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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, August 3, 2000  
2:00 p.m.-5:00 p.m.  
St. Anne's Foundation Conference Room  
155 North Occidental Boulevard-Los Angeles, CA

**MEMBERS PRESENT**

Chuck Henry  
Patricia Jones  
Jeff Bailey  
Ramon Flores  
Ric Loya  
Nancy Pollard  
Ruth Slaughter  
Kellii Trombocco  
Nancy Wongvipat  
Tony Zimbardi  
Robin Davis

Dean Goishi  
Sergio Avina  
Danielle Glenn-Rivera  
David Luis Herrera  
James Miller  
Cathy Reback  
Vanessa Talamantes  
Elaine Waldman  
Richard Zaldivar  
Rhena Carusillo  
Cathleen Bemis

**ABSENT**

\*\*Chi-Wai Au  
\*\*Mark Etzel  
\*\*Juan Carlos Ledesma  
Ricky Bluthenthal  
John Copeland  
Latrice R. Dennis  
Evelyn Gonzalez-Figueroa  
Cecil Ingram  
Cheryl Kono  
Cleo Manago  
Vincent Lopez

**STAFF PRESENT**

Maria Perez	Gabriel Rodriguez	Elizabeth Escovedo
Alvin Ransom	Kevin Harvey	Magdalena Esquivel
Corliss Tillman	Delia Sandoval	Oscar Garcia

\*Arrived after roll call

\*\*Excused absence

**ROLL CALL**

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

**MEETING SUMMARY** - The committee approved the July 6, 2000, meeting summary. **Elaine Waldman** stated that her announcement was left out. Her announcement is included at the end of this summary.

**PUBLIC COMMENT** – The public was asked to wait until after **Maria Perez's** presentation for comments and questions in reference to the RFP process.

**SUNSET REVIEW** - **Maria Perez** gave an update on the Sunset Review Process. The Public/Policy Marketing subcommittee has been involved with this issue. A written description was provided about the PPC and was included in the Sunset Review. The committee asked **Ms. Perez** to set up a meeting with **Rose Belda** to engage in a more detailed discussion about the role of the PPC as a Select Subcommittee of the Commission. The discussion will inform the subcommittee to make a recommendation to the PPC about the different options in terms of continued designation as a select subcommittee or becoming an independent committee. **Vanessa Talamantes** commented that they have been in contact with HRSA and CDC in regards to how other

jurisdictions currently structure their committees. The purpose of the meeting is to get County Counsel feedback about legal issues or legislative issues that should be considered. This will also reveal the process and county guidelines that will need to be considered before a recommendation is made. After the meeting with **Rose Belda**, the committee will develop the pro/con list.

**Chuck Henry** stated that he would not want the body to be overly encouraged to think that the Board is going to consider a major restructuring at this time. He reminded this body that as partners in the Strategic Planning Process, core areas for consideration by the Strategic Planning Process include planning bodies structure, capacity building needs, and expertise that should exist within the planning bodies. He stated that he did not think there was a lot of interest on the Board of Supervisors to make major changes with this review. But he stated that he did know they were very interested in hearing people's considerations and certainly will look to the Strategic Planning Process to further develop that discussion.

### **Social Marketing Campaign Update**

**Patricia Jones** gave a brief update regarding the Social Marketing Campaign. Approval was received for the hummingbird and the flaming heart image that was shown to the PPC at the last meeting. They will proceed with the meeting with **Dr. Fielding and/or Dr. Schunoff**. The purpose of the meeting is to be clear on the protocol and process for future social marketing campaigns. **Chuck Henry** suggested that it might be possible for the PPC to invite **Dr. Fielding** to a PPC meeting to provide the opportunity for members of the public to contribute to the discussion and dialogue about the Social Marketing Campaign.

There was a discussion about an action item concerning Evaluation. A motion was made, seconded, and passed by consensus that the PPC request that OAPP's Evaluation Division submit a plan to plan an Evaluation of the Social Marketing Campaign that is being implemented countywide. The timeline will be presented at the next PPC meeting.

### **Strategic Planning Process Update**

**Chuck Henry** stated that as requested by the Department, he has met with individuals from each of the Supervisors offices. He has also satisfied every request for changes or additions from the Department and is now waiting for the Strategic Planning Process to be placed on the Board agenda.

### **The Los Angeles Transgender Health Study**

**Dr. Cathy Reback** provided a presentation on The Los Angeles Transgender Health Study. She acknowledged **Dr. Paul Simon**, who was the co-principal investigator, and also **Cathy Bemis**, the Research Analyst. This project was a collaboration of three agencies the, **Asian Pacific AIDS Intervention Team, Bienestar, and Van Ness Recovery House**. A summary of the presentation is attached. **Dr. Reback** highlighted the race/ethnicity of the participants because this was a convenience sample and they over sampled for Latino and Asian Pacific Islanders. The following are other issues that she mentioned during her presentation: **Discrimination**-47% indicated they believed that they had trouble obtaining a job because of discrimination; 30% believed they had trouble obtaining housing; 29% believed they were fired from a job because they are transgender. 80% stated there was a history of verbal abuse; 47% had a history of physical abuse: **Incarceration**-58% reported a history of incarceration; 15% reported unprotected sex while incarcerated; 2% reported injection behavior while incarcerated. 28% report unprotected receptive anal sex with a main partner; 20% reported receptive anal sex with a casual partner; and 14% reported unprotected receptive anal sex with an exchange partner. Among those who injected hormones 72% had obtained their needles from the streets. Their main source of HIV information comes from CBO's (69%). Of those that tested positive, 13% knew they were positive when they participated in the study and 9% (22 persons) learned they were positive through this study. There were 8 persons who shared needles. 14% were in drug treatment during the last 6 month.

Some of the limitations of the study are that this was a convenience sample, and the data cannot be generalized to other transgender communities. There could be some under reporting. The data is restricted to transgender persons receiving services at participating agencies. African Americans were under represented. Many rely on sex work for income. Most are at risk through unprotected sex. The injection drug use is low in this population,

although the injection hormone use is high. It is believed that this population presents unique challenges for HIV education and prevention programs.

**Dr. Reback** stated that they have a breakdown on those who were newly arrived immigrants versus U.S. born and she will provide that data. The participants were not asked if they reported the physical abuse crime. The survey did not ask about partner abuse. She stated that they are in the process of writing a community report and they will distribute the report to all that are interested when it is completed.

## **BREAK – 5 Minute**

### **RFP PROCESS**

**Maria Perez** apologized that she may not have enough copies of the documents that she used for her slide presentation, but she will make those available. She discussed in detail the recommendation in the Plan to fund BRG's (Behavioral Risk Groups) instead of target populations. Training and technical assistance was offered. There were less than 10 organizations that specifically asked CHIPTS for technical assistance. OAPP awarded Capacity Building augmentations. It was the intent that some of the money could be used by agencies to assist them in the writing of the proposal. The deadline for written inquiries was expanded until January 31. Agencies that were preparing to respond to the RFP had an additional 3 weeks to ask questions. In the past OAPP would not respond to additional questions. The questions and responses were mailed to everyone who had received an RFP. Proposals were due on February 18 of 2000. The MSM, MSM/W, IDU women at sexual risk, transgender, and American Indian categories were broken down in the RFP. Handouts were provided. 36 RFP's were received for the MSM category: 33 for MSM/W: 22 for IDU: and 61 for women at sexual risk: 8 for transgender, and 1 for American Indians. Many RFP's in the category of women at sexual risk were approved but not funded. The MSM category was not completely spent. A concern was expressed about the reason for the level of responses to the MSM category given what is known about the epidemic in Los Angeles County. Not all of the money in the transgender category was allocated, and none of the money for the American Indian category was allocated. After receiving the applications, an initial assessment was conducted. Allocation formulas were developed. Questions were developed in order to ensure that allocations made considered geographic, demographic BRG and recommendations as specified in the Plan. A methodology was developed to allocate funding based on PPC recommendations considering each of the Service Planning Areas. OAPP senior management team met to identify indicators. Indicators had to relate to high-risk behaviors, and to be co-factors of HIV transmission. The following indicators were selected: STD's, recent AIDS cases, living AIDS cases, substance abuse including alcohol and drug related deaths, counseling and testing information, and poverty. Weights were assigned as follows: 23% for STDs; 11% for recent AIDS cases; 22% for living AIDS cases; 11% for substance abuse, 11% for Counseling and Testing; and 22% for poverty. The methodology determined the funding allocations in each SPA. The indicators were applied to the fair share formula to allocate money to each SPA. Using the recommendations of the Plan, allocations were determined for each of the BRG's by race/ethnicity. The allocation in each BRG by race ethnicity was then distributed across the SPAs. Due to lack of an HIV surveillance system, OAPP had to rely on surrogate indicators of transmission. There is a possibility that persons with more than one indicator may have been counted more than once. For example, a person with STD, HIV and poverty may have been counted more than once. Some populations may not have been adequately represented in the data set. Since the interrelationship between the indicators and HIV transmission was not known, OAPP had to estimate appropriate weights of the indicators. The application process is a 4-phase process. Phase 1 is a pass/fail evaluation. Phase 2 is an internal/external review panel. Phase 3 was an OAPP review panel. Phase 4 was a review by senior management of OAPP to recommend funding. The proposals were arranged in three categories approved for funding, approved but not funded, and not approved for funding. Once the allocation funding formulas were designed, funds were allocated per SPA using the fair share formula. A priority for OAPP will be to identify additional ways to provide capacity building initiatives that will allow agencies to retain grant writers and program developers.

**Chuck Henry** commented about the importance of identifying any patterns of those agencies that were successful either by accessing technical assistance, using grant writing services or program development. He also mentioned the possibility of structuring future capacity building technical assistance initiatives to assist

agencies do a better job. Maria Perez stated that it is our expectation that there will be additional funds allocated to Los Angeles County as a result of our September 2000, application. At least three of the categories were under bid: transgender, Native American and MSM. That funding will also have to be released again in the form of another RFP.

**Public testimony concerning the RFP process.**

**Elsa Fund** mentioned that being a woman, she is a leader in her home and the first teacher of her kids. She felt that as a consequence of sharing information about HIV prevention with her husband, she helped him to stop his relationships outside the home and this contributed to her children having a better home. She expressed her desire that consideration be given in helping women and the future of the family.

**Gloria Ravda** stated that she has been able to make a difference in HIV prevention, as a result of working with women. Initially there was a rejection of condom use, but now these same women ask for her to obtain more information and to request condoms.

**Betty Jo Oliver** stated that at one time she was homeless and she was able to observe the needs of the homeless. In SPA 5, there are people who are sharing needles and women with children who are homeless. As heads of household women need to become educated on how to prevent HIV infection and they in turn can educate their children. By educating women who in turn educate their spouses, HIV is kept low in women

**Nela Marroquin** stated that she was here to speak on behalf of her community and the women she serves doing prevention work. She stated that she is suffering from the epidemic and is not ashamed, because now she is educated about the disease. Her wish is that others will also be educated so that they will not be embarrassed.

**Maria Alexandri** said that before she attended the prevention programs, she did not know how important it is for women to know about the risk that women take during sex with a heterosexual partner. When she found out that they would not be receiving support from the County, it was very frustrating. She was here to provide support for women's programs because HIV information classes are needed in her community.

**Arron Barbs** stated that she works in the HIV prevention programs, which treat HIV positive people. They no longer have any kind of prevention services for women and she is concerned because they see women who are positive and now they will see more.

**Ana Seledon Friendly** stated that as associate director of a clinic and on behalf of her agency, she wanted to share her disappointment because their proposal was approved without funding. They have been working very hard to prevent HIV in the communities that they serve and she was here to advocate for at-risk women of color who were left out. Her clinic provides services to 17,000 patients a year, 60% are women and the great majority are Latinas. SPA 5 has the 4<sup>th</sup> largest volume of AIDS cases in Los Angeles County. Based on their experience of working with women in they have seen many become leaders and ambassadors of change to improve the health of their families and their communities. She stated that she would like to request that the PPC designate supplemental funding to women's services and to ensure adequate services are allocated to SPA 5.

**David McCoy** stated that as Executive Director of an agency, he would like to request that the score by category be provided in order to give a proper response to the appeal process. When the RFP was received, the RFP asked them to be specific about the programs that they were applying for and they were informed that each category would be scored accordingly. He also mentioned that his agency is a minority agency and they were not funded to do minority agency work. Instead it was given to other agencies that technically are not in the area.

**Robert Aguayo** stated that he is the Director of a program that has been doing AIDS prevention specifically towards injection drug users for over 12 years. They were one of the first agencies that helped to develop the outreach model and he stated that they were approved but not funded. It was frustrating to see that somebody else is going to be able to come into the community that they know best, to do the service that they have been doing all along.

**Cheryl Branch** stated that she came to share a motion passed in a meeting that consisted of 20 organizations. The motion was: To recommend that the PPC reexamine the allocation and priority that was established within the Prevention Plan relative to women and that the PPC identify and support additional funds to eliminate the funding gaps within the prevention categories for women; and further that the PPC modify the % allocation to that category in the future. There is a shift happening and perhaps this information should have been provided as the allocations were being developed. The need for women was underestimated, and that can be seen in the number of proposals that were received for women's services.

**Mark Briggs** stated that perhaps this issue should be looked at in a different manner. The process that was presented by OAPP and the Prevention Planning Committee was an appropriate process in terms of educating the community. What needs to be done now is to take from the lessons learned from this process, how to create more fundable applications, and work with the County to identify more funds in areas of service gaps such as the women's category.

**Shonda Hornbeck** asked in regards to the RFP process, "who is providing services for women at risk for HIV? Specifically African American and Latina women at this point." There was a concern that the applications were low for the MSM's and that there was an over application for the women. She stated that part of the problem could be the allocation of \$6.2 million for MSM and \$1.5 million for women. What we do today has great ramifications for what is going to be left of us tomorrow. When we talk about not taking care of women, we are talking about the elimination of the people. We really need to consider that.

**Sue Scott** stated that as Executive Director of a center, she was here to address what might have been the unintentional problem created in the RFP process by asking to present one RFP but in separate categories. When several of those categories were integrated to provide an integrated way of services to various populations, that could not be considered because the categories were pulled apart and reviewed separately. She asked if that problem could be addressed in the future, and if there is any possibility for going back and reviewing some of the proposals that were funded, to look at where integration of services was not noticed because of the separation.

**George Ayala** currently a researcher at UCLA CHIPTS, stated that if we know that gay men and men who have sex with men are driving the epidemic here in Los Angeles County, and that the majority of women who are infected, are infected as a result of sex with men who have sex with men, why aren't we more concerned about the relative weak response to the MSM category. To the extent that we ignore this fact here in Los Angeles County, is the extent to which we do a disservice not only to men who have sex with men, but a disservice to women who are at risk as a result. He made a request of the Prevention Planning Committee, that in their deliberations about how to respond to the award announcements, and in their ongoing activities and needs assessment and gaps analysis that they pay very close attention to the uniqueness of the epidemic here in Los Angeles County; That they ask themselves why we found ourselves in a situation here in Los Angeles County, where we got such a weak response in that MSM category.

**Janis Martin** asked if there was a way to find out how they scored on each individual component. **Maria Perez** responded absolutely. There was clear instruction in the letters that were sent out for anyone who wants to make arrangements to come into the office to look at review panel summaries. She asked if she could make a photocopy of somebody else's proposal. The answer was no.

**Elaine Waldman** asked, based on page 91 in the Prevention Plan, about the extent to which the fair share formula included these projected estimates per SPA/BRG and what index was used to determine the relative poverty per SPA. **Mark Miller** responded that the number was the proportion of persons in poverty per SPA. The 1999 Federal poverty guidelines were used.

There was a discussion about the American Indian category. **Danielle Glenn-Rivera** stated that if it were necessary to call the American Indian AIDS Council, she would be willing to work and try to find the necessary information and numbers.

**Sue Scott** asked how the weights were applied to individual proposals or SPAs. **Mark Miller** responded that the fair share formula was not relative to the scores in the proposals. Weights were applied to the indicators which were used to determine distribution of the funding based upon the BRG recommendations across SPAs so as to determine the individual amounts for each SPA, for each BRG, by race/ethnicity.

**Dean Goishi and Patricia Jones** thanked all for their public testimony. **Dean Goishi** stated that it is the intent of the co-chairs to bring up these issues in the Executive Committee.

**Mary Lucey** stated that it is very noticeable in the community that the PPC and OAPP have gone through extensive work and she thanked everyone for their work. She asked Maria Perez to look at the analysis of the services that were funded under women and determine which ones of those are youth programs and which ones are for adult women which really is the center of the epidemic for women. From her calculations, it appears that the majority of funded proposals were for youth services and they may be women who are youth but it still leaves a gap in adult women. She asked that consideration be given to adding Hepatitis B and C under indicator. Because over 60% of the people with AIDS have Hepatitis C and over 70% have Hepatitis B. She asked the

PPC that next time they review the Plan to include a category of men who have sex with women and men because if you are going to reach women that is how you are going to reach them. It is not men who have sex with men and women on the side, its men who have sex with women and men on the side.

### **Presentation by Pamela**

**Pamela Ogata** provided a presentation on the PPC member survey. The Evaluation Subcommittee in collaboration with the research and Evaluation division of OAPP implemented the survey. The survey was conducted as one method of evaluating the HIV prevention community planning process. The data obtained provides feedback to local, state, and national stakeholders. 21 surveys were received. The participation rate was about 81%, which is much higher than last year. Approximately 57% were male, 8 members were female and 1 transgender male to female. Sexual orientation: 40% reported that they are gay, 40% reported that they are heterosexual, 10% lesbian and 10% bisexual. Race: 9 were white, 3 were black or African American, 1 was American Indian or Alaskan native, 2 were Asian, and 3 were other.

### **OAPP Report**

**Chuck Henry** thanked the staff at OAPP, for working extraordinary hours and the energy and time, in trying to implement the recommendations of the PPC. He thanked the PPC for the good work in providing guidance to structure the RFP and how the funds should be allocated. He also thanked members of the public for sharing their concerns in the thoughtful comments about the process. He commented that there is still a lot of work to do in terms of addressing at the gaps analysis. He cautioned the PPC to respect the work and the amount of time that the PPC put into developing and implementing the plan, before attempting to revise it. He stated that he hoped that work is completed in the context of how to augment and approve future activity and not delay and slow down or circumvent the implementation of the work that has been done.

He stated that he also shared **Dr. Ayala's** concern and invited continued discussion and dialogue about the primary motivator of the epidemic is Los Angeles, which continues to be men who have sex with men. He stated that what is clear is that this work is very difficult because we don't have the amount of resources, that are needed to address the needs in Los Angeles County. **Mr. Henry** extended an invitation to those voices who were here to speak about their agencies not getting funded to make a difference on an ongoing basis in the overall amount of funds available to meet the need at the federal, state and local level. It is important to ensure the benefit of their agency knowledge, to ensure that we continue to have a commitment in this county and to reinvigorating prevention. **Mr. Henry** thanked both the PPC and OAPP staff.

He announced that OAPP heard from the CDC that we will be getting an augmentation to our coordinated prevention network of \$200,000. Currently \$1.8 million has been allocated on an annual basis. OAPP is looking at how to distribute those funds. OAPP anticipates receiving approximately \$900,000 to a million dollars of additional funds to the cooperative agreement this year. Those dollars are targeted specifically to the Health jurisdictions that are funded through those cooperative agreements, which is a separate budget line item increase. It is anticipated that there will be a significant increase in the minority AIDS initiative dollars. The office has been contacted, by some agencies that plan to apply for the counseling and testing dollars that are available directly from CDC, for letters of support. Those applications are due to CDC soon. The guidance was clear about agencies that were applying for those funds, and the need to have collaboration with the Health Department in terms of program development and not just a regular support.

**Maria Perez** stated that based on the recommendations of the Co-Chairs and this body, a narrative of the fair share formula could be provided after the CDC application process. She stated that perhaps that could be shared at the October meeting. **Elaine Waldman** asked if the detailed notes of each review panel and not just the summary recommendations would be made available? **Maria Perez** responded that the summary recommendations were available for review. There was a discussion about what documents were available for review. **Maria Perez** agreed to consult with County Counsel to get some clarity.

## **ANNOUNCEMENTS**

**Elaine Waldman** - The Peoples Convention scheduled for August 10 through 13. It deals with issues of structural inequity in our society, and social justice, including health disparities.

**Ramon Flores**, reminded everyone that on August 14, there will be an exchange program between two Central American HIV agencies at Children's Hospital from 1:00 to 4:00 p.m. in conference room D. They will be discussing HIV/AIDS, eligibility, and human rights issues, in Central America.

**Ric Loya** – It is the intent of LAUSD to submit their grant proposal to the CDC on August 14. Copies of the grant proposal were provided for PPC members who were encouraged to provide input. He commented where there is mention of dealing with high-risk youth, meeting the needs of high-risk youth there was a strike through. The reason for this is because they have not received input from the community nor the CDC. There was a reminder about Latino Pride on Sunday.

**Dean Goishi** acknowledged and thanked the staff at OAPP for the work that is completed on behalf of the PPC. The rest of the agenda was tabled.

## **ADJOURNMENT**

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