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**LOS ANGELES COUNTY**  
**HIV PREVENTION PLANNING COMMITTEE (PPC)**  
A Select Committee of the Commission on HIV Health Services  
600 South Commonwealth Avenue, 6<sup>th</sup> Floor • Los Angeles CA 90005-4001

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**MEETING SUMMARY**  
Thursday, July 6, 2000  
2:00 p.m.-5:00 p.m.  
St. Anne's Foundation Conference Room  
155 North Occidental Boulevard-Los Angeles, CA

**MEMBERS PRESENT**

George Ayala	Patricia Jones
Dean Goishi	Chi-Wai Au
Jeff Bailey	Ricky Bluthenthal
John Copeland	Mark Etzel
Evelyn Gonzalez-Figueroa	Juan Carlos Ledesma
Ramon Flores	Ric Loya
Nancy Pollard	Cathy Reback
Vanessa Talamantes	Kellii Trombocco
Elaine Waldman	Nancy Wongvipat
Richard Zaldivar	Rhena Carusillo
Robin Davis	Cathleen Bemis

**ABSENT**

Sergio Avina  
\*\*Danielle Glenn-Rivera  
David Luis Herrera  
Cecil Ingram  
Cheryl Kono  
Vincent Lopez  
Cleo Manago  
\*\*James Miller  
\*\*Ruth Slaughter  
Tony Zimbardi  
Latrice R. Dennis

**STAFF PRESENT**

Maria Perez	Mario Perez	Gabriel Rodriguez
Alvin Ransom	Kevin Harvey	Magdalena Esquivel
Delia Sandoval	Oscar Garcia	

\*Arrived after roll call

\*\*Excused absence

**ROLL CALL**

**Dean Goishi** welcomed **Sandra Cargill**, new member of the Operations Committee.

**APPROVAL OF AGENDA** -The committee approved the agenda.

**MEETING SUMMARY** - The committee approved the February 2000, meeting summary. The committee approved the June 2000 meeting summary with the correction on page 3, 1<sup>st</sup> paragraph. The sentence read; "The Asian population has been broken out." Correction should read: "The Asian Category was identified."

**PUBLIC COMMENT** – There was no public comment.

**SOCIAL MARKETING CAMPAIGN UPDATE**

The Social Marketing campaign was moved for later because a slide projector was needed.

**CO-CHAIRS REPORT**

**Patricia Jones** commented that the executive committee of the PPC requested that the co-chairs send a letter to **Dr. Fielding** expressing concern that the Social Marketing Campaign was not being moved forward in a timely

fashion. A response was received from him and the letter is in the packet. A face to face meeting has been requested with him but this has not been confirmed yet. The Counseling and Testing Social Marketing Campaign was completed. There are many photographs around the community, and early reports indicate that there was a very good response to testing. The PPC will continue to bring this issue forward to **Dr. Fielding**. He expressed that the office was due to submit some information that would help him understand better the images that have been chosen for the larger social marketing campaign. Patricia stated that the information requested has been provided.

## **CO-CHAIRS REPORT**

### **UCHAPS**

**Dean Goishi** provided an update on UCHAPS. There was an adhoc committee meeting that convened in Chicago to develop action plans, goals and objectives for this year. The committee made suggestions on developing an Urban Agenda, developing an Action Plan as to how to get increased federal funding for prevention programs and how to better communicate among the six coalition members as well as their partners (NASTAD and the AIDS Action Council).

### **Strategic Planning Process**

**Patricia Jones** stated that this item was removed from the agenda and it was not heard at the Board of Supervisors meeting. It will be resubmitted to the Health Deputies and processed again.

## **ACKNOWLEDEMENT**

**Patricia Jones** stated that **Dr. George Ayala** is leaving the PPC. This is his last meeting as governmental co-chair. **Dr. Ayala** was recognized for his effort, hard work and his vision for what a planning group can accomplish. The PPC really appreciates his energy and enthusiasm. He was presented with a bouquet of flowers a plaque and cake was shared by all. **Dean Goishi** thanked **Dr. Ayala** for his advice and encouraging words, which challenged him to accept the position of co-chair. There were many comments from many PPC members regarding the departure of **Dr. George Ayala**. Some comments were:

“We and the community have been so blessed and feel that we will be missing a great visionary and his understanding of HIV and AIDS in Los Angeles.” “There is no replacement for you,” “with him is a tremendous amount of expertise that OAPP has never provided, that caliber of expertise has never really been provided to the PPC. We feel good about the kind of work that we are doing today we are going to miss you tremendously.” “Will miss your commitment, tenacity, and leadership. Will miss the compassion and the heart, and integrity. You have contributed to what was said but you never lost sight of why we are here, and that has always touched me. Your leaving is going to be a great loss to this committee. Thank you for your amount of dedication. The community is losing out to some extent by not having you here. I really appreciate his professionalism.” **Thomas Rodriguez** from the CDC, commented that **George** has been one of the best people he has had the opportunity to work with; “your honesty, trustfulness, going to the point and moving on, I really appreciate it from a national point of view.” “And they are not going to find anyone to replace you.”

**George Ayala** commented that leaving here was going to be hard for him. He stated that he was not going to leave HIV Prevention he is going to continue his work in the area of HIV prevention. He stated, “**I want to leave you with some remarks, which I want to offer for the record to the minutes of today’s meeting. I felt compelled to write down some thoughts as I bring to a close my working relationship with the PPC as OAPP’s governmental co-chair.**

**Whoa what an incredible 16 months it’s been. Working with the PPC was both the most challenging and the most fulfilling aspect of my job as Deputy Director of the Office of AIDS Programs and Policy. I am leaving with so much pride in the incredible work that we have been able to accomplish in collaboration with one another over the last year and a half. We have in 16 short months produced a new HIV Prevention Plan, which is the envy of many communities, planning groups and Health Departments around the country. The new plan was the first in nearly 6 years. Last year’s planning process yielded a**

highly sophisticated evidence based and refined set of priorities whose aim was to target resources to those at greatest risk for HIV infection.

The new HIV Prevention Plan triggered the re-solicitation of HIV prevention services countywide. The first solicitation in 6 years. As awards are about to be announced we can expect a redistribution of resources that are responsive to the recent shifts in the HIV epidemic as well as the introduction of a new set of providers into the service mix. We have in the last 16 months reconfigured the PPC by recruiting 16 new members who represent a blend of experiences and expertise needed to address the complex prevention needs of Los Angeles County residents. We increased the number of Latino gay men, the number of people living with HIV and the number of young people who sit around this table. We have also increased the number of behavior researchers, people with expertise in education, evaluation, and program development in administration. Membership of the PPC is closely representative of communities most affected by the HIV epidemic here in Los Angeles County and in the reconfiguration of the PPC we have changed the committee structure to reflect the PPC's new planning priorities.

We have in the last 16 months launched an innovative and bold social marketing campaign, with the hope that Los Angeles residents might be reminded that although HIV is still here, there is much that we can do together to stop new HIV infections from occurring. At the very heart of the social marketing campaign is the belief that Los Angeles residents can be engaged in a meaningful, complex and sustained discourse about HIV and AIDS. It has been my belief that creating opportunities for well-informed, personal, and community discourse about HIV and AIDS constitutes effective HIV prevention work. We as educators and preventionists must move past our urge to tell people what to do and then to blame them for not doing it, however well meaning this may seem.

Last, we have in the last 16 months been able to ride the sometimes-turbulent waves of our collaborative relationship. This I think is the biggest accomplishment of all because the process of collaboration of the Health Department with community planners, providers, consumers, and advocates as difficult as it may feel, will be the key to our success in reducing HIV infection rates locally and nationally. We cannot accomplish this without one another. All of this in just 16 months and yet there is still so much left to do.

The PPC in the coming months will need to continue its efforts to revitalize public interest in and concern about HIV prevention countywide. You will need to tend to the business of assessing need and analyzing gaps especially after the new HIV prevention awards are announced. You will need to tract carefully shifts and new trends in the epidemic to make course corrections for yourselves. You will need to concern yourselves with systematic program evaluation because you will need to know if your efforts are having their desired effects. You will also want to know what is working for whom, where, and why. And last you will need work to protect the sanctity of community planning especially during a time when the usefulness of community planning is being called into question. You do this by making sure that federal and local funders honor the priorities that you set. And if you set your priorities systematically using evidence to guide your decision making, you will have no trouble holding the CDC and OAPP accountable to the priorities you thoughtfully set. You can also protect the sanctity of community planning by honoring and taking seriously your roles as planners. You have been called to this table to plan on behalf of all Los Angeles County residents, so plan. This does not mean that abandon your role as advocates for your respective constituency groups, good planning encompass advocacy. Planning and advocacy are not mutually exclusive, however, remember that when you relinquish your responsibility as a planner for all Los Angeles County residents, to assume your role as advocate for a constituency group or agency, you are simply forfeiting the power you have to change the policy funding and program landscapes of HIV prevention in Los Angeles County.

I want to leave you with some final thoughts about how we must think about HIV prevention work moving forward. When I began my work with the PPC 16 month ago I was rather insistent about the need to treat poverty, racism, sexism and homophobia as threats to the public health. Two very prominent leaders and advocates in the community who were serving on the PPC at the time told me in

no uncertain terms that I should keep my personal views and political agenda to myself. I, 16 months later have not wavered in my belief that social forces like poverty, racism, sexism, homophobia, and AIDS stigma conspired to create risk and inequity. The HIV AIDS epidemic is a symptom and a devastating consequence of persistent, insidious and pervasive social injustices. HIV prevention work is by necessity social justice work. This reconceptualization of the epidemic is critical in my view to a future success in the area of HIV prevention. It is critical because it addresses the root of the problem and it brings into question the roles that social contacts and structure play in creating HIV risk. The problem does not have to reside solely within the individual. This reconceptualization also gives us license to hold our institutions both community based and governmental accountable for the work that they do. It is important to continue to hold institutions like the Department of Health Services accountable. When doing so you must be strategic and not rhetorical. We can all talk the talk. We can all come to forums like this and provide testimony about inequity and injustice but that is not enough. You must have a plan. You must document. You must be familiar with the data about the epidemic and you must know your allies inside of institutions like the Department of Health Services. Battles over resources, sound policy and power go on all the time inside institutions like the Department of Health Services. You must acknowledge the battles that get waged and know who is waging them and you must engage and support those allies as they take risks inside what is otherwise a risk averse environment. This is how change happens. These battles can only be won when you support those waging them from within. I have been so troubled by the growing conservatism of local health departments across the country on the issues related to HIV and AIDS. This growing conservatism comes on the backs of poor people and people of color who are increasingly disproportionately affected. Racism is alive and well within local Health Departments and is often expressed in public health policies that lack imagination, that are punitive and restrict individual civil liberties. These public health responses serve only to perpetuate that inequity and enhance the risk for HIV infection by keeping people affected, suspicious and fearful. So as you grapple with the issue of disparity in your planning deliberations please be vigilant about these trends. Resist conservative public health responses that have little regard for poor people and people of color and be strategic about your response.

I would like to acknowledge some people. I want to begin by acknowledging your community co-chairs past and present. I'd like to publicly acknowledge Terry Smith, and Arlene Schneir, who patiently mentored and oriented me during my first several months as governmental co-chair. They created the opportunity for many of the changes we have witnessed over the past 16 months. To their unwavering leadership and crystal clear vision. I would also like to acknowledge Patricia Jones and Dean Goishi, your current co-chairs, their patient leadership styles and the intelligent vision will nurture and guide this group through the coming months. It has been both a privilege and pleasure to work with them. I want to thank Chuck Henry for inviting me to join the OAPP team and for appointing me to the PPC. My work with OAPP has left a deep impact in my life. I love the work that I was able to do and I want to publicly thank Chuck Henry for permitting me room enough to realize some of my goals. I would also like to acknowledge the PPC support staff especially Delia Sandoval for their steady work for the PPC. I want to thank Monica Nuno. I could not have done my job without Monica's generous and kind support, organizational wisdom and hard work. I also want to acknowledge Patrick Hebert whose work and vision move me deeply, and Maria Perez who I respect immensely. It has me looking forward to going to work each day. Maria, I am constantly inspired by your passion, intelligence and energy. And last I would like to thank each and every PPC member. It has truly been a privilege and an honor to serve with you on the PPC. Thank you for indulging me this last 16 months and I move away from this experience for a change.

George Ayala received a standing ovation. Patricia Jones presented Dr. Ayala with a plaque, which read: "In appreciation for your commitment, dedication, and visionary leadership of the Los Angeles County HIV Prevention Planning Committee from 1999 to 2000."

**BREAK**

## **OAPP Report**

**Tomas Rodriguez** provided an update on CDC applications. He stated that the maximum award for Counseling and Testing is \$250,000. There will be approximately 20 to 23 awards. Information is posted on the Internet. There will be two conference calls one on July 13 and one on July 20<sup>th</sup>. This RFP is very specific about collaboration between the CBO and the Health Department. If an agency is planning to submit an application, the office wants to offer an opportunity to review the application for the purpose of enhancing it and to write a letter of support for it.

## **RFP Process**

**Maria Perez** commented that the CDC application is due on September 18 and the HRSA application is due September 15. The PPC members were asked to work closely with her in updating the CDC application. Ms. Perez commented that she was not going to discuss the fair share formula as indicated on the agenda at this time, because it would be more appropriate for her to discuss this at the next PPC meeting. At that time she will provide a presentation and walk through the process. She indicated that at that time she would bring forms and provide more specific data. The first level of the RFP review is very basic. It is a basic review process of appropriate forms in the requested format and timeliness. The second phase is the review by Review Panels. The next level is to consider the commitments as specified in the prevention plan. Finally the recommendations are made to **Chuck Henry** and then to the Health Deputies. **George Ayala** commented that the PPC did not make any recommendations about geographic distribution of resources and left it up to the office to come up with the fair share distribution plan. He stated that the office used evidence to make decisions about how it distributed money geographically. **John Copeland** asked if there were any plans to accomplish an external independent audit to help improve the process. **Maria Perez** responded that she would be asking for feedback and participation from members to share thoughts about how to streamline this process. **John Copeland** also commented about the level of criteria introduced somewhere in the process in terms of making sure that the decisions made were consistent with the plan. He stated that he did not remember that being clearly spelled out in the RFP, and that he would worry about there being a potential appeal process appeal, if that particular stage of the evaluation wasn't really articulated. **George Ayala** responded that the RFP lifted language word for word from the prevention plan and it asked bidders to make reference to the prevention plan, in its program design and its evaluation plan.

**Chuck Henry** commented on the RFP process and the Social Marketing Campaign. He stated that the RFP is also clear in its language about the importance of having geographic distribution of prevention resources across the county, which is also a Board mandate. He stated that he was extremely proud of staff's work. He also expressed deep appreciation to **Dr. George Ayala**, for his service to the Office of AIDS Programs and Policy. **Mr. Henry** commented that **George** has brought a lot, in the way the office looks at prevention work and he along with the PPC has given true meaning to the Board motion that was adopted over a year ago which was to take a look at reinvigorating prevention services not only locally but statewide and nationally. He stated that he would be sorely missed within the office. His contributions to Los Angeles County and our prevention work and other HIV/AIDS related work will be long felt. He apologized for the time burdens of the review process. He expressed his desire that the PPC will work collectively as a team to ensure that the intention of the prevention plan is kept uppermost in their minds in terms of furthering and carrying out that plan. There will be challenges as there are at the end of every solicitation process, and he reminded PPC members that their responsibility is to implement the prevention plan and assist the county department and the Board. He stated that he was happy to have staff come back and talk about a preliminary report on the Social Marketing Campaign. He commented that the PPC deserved a lot of credit for identifying the importance of this issue. We were successful in getting the Department to approve the HIV Counseling and Testing Campaign. Recently he forwarded additional information with regard to the focus group to the Department and that is under review in terms of the wall scapes. **Dr. Fielding** is on vacation until July 17, and it is anticipated that the Department will be able to make some decision shortly upon his return with regards to the wall (foliage with the unrolled condom). He commented that he wanted to share with the PPC the Department perspective of the thoughtful review process that the Department itself goes through in terms of reviewing these materials. Still waiting for some descriptions of the artist interpretation of what that message is with respect to another wallscape for the purpose of sharing with the Department. He stated that he continues to be an avocate for this campaign within

the Department and looks forward to continuing to partner with the PPC. An application to the Office of Minority Health, which has solicitation open for capacity building, was recently submitted. It is hoped to receive an answer by the next meeting about its success in that. If we are funded this will allow us to look more strategically at building capacities in communities of color that are increasingly impacted throughout the county.

There was a discussion about the plan for the next governmental co-chair. He stated that he will assume the role of governmental co-chair until he is able to make some decisions with regard to the existing management structure. He is reviewing whether to continue to have a deputy director position or obtain two positions one for Operations and one for Programs.

### **STD Update**

**Robin Davis** gave an update on the Syphilis Outbreak. As of July 1, the outbreak was declared over. A level of enhanced surveillance will continue. As of now the final numbers related to the outbreak include 98 total cases: 7 of the 98 were in transgender individuals, the rest identified as men who have sex with men. The last reported infectious case of syphilis related to the outbreak was in late May. Most of the cases that are being picked up right now related to the outbreak in MSMs are early latent cases, which means infected less than one year but no longer infectious. Cases are still being picked up through the surveillance and outreach of those cases but they are no longer contributing to the spread of the outbreak. 50 were Hispanic, 34 were identified as white, 12 were African American and 2 were Asian Pacific Islanders. 55 individuals were HIV infected and 39 of these were in care for HIV infection at the time that they were diagnosed. Since the beginning of the outbreak we have been offering testing and treatment for all men who identify as gay or bi-sexual in the men's jail. Until now we have tested 570 individuals and 9 of the cases came from the jail. We are in the process of working with jail medical staff to figure the number of new infections and what follow up needs to happen with those cases.

**Ernesto Hinojos** provided an update on the media campaign for Counseling and Testing. All elements of the media campaign were successfully implemented. The campaign consisted of posters, billboards, bench, radio, and print ads. **Dean Goishi** requested that in the future materials be provided in API languages.

PPC members were reminded that the subcommittees would need to provide Maria Perez with the goals, objectives, and mission statements for the upcoming application as soon as possible.

## **SUBCOMMITTEE REPORTS**

### **Executive Subcommittee**

**Patricia Jones** stated that discussions were held about the progress with the Social Marketing Campaign as well as the **Melanie Sovine** contract.

### **Public Policy/Marketing Subcommittee**

**Mark Etzel** commented that one of the issues covered was coming to a consensus around the description and responsibilities of the committee. A copy of the committee's approval was in the packet. The focus will be on addressing HIV prevention policy and funding issues, raising awareness of HIV prevention efforts and of the Prevention Planning Committee. The committee will provide input and make policy position recommendations to the full PPC and highlight HIV prevention issues and other planning processes and collaborate with the Operations Subcommittee. One of their next steps as a committee is to establish a process by which this body takes policy positions and a process by which the committee establishes its priorities. The subcommittee drafted a tentative process by which the committee would consider taking a policy position and will be reviewed again. The hope is to present that process to the PPC at the August meeting to obtain feedback on policy issues recognizing that often there is short turn around time. The Social Marketing Campaign, the county Strategic Planning Process, and the Sunset Review Process are pending issues that are being discussed. Previously there was discussion about the Sunset Review Process, what it might mean for the PPC to consider establishing itself as an independent body. It was linked to the Commission's Sunset Review Document that was submitted to County Counsel. **Maria Perez** has been working on behalf of the PPC with County Counsel to find out what the necessary steps would be, should the PPC wish to move in that direction. It is taking County Counsel longer

because they have never heard this type of request. In addition, **Maria** has been surveying what other jurisdictions do relative to their prevention planning bodies in their care and treatment planning bodies. Our hope and our commitment as a committee is to develop a pro/con list, as was requested, to bring back to the full body for appropriate action and direction the PPC wishes to take.

### **Counseling and Testing Task force**

Two new co-chairs were elected they. They are **Bertell Ferguson** from OAPP and **Janis Martin** from AIDS Service Center. The meeting consisted of the last minute logistics for Counseling and testing days. There were over 60 agencies and over 120 individual events at different venues, including parks, shopping malls, and testing agencies.

### **Youth leadership**

**John Copeland** commented that new co-chairs were elected. The new co-chairs are: **Chi Wai Au**, from the PPC, community co-chairs, are **Francisco Roque** and **Daniel Deniz**. **Chi Wai Au** commented that he was really looking forward to working on the YLC. One of his goals is to develop a relationship with the Adolescent HIV Consortium.

### **Best Practice/Standards**

**Kellii Trombacco** reported that they have not met since the last PPC meeting. The subcommittee is working on strategizing and setting goals.

### **Evaluation**

**Nancy Wongvipat** commented that some PPC members have not turned in the surveys and to please turn them in. In a previous meeting **George Ayala** recommendation CRAS be contractually linked. She stated that this process was started and any questions should be directed to the appropriate program manager.

### **Operations**

**Richard Zaldivar** reported that the members discussed the role of their committee. They had two concerns. One was concerning the RFP process and the suggestion that updates be provided in writing. Another concern was that PPC members have a voice in the decisions that are made and be made aware of whom is going to be hired, and be involved in the process and in collaborations with this committee. There was a lengthy discussion about the Brown Act and the appropriate procedure for motions. **George Ayala**, reminded PPC members that the work that gets done in subcommittee format needs be reported back to the executive subcommittee. As motions get moved through the different committees they need to be reported to the executive committee for final disposition. **George Ayala** clarified that it is appropriate to make a motion during the course of the PPC meeting on action items on the agenda. However motions are not placed on the agenda but PPC members can take action on items on the agenda and the action is typically in the form of a motion.

## **ANNOUNCEMENTS**

**Richard Zaldivar** announced that six years ago the project to erect a memorial to people who died from AIDS was started. The basis for the project was to build support in the Latino community and to deal with the issue of cultural silence and denial. \$400,000 was obtained from the state of California. Although the effort was Latino driven, once the memorial is up the names places are available for anybody who has died of AIDS. Those who participated were thanked for their support.

**Kellii Trombacco** thanked those who supported the first annual Trans-unity Transgender Pride Day, which was held at the Village last month and was an overwhelming success. She was presented with an award for Women of the Year. **Shirley Bushnell** from the Van Ness House was presented with an Advocacy award, and the Transgender Task Force got an award.

**Mark Etzel**, CHIPTS' monthly Colloquium series is moving to AIDS Project Los Angeles, beginning in July and this month we are fortunate to have a scientist from India who has done some innovative work with

commercial sex workers and organizing them. He has had some positive outcomes in terms of decreasing unprotected sex acts and giving these women who are sex workers a movement that they can organize around.

**Ric Loya** commented that he just got back from Boston where they had a CDC trainer. He stated that all of the state agencies that are funded to work within the schools are concerned because they will no longer be allowed to address high risk issues dealing with Gay and Lesbian Youth in the public school setting. They have asked CDC to give an opinion on this however there has been no response from them. The LAUSD is working on a proposal to CDC, for about \$400,000 plus soliciting \$800,000 from the state. He commented that LAUSD would be asking members of the PPC to review their proposals.

## **ADJOURNMENT**

(ppc.070600min) Revd. 080200