

HIV PREVENTION PLANNING COUNCIL (HPPC)

Steering Committee

Action Minutes From Meeting:

July 27, 2006

Members Present: William Bland, Gayle Burns, Edward Byrom, Thomas Ganger, Isela Gonzalez, Emalie Huriaux, Tracey Packer, Perry Rhodes III, and Frank Strona.

Professional Staff: Aimee Crisostomo (Harder & Co), Vincent Fuqua (HPS), Eileen Loughran (HPS), Israel Nieves-Rivera (HPS), and David Weinman (note taker) Lisa Reyes (HPS), and Dara Coan (HPS).

1. Welcome and Announcements

Co-Chair Gayle Burns called the meeting to order at 3:12 PM on behalf of presiding Co-Chair Tracey Packer.

- Aimee Crisostomo announced that Harder & Co is starting recruitment on the 'late testers' needs assessment and asked members to contact her with appropriate candidates.
 - ⇒ She distributed postcards being used for recruitment, additional copies are available.

2. Public Comment

There was no public comment.

3. Approval of Minutes from 06/22/06

Motion was made and seconded to accept the minutes from the 06/22/06 meeting. No objections were raised. The minutes were approved.

4. Review of June 13th HPPC Meeting

Tracey asked for comments and distributed documents entitled, "*Process Evaluation*," "*Process Evaluation Memorandum*," and, "*Participant Dialogue Boxes*." Discussion followed.

- Lisa Reyes suggested compiling a demographic profile of the Council to be distributed at the August meeting (08/10/06).
- Tracey noted that Kathleen Roe used to put together profiles on all members, as a sort of yearbook, and that it would be nice to have such again.
- Israel Nieves-Rivera highlighted the overall good ratings shown on the evaluations.
- Frank Strona observed that the meeting was a good demonstration of how community planning works.
- Tracey highlighted a suggestion in the "Gaps in Services" section from the Evaluation Memorandum. It suggested looking at the gaps cited by members in the small group work and merging that with available information to get a fuller overall understanding.
- Gayle observed that in Chicago Council members serve for only a limited length of time, and that the SF process impressed them.
 - ⇒ Tracey noted that SF used to have a two-term limit, but it was done away with.
 - ⇒ Frank Strona asked if Membership has considered three as opposed to two-year term.
 - ⇒ Tracey suggested the committee look at implications of this.

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5. **Cooperative Agreement [Interim Progress Report (IPR)]**

Tracey explained that Steering Committee and HPPC's comments and views would be incorporated into the final draft of the IPR. She also explained that the presentation prepared is bulleted to save time for discussion. Israel distributed the document entitled, "*2007 Cooperative Agreement Review of Interim Progress Report*," and conducted the presentation. He explained that the format/guidance for the IPR came in right before this presentation was completed. His comments included the following.

Slide 3 - The questions are not as neatly divided as indicated on the slides.

- ⇒ The questions from the CDC are not open-ended.
- ⇒ If the information isn't asked, SF doesn't provide an answer.
- ⇒ SF HPS answers what the CDC asks and then moves on.
 - The answers are nonetheless responsive and forthright about what can be reported.
- ⇒ Numerous staff participate in the writing of the IPR but Israel is the lead, and ties it all together.
- Tracey noted that SF takes every opportunity to send messages to CDC when and where it can about things such as funding needle exchange
 - ⇒ Nonetheless, she added we want to keep it simple so as not to delay funding

Slide 4 - These bullets are the CDC's questions and an outline of our answers.

- ⇒ SF will have five additional sites for Hepatitis C testing and two for RNA testing.
- ⇒ SF is working with the State on disclosure issues.
- Emalie Huriaux asked if the IPR would include information on 'late testers.'
 - ⇒ Israel said that it would be included in the Community Planning section.

Slide 5 - Information on Partner Counseling and Referral Services (PCRS) comes in part from SFDPH STD Section / City Clinics.

- ⇒ Will report in this section on the POI Committee and what it is doing.
- Tracey noted that PCRS is the CDC term, not a term used in SF.

Slide 6 - the SFLI Committee is also discussing Perinatal Transmission.

Slide 7 - January-June 2006 the IPR will list all presentations to and recommendations from HPPC.

- ⇒ The IPR will highlight the POI joint committee and the Care and Prevention Committees' Co-Chairs meetings.
- ⇒ For 2007, information will include themes currently being worked on.
- Frank asked about strategies that we are actively looking at to improve the evaluation process, beyond PEMS and ELI.
 - ⇒ Israel suggested this might fit in the Monitoring and Evaluation section(s).
 - ⇒ Frank added that there have been suggestions to continue the Strategies and Interventions Committee into next year (2007) as there is need for better evaluation and the need for new approaches to what evaluation means.

Slide 8 - The January through June portion will be presented as a chart.

- William asked if there is a program for capacity building for providers.
 - ⇒ Tracey said yes and listed a number of such programs.
 - ⇒ She added that much of what is being done is actually capacity building, although it isn't always thought of that way. (For example: The Transgender Advisory Group (TAG)
 - ⇒ Israel noted plans to assist providers through Internet interface to the DPH.

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Slide 9 - HERR - information will be provided by target populations / charted by BRPs.

- ⇒ Israel observed that we always report data by BRP.
- Perry asked if we would report all services or just those funded by CDC.
 - ⇒ Israel said that this is one of the places where expansion of CDC funding is promoted; for instance, perhaps calling for condom distribution within the Criminal Justice System.
- Perry then asked if the IPR would include ideas being discussed.
 - ⇒ Israel said ideas being discussed are presented as what we want to work on and the obstacles being experienced to do so.

Slide 10 - PWP - The CDC is specifically asking about people's access to Care in 2007.

- William asked about reporting non-PWP programs that also provide services to that group.
 - ⇒ Israel said that they are reported elsewhere in the IPR, but here the focus is on specific PWP programs.
 - ⇒ Tracey noted that HERR programs often reach positives although not focused on PWP.

Slide 11 - There are a number of Public Information Programs and social marketing efforts in process that will be reported on.

Slide 13 - This outlines what HIV prevention is doing in cooperation with the STD section.

- ⇒ Plans for 2007 are in addition to the Syphilis elimination program.
- ⇒ Frank will send an outline of funded programs to Israel to ensure they are included

Slide 14 - SF HPS added "mental health" to the list of collaborations.

Slide 15 Attachment B: Indicators the IPR will report 2007 target measures for each indicator.

Slide 17 - The 711 newly diagnosed HIV infections differ from what is reported in the Plan because 2007 is the end of a four-year cycle as opposed to the Plan's five-year cycle.

- ⇒ The number also compensates for the increased MSM population as per the Epi data.
- Tracey noted that these are the recommendations developed by the HPS, and asked for recommendations and comments from Committee members.

Slide 18 - Counseling, Testing and Linkages

- Tracey noted that the CDC used to assert that any site with less than 1% should be closed, but as we do a better job the percent should go down.
 - ⇒ She added that this includes tests done by the DPH (City Clinics) and test results from other sources which are processed through the DPH's lab.

Slide 20 - Perinatal Transmission Prevention - data is not available and we choose not to estimate.

- ⇒ What is being asked includes delivery in public and private hospitals, as well as at home; we have no way of capturing this data.

Slide 21 - Community Planning

- ⇒ The HPPC decided to make PWP the ninth BRP so that everyone is on the same page.
- ⇒ Indicator E2 - The "*key attributes*" are defined in CDC's guidance.
- ⇒ Indicator E3 - All interventions are described in the SF Prevention Plan.
- ⇒ Indicator E4 - The Council decided not to rank interventions, thus we are not able to provide this data.
- Tracey explained that the HPPC empowers the providers to prioritize / rank interventions.
 - ⇒ Some groups are reached more effectively by one intervention than another.
- William asked who evaluates the total city's interventions.
 - ⇒ Tracey said that HPS does based on standards set by the HPPC.
 - ⇒ Israel noted that SF is in a leadership position and it is done differently elsewhere.

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- In response to William's suggestion Tracey highlighted that the Prevention Plan is SF's master plan, and it incorporates the concept is that people need to be reached through a number of interventions
 - ⇒ Israel explained that all of the indicators together will provide a reduction of HIV.

Slide 22 - Programs in SF are usually at 100%, and there is good communication between providers and the HPS/DPH.

⇒ This is part of capacity building, including the use of PEMS and training.

- Tracey suggested discussing capacity building in the Planning section.

Slide 23 - CDC chose only these three interventions (acronyms listed).

⇒ The responses are all "a" (see note) because the data collected by SF HPS and providers doesn't correspond to the CDC's categories.

- William asked if not directly answering these questions would have negative implications on us.

⇒ Tracey explained that the CDC insisted SF use PEMS and then shut it down after SF converted to PEMS data formats (data sets).

- She added that if SF was still using ELI we might be able to compile data in the CDC's requested format.

⇒ Dara, however, said that ELI probably couldn't answer these questions either.

⇒ Dara added that the data categories used by the CDC tend not to be important to us, and would require an enormous amount of work to compile.

- Perry asked if the CDC changed what is being measured.

⇒ Israel noted that SF has always used Individual Risk Reduction Counseling (IRRC) and the CDC has used a number of acronyms but with essentially the same meaning.

⇒ Tracey added that both outreach and needle exchange are IRRC, but are not funded by the CDC.

⇒ Emalie asked if SF could ask the CDC not to change acronyms so often.

- Israel explained that in response to SF's "a" answers the CDC may ask for clarifications and we may go back and forth on this.

⇒ It was widely noted that the numbers requested by the CDC would have to be collected on a micro level, and would cost a lot to compile.

⇒ Israel noted that this would be reported in the narrative part of the IPR.

- Perry noted that this situation is irritating and could potentially backfire.

⇒ Tracey suggested that it is appropriate for SF to react and respond to the CDC's move to transform HIV into a traditional medical model.

⇒ She added that some in Congress want quantitative demonstrations of how prevention works based on such a model, ignoring prevention as a social movement.

- She highlighted that this is a creeping movement.

Slide 24 - Prevention with Positives - the "a's" are appropriate responses to questions that we could not collect data on due to the freeze on implementing PEMS.

⇒ Tracey said we may include what is being done with PWP in SF, even if we don't provide numbers in response to their questions, just so they know we are doing something.

- William asked about Case Management noting that the CDC wants to ensure that prevention and Care aren't confused.

- Ed said any intervention could apply to PWP.

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- ⇒ Israel said that the narrative should note that SF thinks more broadly than the questions and that we do more than the three interventions they ask about.
- Ed suggested that although we may not like the questions the CDC asks we need to make it clear that we do PWP in our own way, which is more comprehensive.
 - ⇒ He added that we are not given resources to collect the data being asked for.
- Perry expressed concern on how a lack of response may be represented by recipients.
 - ⇒ Tracey suggested explaining the lack of response in the HPPC's letter of concurrence.
- Gayle likes the way we are responding to the CDC including the "a's" although we know that eventually we are going to have to do the measurements asked for.
- Emalie suggested that the requests for this data are a set-up, because they are nearly impossible to answer without being given the resources necessary to collect the data.
 - ⇒ She expressed concern that some in Congress would use our lack of response against us.
 - ⇒ Israel pointed out that the delay with PEMS was reported to CDC and that it would be reiterated in the IPR.
 - He added that we can report this later when we have the appropriate data systems.
- Tracey said SF needs to be sensitive to the outside perspective of our efforts, and make sure that it is clear that we have always been focused on the evaluation of and the effectiveness of our interventions.
- It was suggested the IPR include other indicators that we can report on, and that we think are valuable, rather than providing no data.
- Frank asked if there are limitations on the length of the letter of concurrence and was told there weren't.
- Dara said that having the "a's" is a good thing as this shows that if the most advanced jurisdiction can't provide the data then none could.
 - ⇒ William indicated that some jurisdictions may fabricate the numbers.

Presentation to the Council

- Israel asked if the presentation's format was useful and if it should be used to present to the Council.
 - ⇒ Ed agreed that the presentation is very good, and that members should be encouraged to be familiar with the Plan, which is our reference point.
 - ⇒ Tracey suggested sending something out to members in preparation of the presentation, including and explanation of the "a's" and the Plan.
 - She also noted that the deadline has been extended to 9/15/06.
 - ⇒ Emalie suggested all Committees Co-Chairs read the entire IPR.
 - ⇒ Tracey said that the presentation in its current form gives the feel of the IPR.
 - ⇒ She added that the actual writing and bringing together of the various authors' work is the next step.

There was consensus that the presentation's format with minor adjustments is what should be presented to the Council at the 8/10/06 meeting.

- Israel then asked if the Council should go into small groups to discuss the IPR.
 - ⇒ Tracey asked if the best way to make this readable to the Council would be to have members read different sections - perhaps four members per section -- and then meet in small groups to offer feedback to be included in the next draft.

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- ⇒ She added that all members would be invited to read the whole thing.
- ⇒ William noted that since the DPH and Council work closely together, perhaps the Council should have a subcommittee to review the IPR and report to the whole Council.
- ⇒ Frank suggested that a version of the presentation including the meaning of "a's" would encourage members to read the entire IPR.
- ⇒ He added that this bullet format provides an excellent overview of the IPR, so much so that the Council wouldn't need to break into small groups.
- ⇒ Frank also suggested members send proposed changes individually.
- ⇒ Gayle said that this presentation was a very good process and that small groups could be counter-productive.

Timeline:

- Send draft IPR to members on the 4th of August.
- Presentation to Council 8/10/06
 - ⇒ Perhaps a little shorter than what was presented at this meeting.
 - ⇒ Feedback incorporated into the next draft IPR.
- Steering to review amended draft at its 8/24/06 meeting.
- Steering to make recommendation to the Council to approve the letter of concurrence at the 9/14/06 Council meeting.

6. **Review August 10thHPPC Agenda**

A draft agenda for the 08/10/06 Council meeting was distributed. Discussion ensued including the following.

- Tracey provided background on the SF HIV Health Working Group, convened by the Deputy Director of the SFDPH, James Loyce, Jr.
 - She noted that this group discussed a lot of issues including that care funding is and will continue to be cut.
 - She added that there are other factors that may impact both prevention and care.
- ⇒ This group's presentation will outline the situation.
- ⇒ Frank suggested inviting Kevin Farrell and the Care and Treatment Section director to the Council meeting.
- ⇒ He added that it would be good to get Jimmy Loyce on a future Council agenda.
- William noted the passing of long-time activist Ricky Williams and explained that a memorial service is planned for 07/28/06.
 - ⇒ He suggested bringing up Ricky Williams passing up at the Council.
 - ⇒ Tracey indicated that something would be included such as a moment of silence.
- It was also noted that the August Council meeting is on the birthday of Mike Pendo. It was suggested he be remembered by inclusion of some of his favorite foods at the buffet-table.

Parking Lot

Copies of the 2006 HPPC Parking Lot were distributed.

- Ed suggested introduction of CDC representative to the Council members.
 - ⇒ Tracey noted that CDC representatives would visit in January, but will also be invited to attend an earlier Council meeting.
- Emalie noted that there are programs at UCSF doing outreach to massage parlors.

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- William asked about directly funded CBOs.
- Frank asked for the HPPC's support on the first item listed on the Parking Lot regarding on-line outreach and related issues such as standards, and material review.
 - ⇒ Tracey suggested this be on the agenda for a joint meeting of the STD Section and HPPC Co-Chairs, which can make a proposal to Council.
- There will be a job announcement for the position of Director of HIV Prevention in the near future, the process will commence probably in late August.

7. Closure and Evaluation

Tracey reminded people to complete the Zoomerang evaluation. The meeting Adjourned at 5:03 PM.

The minutes were prepared by David Weinman and reviewed by Eileen Loughran, Vincent Fuqua and Tracey Packer.

***THE NEXT MEETING IS SCHEDULED FOR THURSDAY 08/24/06
FROM 3:00 PM TO 5:00 PM - 25 VAN NESS AVE., SUITE 330A***