

# California HIV/AIDS Planning Group

**Thursday, November 13, 2008**

**8:30 a.m. – 5:30 p.m.**

**Location:** Monterey, California

**Members in attendance:**

Freddie Williams (Co-Chair), Ellen Swedberg (Co-Chair), Ricki Rosales (Co-Chair Elect), Kevin Farrell (Office of AIDS Co-Chair), Peg Taylor (Office of AIDS Co-Chair), Susan Forrest, Eric Whitney, Steven Tierney, Cesar Cadabes, Christopher Ried, MD, Fredy Ceja, Bart Aoki, Fernando Sanudo, Joe Acosta, Tari Gilbert, Sylvia Young, Adrienne Rogers, John Melichar, Don Soto, Maria Baldovinos, Anthony Huynh, Nyrza Gonzales, Dorothy Kleffner, Debra Lyn McCarthy, Terry Smith, Paul Sanchez, Toni Harrison, Jason Tokumoto, MD, Marge Kleinsmith, Sharla Smith, Jeff Bailey, Sharyn Grayson, Mario Perez, Terry Cunningham, Cynthia Davis, Bob Lewis

**Facilitator:**

Susan Strong

**Members not in attendance:**

Craig Hutchinson, Rosana Scolari, Greg Mehlhaff, Fernando Ocana, Precious Jackson, Rachel Anderson, Joy Rucker, Michael Cunningham, Michael Johnson, Denice Williams

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**8:30 a.m. Welcome/Call to Order**

Introductions  
Moment of Silence  
Agenda Review

Freddie Williams,  
*Chair*

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**8:55 a.m. CHPG in 2009**

*Discussion*  
*Vote on Motion*

Freddie Williams  
and Susan Strong,  
*Facilitator*

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The basic intent of the community planning process is threefold:

- (a) to increase meaningful community involvement in HIV planning
- (b) to improve the scientific basis of program decisions, and
- (c) to target resources to those communities at highest risk for HIV transmission/acquisition.

What is your vision of California HIV Community Planning? Where are we with community planning? Where we ought to be going? And how do we get there with speed, direction, and confidence-is the focus of our task today. As planners, we are challenged with a historical opportunity to examine the basic intent of the California HIV planning process and our future as an advisory Planning body. On June 26, 2008, we the membership of the California HIV/AIDS Planning Group overwhelmingly approved the following motion: "Given the emergence of multiple groups and initiatives charged with taking a critical review and inventory of the California HIV and AIDS care, treatment, and prevention system and the likely development of recommendations tied to these efforts, I move that the Steering Committee of CHPG review, with the Office of AIDS, opportunities to discuss the function, future and structure of the CHPG as soon as possible, consistent with the changes outlined by HRSA and the CDC, and to the maximum benefit of persons living with and at risk for HIV in California."

In response to the motion, the Office of AIDS conducted an internal brainstorming session and the Steering Committee convened two face to face and two teleconference meetings. We began the process of looking at the basic intent of the planning process and the CHPG advisory relationship with the Office of AIDS. Collectively, it was agreed that this task and the threefold community planning paradigm is an enormous complicated process that requires strategic planning. After lengthy in-depth discussions, we narrowed our approach to include the following questions:

- (a) what is your vision of community planning?
- (b) How do we get the voices of the community to the Office of Aids? And
- (c) How do we illicit your input and help to plan next year's CHPG direction? Therefore, to comprehensively begin to address the planning body's motion, the Steering Committee recommends that: All individuals holding current CHPG membership be requested to remain as members during the calendar year 2009.

CHPG Governance sections pertinent to community membership terms, application process, and selection be suspended for the calendar year 2009, including Article 2.2 Community Members, Sections a – k (See attached Governance Section for exact language).

Implementation of procedures and policies related to membership is suspended, including Operating Principles and Procedures 7.0 Membership Replacement, during 2009 only. Other procedures related to implementation of the three-year membership term will also be suspended during this period.

The new CHPG process will work as follows: Day 1 - we will vote on the Steering Committee recommended governance changes, if passed, we will then breakout to task forces to formulate your recommendations and next year's task force continuation plans. Moreover, if task Force continuation is ratified by the Steering Committee in January, you will continue your 2009 task force work outside of the three CHPG meetings with RDL Enterprise coordinating your logistic and lodging arrangements.

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Day 2 - will consist of everyone being given two opportunities to brainstorm these two questions: (a) what is your vision of California community planning? (b) How do we get the voices of the community to the Office of Aids? To obtain your input and help in planning next year's CHPG direction, we will utilize a round table passing of the talking stick format to gather your feedback. This round table session will consist of all CHPG community members, appointed members, and all task force members, as well as, OA personnel. Michelle Roland will record all of your suggestions, comments, and concerns on posted note pads. After lunch, our session will consist of synthesizing and prioritizing all suggestions, comments, and concerns. These concepts will be submitted to an OA hired professional strategic planner at our January meeting to formulate and guide our 2009 CHPG direction and work.

The Process – July to October:

- ⊙ Motion developed by Steering Committee;
- ⊙ TF Co-Chairs talked to TF members;
- ⊙ Motion, with pertinent Governance sections, sent to CHPG members;
- ⊙ Notice of vote placed on agenda.

Concepts – So Far:

- ⊙ Look at "community planning" rather than just at how CHPG is organized;
- ⊙ Work with people who have history with CHPG processes, are committed to bringing community needs, input to OA;
- ⊙ Think "out of the box" about how to make it happen;
- ⊙ Look at what is required – take minimum requirements to something that will work in California.

The Recommendations:

- ⊙ Use as much of 2009 as needed to analyze, collaborate and build;
- ⊙ Ask current CHPG members, designated OA staff, and TF members to be collaborators – exact processes TBD;
- ⊙ Continue Task Forces that have pressing work – but not within time of CHPG meetings;

**The Motion:**

- ⊙ **All individuals holding current CHPG membership be requested to remain as members during the calendar year 2009;**
- ⊙ **CHPG Governance sections pertinent to community membership terms, application process, and selection be suspended for the calendar year 2009, including Article 2.2 Community Members, Sections a – k.**
- ⊙ **Implementation of procedures and policies related to membership be suspended, including Operating Principles and Procedures 7.0 Membership Replacement, during 2009 only. Other procedures related to implementation of the three-year membership term will also be suspended during this period.**

Questions/Concerns

Will the task force groups have time to meet connected to the main meetings?

*Yes; not time as usual, but task force groups will be able to meet the day before, after the main meeting and in between meetings.*

This process does not seem to be very structured. The open-endedness is of concern. Is this a priority?

*This is definitely a priority. We want to dedicate the time needed but with the help of a*

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*professional to make sure we are using time efficiently.*

The Task Force non-members are here for a focused view do we want them to necessarily be a part of the strategic planning process?

*Taking part in this process is optional. No one is required. We are asking for those interested in contributing to this process, including those that are interested in the focused aspects of the CHPG.*

These are new times. Community planning needs to evolve with the times: a new administration, new economical crises, new technologies, new data capabilities, and new times in the epidemic.

The biggest concern is getting work done. Can we afford to take a year off without there being an affect?

*Updating this process is our work. We are not suspending the work. We are doing what needs to be done to make this system work. The past few years it has not been working.*

How will membership be backfilled if members choose not to stay on?

*We will not backfill but will make sure there are people who need to be at the table.*

If we eliminate everything we do now and start over, we could be more powerful and in the end this will unify us.

**Motion goes to vote at 9:40 am**

One red card, thirty green cards – **motion carries.**

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**9:45 a.m. Break**

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**10:00 a.m. Task Force Breakout**

Members

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**12:00 p.m. Lunch**

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**1:00 p.m. Task Force Breakout**

*\*Rolling Break*

Members

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**4:10 p.m. Task Force Reports to CHPG**

*Recommendations*

Task Forces and  
Members

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### **Architecture task force presented by Steven Tierney**

Goal: To identify community and planning processes and structures which can inform the strategic plan.

Work Plan: A. Identify, analyze and report on Best Practices in planning

- HIV/AIDS
- Health
- Membership organizations
- Market research
- Virtual groups

B. Key Informants

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## Care and Research Task Force presented by Sharyn Grayson and Monique Collins

This year: Identified components of Perfect Care Model System.

Recommend continuing task force and work next year.

Goals for next year

- 1) Flesh out the model and define essential services
- 2) Identify areas where current programs may need to be restructured to meet this model
- 3) Based on limited resources prioritize services areas that need to be maintained

## Women's Task Force presented by Dorothy Kleffner and Leslie Poston

Premises:

The CHPG Women's Task Force concurs with the Council of State and Territorial Epidemiology (CSTE) public health impact statement:

"The public health impact of the current CDC risk factor hierarch under represents the contribution of heterosexual transmission to women and does not serve the prevention needs of women and people who make prevention policy and allocate prevention resources to preventing infection in women."

The current Behavioral Risk Model base a woman's risk level on her accurate assessment of her partner's risk level is not effective at identifying women at sexual risk for HIV.

There are consequences of not acknowledging that the current model is less effective at identifying women at sexual risk for HIV than it is for men.

- Misinterpret and underestimate levels of sexual risk for HIV among women.
- Ineffectually target prevention campaigns for women (comparative to MSMs being targeted as gay men).
- Ineffective tools for assessing women's risk create prevention campaigns which provide women with a false sense of security regarding their risk for HIV and assume that women with elevated levels of risk for HIV know their risk level.
- Delay diagnosis which hastens progression to AIDS and premature death.

Appreciating and collecting data on additional markers (i.e., socio-cultural, ecological, and geographical) is crucial to creating accurate prevention campaigns for women in the future. Lack of this data currently hurts us in some very significant ways, including testing programs, care issues, and increased stigma towards women with HIV.

A woman's risk level is based on her knowledge of her partner's risk level and her perceived level of risk. In hindsight we can say that all women that acquired HIV sexually had high risk sexual contact, however many (if not most) were not aware that it was high risk behavior at the time.

For women HIV is largely an issue of acquisition rather than transmission.

### Next Steps

- 1) The Women's Task Force unanimously and enthusiastically accepts OA's offer to participate in the women's synthesis meeting, to be scheduled in early 2009.
  - 2) The Women's Task Force after working collaboratively with the OA anticipates that the work from the synthesis meeting will result in the following efforts and/or outcomes:
    - a) Develop a better, parallel risk model for AC women at sexual risk for HIV stemming from data driven social cultural factors which more accurately predict women's risk and allow them to better self-assess their own level of risk. The Women's Task Force identified sample "markers" include indicators such as race, history of violence or domestic abuse, education and income level, social network, and geographic location.
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- b) OA begin to differentiate between a woman's actual risk level and her knowledge of her risk level.
- c) OA methodically revise its concept of prevention in women using realistic, data-driven strategies and methods.
- d) OA work with the CDC and the Council of State and Territorial Epidemiology on our behalf for an improvement to the current categorization of women with HIV, for a better understanding of risk levels in women at sexual risk for HIV, and more realistic models of prevention in women.
- e) OA will distribute the finalized "hotspot" data analysis to LHJs (Local Health Jurisdictions) to assist them, if appropriate, in applying for a Local Variance Allowance to enable higher rates of testing for women in the highest prevalence areas of California.
- f) OA develop a tool to help women evaluate their own level of risk.
- g) OA develop effective tools for assessing risk based on social ecological and cultural factors.
- h) OA develop prevention messages based on social and cultural markers.
- i) Increase opportunity for routine HIV screening to improve identification of HIV+ women and refer them into care earlier in the disease progression.

**Gay/MSM Task Force presented by Fredy Ceja**

REPORT

- 1. Homework—reviewed seven Latino focused reports and pulled recommendations
- 2. AA action plan update (18 local health jurisdictions)
- 3. Latino Epi presentation
- 4. Discussion about future of TF and 2009 work plan

RECOMMENDATIONS

- 1. Allow G/MSM TF to continue in 2009
  - a. 2009 work plan will focus on Latino G/MSM, work plan to follow
  - b. 2009 work plan will also monitor previous AA work
- 2. OA mandate collection of mode of exposure in surveillance data
- 3. CHPG be aware in restructuring discussion that G/MSM focus remain
- 4. CHPG assurance that G/MSM work in 2009 be considered
- 5. OA clarify specific charges to the TF for 2009

**5:00 p.m.**

**Public Comment**

Members of the  
Public

No sign ups for public comment.

**5:25 p.m.**

**Roll Call/Announcements**

Members

**WORLD Trainings**

- Lotus trainings are taking place nationally
- One training in Los Angeles in January

**Recognition of the passing Hank Williams earlier this week. Mr. Williams spoke during the "Public Comment" segment at the June meeting.**

**Equality and Parity II:**

**A Statewide Action for Transgender HIV Prevention and Care**

January 26 - 28, 2009

Renaissance Montura Hotel-LAX

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Los Angeles, CA

**Adjourn**

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**Next Meeting  
Los Angeles  
March 18-19, 2009**