initiative Committee reviewed the document and presented recommendations to the Steering Committee to vote on using the Rapid Response guidelines set for the in the HPPC policies and procedure manual. The Steering Committee unanimously voted to approve the recommendations and the HPS staff submitted the comments to the CDC.

SF is part of the Urban Coalition for HIV/AIDS Prevention Services (UCHAPS), a coalition of the seven urban districts in the United States that receive direct funding from CDC and meets quarterly to discuss policy and prevention issues. The next meeting is scheduled in April in Washington DC.

He also explained that the upcoming Council meeting is the last time to add issues to this year’s “parking lot,” which is a place to identify future items that should be on the Council’s agenda.

- **Check in on Recruitment of Community Members**

Vincent explained that the last day for accepting new applications would be April 27.

5. Review current Strategies and Interventions

Goal: Identify possible limitations and make recommendations to improve the chapter (possible vote)

The discussion moved on to this item, a review of the strengths and weaknesses current strategies and interventions. The document reviewed is attached to the minutes, and the comments are already summarized in the document.

Michael C. began the discussion on Venue-Based Individual Outreach (Street outreach aka “shoulder bumping”) noting that one of its negatives was its reflection of the political will. There is not as much perception of its value. Alix noted that another weakness was that it is under funded. There are also boundary issues in the program with vendors. She gave an example of DPH’s wanting to use St. James’ relationship to get in touch with the strip club folks. Andrea thought evaluations of programs’ effectiveness should be added. Joani thought that effective outreach shifted community norms. Israel asked the group to consider if the concept of outreach outlined in the intervention were captured in the HPS Recruitment and Linkage? Alix thought the contact alone without any linkage use by the client was helpful. Joani noted that there had been a political shift from prevention with negative people in the general population to testing. That’s when the shift occurred to linkage emphasis. Dee said that there had to be some creative means of evaluating the importance of the contacts. Clare thought the committee might want to ask for funding for evaluation of purposes like building trust and changing community norms. Michael suggested that the evaluation depend on whether the target is reached. John said that another weakness of the approach was that it could be seen as threatening.

The discussion moved on to Individual-Level Interventions, including Prevention Case Management, which is now called Comprehensive Risk Counseling and Services by the CDC. The name change was to clear up confusion between what is Prevention Case Management and what is Case Management. Andrea noted that although the CDC is pushing this strategy, the completion rate is only 6-8%. Michael noted that it is not fully evaluated and is costly. Andrea noted that a Master’s degree is required for this intervention. Joani thought the medical model of one-on-one treatment left out peer/community/ongoing-relationship approaches. She said that it was politically driven to target positives. John thought that there may be benefits

to those who dropped out and that completion was not the sole measure. Dee thought 6-8% completion rate was not bad.

The discussion then moved to Single Session Groups/Multiple Session Groups. Entry was easier for participants in single sessions as opposed to entering an ongoing group. Joani thought that one of the strength of groups was its ability to turn everyone into a resource and learning how to deal with each other. Weihaur thought it built trust, something not developed through a single session. Michael C. noted that a weakness of single sessions is that they often occurred in an institutional setting. John thought that strength was building and creating community norms. Alex said that one weakness was that its success depended on how good the facilitator was. Joani said that they can degrade into didactic sessions where the facilitator goes fishing for the answers, especially with regard to some of the CDC models. Chandra said youth were turned off by large groups and that a bad case manager can lose them. Joani noted that the emphasis on Master's degrees reflected a judgment on peer-based intervention.

The conversation then moved on to a discussion of Post-Exposure Prevention. Michael U. suggested changing the name to the more familiar Post-Exposure Prophylaxis. He also thought that reference should be made to the state level protocols for exposures other than work exposure. Dave thought that the lack of familiarity here was a weakness. Abbie thought that this was a reflection of the politics involved. Michael U. noted that it is expensive and there are associated ethical issues (for example, to what extent can funding becomes available). Michael C. said that he had not seen figures on its efficacy.

Michael C. said that Partner counseling was weak and not taken well by the clients.

On Counseling, Testing, and Referrals, Dee asked that funding be considered for new technologies.

On Needle Exchange, there was universal consensus for its strength. Michael U. noted that the effectiveness is proven. John noted that it reached important population groups. Weihaur said that its hours needed to include late night and off-hours. Joani said that the funding issues implicated the need for advocacy. Michael C said that secondary exchange was becoming more important reflecting the fact that the consumers are involved in that process anyway. Perhaps that should be added as a separate intervention to help advocacy for it. Andrea said that secondary exchange reached undocumented immigrants. Abbie thought that this should be made a norm.

Michael C. also suggested noting the weaknesses and strengths of drug stores making needles available.

On the Hotline, Dave thought their efficacy was not demonstrated. Alix thought that a hotline staffed by disinterested folks could be damaging. Dee said that training was an issue with the volunteers.

Social marketing according to Dee could anger people but get them talking. Michael U. said that one had to consider the 4 P's, price, placement, product, promotion and a fifth p that has been added, which is positioning. He used the example of exercise marketing, comparing a command to exercise with a message that it is relaxing. However, the marketing needs to be done judiciously as reflected in the general opinion critical of the "Don't be a bitch" message. Israel noted that they were included in the strategy by participating in the focus groups to assist in determining the messages. If the plan is followed, San Francisco will step back and defer to the judgment of the target community. Michael C. thinks that the best impact must be measured against the least negative response. Oversight is not the answer, but there may be other strategies. Chandra thought that the difficulty of doing this well was another weakness. Andrea said that the demonizing inherent in the process could make things worse. Dave said it was possible to put in place a process to address these issues but that you had to understand your criteria – was the message appropriately placed, appropriately worded, etc. He said that a critical mass was needed to change norms. Alix felt that a billboard message may be less effective delivered in a clinic setting where you are trying to make people feel safe and respected. Weihaur said the public needed a voice in these campaigns.

The discussion moved on to Prevention with Positives. Israel noted that this was a strategy that could use any intervention. Michael C. said that working from the bottom up made this an effective program. A weakness is that it is not generated by the population it serves.

6. Purpose and Goals of the Chapter for 2007 and beyond

Goal: Discuss the parameters of a future chapter or addendum i.e. Inclusive of all intervention vs. what is "fundable" (possible vote)

The committee agreed to defer this discussion to the next meeting.

7. Next Steps, Evaluation, and Closure

Abbie said the next step would be to think about how the community would want to evaluate these. Abbie asked folks to email their comments on the items not covered at the meeting. Israel suggested that folks think of other

committees and groups that might help. He also suggested that feedback from Joani's students would be helpful. John suggested taking the comments to advisory boards of agencies on which folks might sit. Abbie wants to make sure that the plan would make sense to those who are not so familiar with it. Joani warned that students not familiar with the programs may have their own unexamined biases.

Vincent reported that there had been a successful meeting on Late Testers at the Points of Integration Committee.

The meeting adjourned at 5:32.

The next meeting is Tuesday 5/4/2006 from 4:00-5:30 PM, Suite 600.

The minutes were prepared by Joe Lynn (Harder+Company) and reviewed by Clare Nolan (Harder+Company), Israel Nieves-Rivera (HPS) and Vincent Fuqua (HPS).