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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, September 7, 2000  
2:00 p.m.-5:00 p.m.  
St. Anne's Foundation Conference Room  
155 North Occidental Boulevard-Los Angeles, CA

**MEMBERS PRESENT**

Charles L. Henry	Dean Goishi
Patricia Jones	Sergio Avina
Chi-Wai Au	Danielle Glenn-Rivera
Mark Etzel	Evelyn Gonzalez-Figueroa
David Luis Herrera	Cheryl Kono
Juan Carlos Ledesma	Ric Loya
Cleo Manago	James Miller
Cathy Reback	Ruth Slaughter
Vanessa Talamantes	Kellii Trombocco
Elaine Waldman	Nancy Wongvipat
Richard Zaldivar	Ricky Bluthenthal
Cathleen Bemis	

**ABSENT**

\*\*Jeff Bailey  
\*\*Nancy Pollard  
\*\*Tony Zimbardi  
\*\*Rhena Carusillo  
Cecil Ingram  
Vincent Lopez  
John Copeland  
Latrice R. Dennis  
Ramon Flores

**STAFF PRESENT**

Maria Perez	Gabriel Rodriguez	Elizabeth Escovedo	
Alvin Ransom	Edith Muegge	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 meeting summary.

**PERCEPTION OF RISK FOR HIV AMONG HIV-INFECTED WOMEN OF COLOR.**

**Lilia Espinoza** project coordinator and interviewer for SHAS (Supplement to HIV and AIDS Surveillance) conducted a presentation. She acknowledged **Alex Caruth, Maribel Castillo, Bresca Jimenez** and **Mary Rosales**. SHAS has been funded by the Center for Disease Control and Prevention since 1990. It is a multisite project, which currently has about 15 sites in the United States. The general study objective for SHAS is to obtain self-reported information on the characteristics and behaviors of persons reported with HIV or AIDS. It is also to inform HIV prevention programs of the populations at risk. The study consists of residents of Los Angeles County, who are at least 18 years of age. According to CDC, current National trends suggest that since the inception of the epidemic in the United States, the risk has been decreasing in the MSM community. On a national basis the risk is increasing in youth and women. According to CDC in 1996, Latinas have accounted for 20% of the total reported U.S. AIDS cases. It is not specified whether they are foreign born or U.S. born. 60% of

the exposure can be contributed to heterosexual contact. According to the 2000 Los Angeles County Epidemiology profile of HIV/AIDS, the racial/ethnic distribution of sexually exposed women living with AIDS has changed. In Latinas there has been an increase from about 30% to 43 % for Latinas; for African American women there is an increase from 31% to 35%; and for white women there has been a decrease.

**Mode of Transmission:** The information was taken from the AIDS Surveillance registry and they only have data for 439 women who have been reported with AIDS. The mode of transmission for 65% was through heterosexual contact. The mode of transmission for 27% was through injection drug use; and for 8% there is no identified risk as reported to the AIDS surveillance registry.

**Reason for Testing:** of the 613 women, who were included in this sample, 33% tested was because they were ill. 17% received the test because it was offered at the clinic, 18% tested because of a sex partner contact. 28% is other (which includes people who have been tested for amnesty, or doctors referral). Only 4% received testing because they perceived themselves to be at risk.

**Mr. Henry** introduced a guest, **Ana Soto**, Deputy, for Supervisor Yvonne Braithwaite Burke, 2<sup>nd</sup> District. She stated that she is here to learn and listen and to see how to make as many improvements as possible.

**BREAK**

#### **RFP UPDATE**

**Maria Perez** provided an update on the pending RFP's. OAPP was late in releasing the results of the Capacity Building and the Network Provider Community Partnership Networks (released in April) because of lack of responses that were needed. It is the expectation that within the next 4 weeks they will be able to release that information. The delay was also due to the amount of time taken for the prevention application. Depending on the other commitments that are pending within the office, it is the expectation to release the money that was not spent in the first round of the prevention RFP, in late September or mid October. The Counseling and Testing money will be released sometime in October. An update on the Outpatient Medical and other category RFPs will be provided. The \$600,061 supplemental received is to ensure that there is training, capacity and knowledge development in school administration. A portion of that supplemental will go to provide funding for public sex environment programming.

#### **SUNSET REVIEW and CDC UPDATE**

**Maria Perez** provided an update on the Sunset Review. She stated that they have not heard anything from the CAO's office. The Sunset Review was submitted.

#### **SOCIAL MARKETING CAMPAIGN UPDATE**

**Patricia Jones** gave a brief update regarding the Social Marketing Campaign. A meeting was held on September 1, with **Dr. Fielding** and **Dr. Schunoff**. The purpose of the meeting was to obtain clarification from the Department of Health Services on the protocol and process for submitting social marketing artwork. The hummingbird and the flaming heart images have been approved by the Department but need to go to the Health Deputies. The condom floral wallscape cannot be used as a wallscape but it can be used in poster or other type display. A written protocol does not exist. But there is a process. There was a discussion about the Social Marketing Campaign. **Mr. Henry** clarified that OAPP will not pay for the wall until an image is placed and there is not a loss of dollars. **Mr. Henry** clarified that Dr. Fielding's discussion about the condom image was in response to a question about whether any imaging pattern using a condom would be an acceptable icon in a public venue. He indicated that there are venues that may be more appropriate. The concern expressed at the meeting by Dr. Fielding was the venue in which it would be displayed and also that there would be no limit as to the age of individuals viewing. It may be deemed inappropriate by members of the community who might be concerned about their young children seeing that image. **Mr. Henry** commented that he supported forwarding the images to the Department for their review and supported the notion of trying to make people aware of the utility and the importance of condoms in the context of HIV prevention. He, as the Director of the Office of AIDS,

reporting to Dr. Fielding and Dr. Shunhoff understands his role and responsibility to carry out their directives. **Ana Soto** stated that every Wednesday at 9:30 to 11:30 there is a Health Deputy meeting that is open to the public on the 8<sup>th</sup> floor of the Hall of Administration.

**Mark Etzel** introduced **Mario Perez Ceballos**, who is with the contracting firm the Daily Journal Corporation. He will be attending PPC meetings to obtain feedback about the Social Marketing Campaign.

**Pamela Ogata** commented that at the last PPC meeting the Evaluation Section was asked to present a plan of a Plan for evaluation of the Social Marketing Campaign. She provided a presentation of that plan. A copy of her presentation is attached.

## **PUBLIC COMMENTS**

**Catalina Edmaral** would like the women's programs to continue in south Central area to educate women on the effects on HIV STD and the transmission because they are very beneficial and educational.

**Judith** is a PWA and she is 4 years clean from substance abuse. She lived in skid row for 6 years and has been living with the virus for 8 years. She stated that if we are going to plan prevention strategies we must start at the core of the problem, which is substance abuse and homeless, which involve survival sex. She stated that the clinic used by these people was not funded.

**Regina Amplayo** who is a recovering addict commented that she too has also lived in skid row upon release from jails or institutions. She went through drug programs and feels that these programs are helping her and others in her situation and she is turning her life around because of these programs.

**Mary Lucey** a long time survivor of AIDS read from a document and expressed concerns about women at sexual risk. She stated that the HIV prevention plan 2000 specifies that 18% of the prevention funds aside from the small fraction that is reserved for populations should be targeted toward women, recognizing that women are an increasing proportion of the infection in Los Angeles County.

**Jane Hoffman** stated that she was drawn to the South Central community through being a resident of a domestic violence shelter and through that shelter she received HIV education for 1 hour per week. Because of that class she has seen direct behavioral change in about 60% of the clients.

**Patricia Jones** thanked the public for their comments. She stated that the talk from Charles L. Henry is a result of a conversation that took place in the Executive Subcommittee where members asked for a response by the office regarding the prevention decisions that were awarded and announced at the last PPC meeting.

## **RFP PROCESS**

**Charles L. Henry** stated that he was going to attempt to address the talking points that the PPC has given him. Written documentation will be provided at the next meeting. On page 91 of the Prevention Plan, there is an attempt to capture the existing scheme of prevention services in Los Angeles County.

### **The existing reality funded by OAPP:**

The funding distribution of the \$10.6 million is:

\$3.2 million allocated for combined portion of youth services and to young women,

\$2.3 million allocated to substance use

\$1 million allocated to heterosexual men without a behavior risk

\$3.6 million allocated to men who have sex with men

\$520,000 allocated to transgender

**New reality:**

Of the \$12 million the plan envisions:

\$1.5 million in resources for women at risk; (category received the largest number of proposals 61)

\$6.2 million in resources for the MSM category (category received 36 proposals)

That plan was the result of a yearlong process of estimating new infections based on race/gender and behavioral risk and gender. The plan directs the behavioral risk groups within which those resources should be directed and the percentages associated with behavioral risk groups. Those percentages are: 42.7% for men who have sex with men; 10% for men who have sex with men and women; 17.2% for the IDU category; 10.4% for women at sexual risk. Women are now about 11% of the epidemic in the County, having increased from 5% of the total epidemic. It is known that the epidemic has diminished in proportion to the overall epidemic for white gay men, and it has continued to expand at epidemic proportions among men of color who have sex with men. Most of the women infected in Los Angeles County are infected as a result of sexual risk behavior with male partners and that risk behavior is predominantly associated with men who are infected through sex with men but also engage in risk behavior with their female partners.

The responsibility of OAPP was to take those percentages based on behavioral risk group and race/ethnicity and develop an allocation methodology across the geography of Los Angeles County. OAPP was instructed by the Board of Supervisors and the Department to accomplish this task by the Service Planning Areas (SPAs). OAPP was also requested by the Board to allocate those by both SPAs and by district. There were a number of indicator that contributed to developing the geographic allocation methodology: STDs, recent AIDS cases, living AIDS cases, substance use, alcohol and drug deaths and other substance use admissions, counseling and testing data from positives and high risk negatives, and poverty data. Those indicators were weighted to come up with an allocation methodology across service planning areas. It is challenging to accomplish this work in the context of trying to estimate prevention need because there is no HIV surveillance data.

The proposals submitted were more in line with the existing reality. That is the providers proposed services that were more in line with what they were currently providing, versus proposing services that were more reflective to the new reality that the plan envisioned (the proportion of resources for MSM recognizing a behavioral risk group of men who have sex with men and women).

The existing reality and new reality that is envisioned within the prevention plan and the guidance given to the office in terms of the RFP process and recommended allocations is one of the sources of tension and concern about how resources are allocated. Mr. Henry commented that attention was not focused on how to transition from an existing reality to a new reality. He also commented that it is very difficult in the context of a political arena to redirect resources from one agency to another, from one behavioral risk group to another in a short period of time.

Upon review of the women at risk category it was noted that the language about a minimum of 25% for youth, was not a minimum within each behavioral risk category, but across the totality of resources allocated. In the women at risk category a greater percentage of resources was distributed to programs addressing younger women, which was one source of concern in that context. OAPP allowed greater flexibility in terms of the age groups in a number of programs that have been approved for funding both in the younger women and the older women category. The purpose is to provide a larger distribution of resources in the older women category.

We anticipate about a million dollars in new resources based on the federal budget from CDC and additional funds from the state. According to the current guidance, this would be distributed based on the allocation methodology in the plan. This is one of the areas that we would recommend that the PPC review in terms of creating a longer transition from existing reality to new reality. This may create greater resources in substance use and women at sexual risk and the transgender category than what is currently envisioned in the plan. For those additional resources that are not currently identified in the MSM category or in the transgender category, we will ensure in the crafting of those resolicitations that they are targeted in a more specific way to those gaps.

The existing gaps are in the MSM category, because we did not allocate all of the resources. In that MSM category we note that there will be a need for specific targeting to African Americans based on the current allocations. All of the resources that were requested in that category under approved proposals were allocated. There is an Adhoc committee being developed to identify additional gaps. By way of example within the women at sexual risk category, the amount of funds under the allocation methodology for SPA 6 would be \$244,986 for women: \$94,320 is directed towards African-American women, \$94,320 is directed towards Latinas; \$18,864 for Asian Pacific Islanders and \$37,483 for white women.

Mr. Henry explained the geographic allocation methodology related to the plan and the scoring of the proposals. It is not a methodology that was ever described in terms of an evidence-based approach that was written up and shared. That methodology and the development of the methodology were shared at the last meeting. The actual dollar amounts will be shared in documents that OAPP will release

Mr. Henry noted that, the expectations of providers and community members about resources that have historically been available versus the new funding allocations under this plan is the area creating tensions. We need to think about how to transition and resolve this issue.

The meeting was extended.

**Ana Soto** commented that she was noting that there was a language barrier. She stated that because she is trying to find a solution she asked that the issue of the language barrier and how things are presented from the County to the community be addressed in the gaps analysis, ensuring that this issue is transmitted correctly in the eyes of the community.

There were several comments and recommendations made in reference to the RFP issue as follows:

- To take written questions and have them answered at another time.
- To schedule a special meeting to address only these issues during the month of September.
- A comment was made that it was really bothering that many of the PPC members would leave and break a quorum, which is needed to address this issue.
- We are having a really big problem here that women's health cannot be brought at an open PPC meeting. Half of the PPC meeting will not show up for this special meeting. (It should not be a special meeting because women are not a special population they are 51%).
- If you have financial investment in this RFP process you need to remove yourself because there are some real ethical questions going on here.
- A request was made as you plan the agenda for the special meeting that you put the public comment section in the front and that you allocate enough time.

**Mary Lucey** asked Mr. Henry, about the documents saying that the adolescents got over a million dollars and the adult women, which is the core of the epidemic got less than \$464,000. There are two proposals for adult women: one for deaf women and one for Asian Pacific Islander women. Ms. Lucey asked someone to show her where the African American and Latina women are being serviced. She asked if child protective services were the main reviewers of the women's category of the RFP, and Mr. Henry responded that they were not.

**Brenda Calderon** commented that she did not know the reason why so much money was allocated to some agencies in the community that provide deaf services. She also stated that her concern was that the only agency that asked for money for American Indians was not funded and it is sad to see that. Her question was what is the existing reality versus the new reality?

**Kathy Watt** made the following comments. For 2 hours and 50 minutes there were questions and answers. Then all of a sudden we get to the part where there are the most questions and there are no answers. It is like the rules change. That does not make sense to me.

**Cathy Reback** stated that there was an error on page 1 of 2 on the funding comparison spreadsheet for Van Ness Recovery House. She stated that it was believed that this is the 3<sup>rd</sup> or 4<sup>th</sup> time that on public record there has been an error and she was concerned that there have been continued errors that have been public documents. Under existing prevention funding it is documented that the amount is \$298,830 and the actual current amount is \$449,000. The difference is \$139,140. In the last several years there have been many articles documenting the effectiveness of drug treatment as HIV prevention. She has co-authored an article with Steve Choptah published in the Journal of Addictive Diseases, entitled “Drug Treatment as HIV Prevention”. In regards to these specific HIV prevention proposals, she would like to know if this office and this body recognize drug treatment as HIV prevention.

### **Questions in reference to the RFP Process**

1. Who served on the review panels?
2. How determination was made in terms of splitting out young women versus adult women’s funding?
3. Why a particular agency GLAD was funded?
4. There were a number of questions about the existing reality in terms of the existing set of contracts and funds allocated to prevention versus the new reality, which is the plan as reflected in terms of how resources are allocated by behavioral risk.
5. Is there a new reality about the epidemic among African American women?
6. A concern was expressed about American Indians and some confusion about not being approved for funding versus acknowledgement of the importance to identify that risk group.
7. There was a question about the funding comparison.
8. In terms of the amount of resources indicated in a particular table currently allocated to providers on that chart in terms of mathematical funding error.
9. There was a question about whether or not the office sees Drug treatment as HIV prevention.
10. A letter was dated September 27, the response had to be in the office by August 5, (August 5 was a weekend) and they received the letter on August 8. In regards to the review process, there was a question about the reason for the short amount of time allocated for the response from the agencies.
11. There was a question about the amount of time for the appeal process as relates to the county mail system?
12. There was a question about the youth and the ethnic breakdown in terms of services to youth, in terms of the existing service categories that reflected the amount of funds in serving youth.
13. How youth got 75% on the women’s category? In terms of the money that go to youth and how that breaks down ethnically. How much really went to African-American women? When referencing youth if you talked about boys or girls, how is that broken down between males and females? And ethnicity?
14. Did the chairs come up with a consistent way to run the meeting, regarding questions and answers? It was stated that it was frustrating not to have responses to the questions asked.
15. An error was pointed out on the funding recommendation for Juvenile Court Health Services. There were two proposals submitted one for young men who have sex with men and women and women at sexual risk for HIV. Neither of these proposals was recommended for funding. Both scored very high. The proposals submitted targeted all eight SPAs but on the document only two SPAs are identified which are SPA 6 and SPA 8 and that is an error. The question was whether the decision not to fund these programs is because only two SPAs were identified? Clarification on this issue is being requested.

### **GAPS ANALYSIS – AD HOC REVIEW COMMITTEE**

**Patricia Jones** requested members of the community to become involved in the Gaps Analysis Ad Hoc Committee. Those interested should sign up. This is a perfect opportunity for members of the public and PPC members to sign up and get involved.

There was a motion to table the rest of the meeting, it was seconded and moved by consensus.

### **ANNOUNCEMENTS**

An introduction letter to the youth from the Youth Leadership subcommittee, inviting new members of the public to join in their activities was passed out. Copies of the latest issue of TWACKED were available. The American Indian AIDS Council will meet on September 11, at the southern California Indian Center in the City of Commerce. The California HIV Advocacy Coalition is conducting a survey. CHIPTS is hosting the Colloquia on September 21. Dr. **Sheila Murphy** from USC, is the speaker. Positions are available at LA FREE Clinic. An invitation was extended to the PPC and the Public to a special HIV march on September 17, in La Mar Park in Los Angeles. They will be acknowledging nine outstanding people who are involved with the community, including PPC members **Cleo Manago and Kellii Trombacco**.

**ADJOURNMENT**

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