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

MEETING SUMMARY

Tuesday, April 4, 2002

1:00 p.m.-5:00 p.m.

St. Anne's Foundation Conference Room
155 North Occidental Boulevard-Los Angeles, CA

MEMBERS PRESENT

Mario Perez	Jeff Bailey
Richard Zaldivar	Sergio Avina
Ricky Bluthenthal	Diane Brown
Gordon Bunch	Tony Bustamante
Sandra Cargill	Mark Etzel
Edric Mendia	Veronica Morales
Vicky Ortega	Keisha Paxton
Ricki Rosales	Vanessa Talamantes
Kellii Trombacco	Nancy Wongvipat
David Zucker	

ABSENT

Chi-Wai Au
Robert Douglas
Danielle Glenn-Rivera
James Miller
Emma Robinson
Gail Sanabria

STAFF PRESENT

Elizabeth Escobedo	Dean Goishi	Rene Seidel
Gabriel Rodriguez	Darren Roberts	Delia Sandoval

ROLL CALL - Roll call was conducted. A quorum was present.

CHIPTS COLLOQUIA SERIES – Dr. Cynthia Gomez, Assistant Professor, UCSF presented on HIV Prevention Targeting Men who have Sex with Men. Next month Dr. Matt G. Mutchler, Manager of Research & Evaluation AIDS Project Los Angeles, will be presenting on 2001 APLA Client Survey: Sexual Risk and HIV Treatment Knowledge, Attitudes, Beliefs, and Behaviors (KABB) among PLWHA.

APPROVAL OF AGENDA

The Committee approved the agenda with the following changes. Mario Perez requested to move item #11 after item #8 (Open Nominations).

APPROVAL OF MEETING SUMMARY

The Committee approved the meeting summary for March 5, 2002, with correction under OAPP Report. The second bullet should read “who we give financial attribution” not retribution.

PUBLIC COMMENT

Daniel Denis and Tommy Reyes provided an explanation of a newly developed non-profit 501C3 organization called Hermanos Del Sol. Hermanos Del Sol, is dedicated to health promotion and community development targeting young men of color. Volunteers from several committees and various entities currently staff Hermanos Del Sol. Hermanos del Sol plans to increase health awareness issues and decrease the spread of HIV through the following two major components. One of the components is the Los Angeles Bandits softball team. The team is made up of gay, straight, and bi-sexual men in the Los Angeles area. The Los Angeles Bandits are working to increase awareness regarding HIV and STDs for all men. This team also helps create a safe place for gay and bi-sexual men to be themselves, to create a sense of belonging, and to increase their own self-esteem. Hermanos Del Sol will also implement social marketing campaigns to increase the use of condoms, combat stigmas in the gay

and bi-sexual world and other social challenges. They asked for community support as they search for funding sources, fundraisers, and sponsorship of the softball team.

Terry Leftgof from Positive Images. He is a native Angelino 43-year-old gay man. He was at the press conference yesterday which launched the Positive Images Campaign where he made a statement and was asked to make that statement here today. He was attracted to the Positive Images Campaign because he believes it is important to be visible and have a voice while providing brotherly sex-positive advice.

He mentioned that he appreciates the work of the LA Gay and Lesbian Center, the Consortium and of its member agencies in helping provide a positive voice and put a face on HIV in Los Angeles County. But he stated that he has two messages. Firstly, there is a little foot to identify my name and place in two databases everyone with HIV or AIDS by the government our county government. Whether they represented to be a service economy or out of sheer curiosity, I urge you to resist this effort as dangerous to us in our communities.

He stated that he was impressed and pleased by the diversity represented by the positive images campaign. However, he is absolutely outraged that his image, the only gay white man, has been censored and pulled from all the billboards. He stated that he has seen the comments in the PPC minutes where it says this is not an act of censorship, but he strongly disagrees. He stated that, "he joined this campaign for visibility, and to be made invisible again in such a manner is unacceptable. It endangers the community who needs this information the most. The sex positive message of that image is exactly what the gay community needs. We are seriously missing the boat for gay white men and frankly for gay men of all colors. You are entrusted with assuring prevention materials are effective and culturally appropriate. What is culturally appropriate for the gay community should not be censored. Approximately half of all people living with AIDS in Los Angeles County are gay white men. Please listen to your hearts. Don't make us invisible again. Join together to be certain we are seen and heard and please use honest blunt language and images. Otherwise, your messages will continue to be irrelevant to my community."

OPEN NOMINATIONS FOR COMMUNITY CO-CHAIR

Vanessa Talamantes was nominated for the position of PPC co-chair at the last PPC meeting. There were no other nominations. One community co-chair will be elected today to be effective at the April PPC Meeting. The election of the other community co-chair will be held next year. A last call was made for additional nominees. Thereafter, nominations were closed and the nomination was taken to vote.

Motion # 1. It was moved, seconded and approved to accept Vanessa Talamantes as PPC Community Co-chair.

SOCIAL MARKETING PROTOCOL

Gunther Frechill provided an update on the Social Marketing protocol. He stated that the all inclusive draft protocol was intended to provide guidance about how to conduct a social marketing campaign. It is a 54-week long process. It was submitted for approval to DHS and approval has not been received. There are many gaps in the Protocol. There are two separate stages of development in which feedback is solicited.

- ◆ The first is in the message development segment about creative issues and how to convey that message.
- ◆ The second phase is a mid-course correction. Creative work usually by professional artist, and advertising staff is accomplished at this stage. A first draft is completed and brought for review and for comment by individuals who are familiar with what the campaign ought to be.
- ◆ The final stage of the process is the approval.

In the first phase, individuals who do not have much professional experience in HIV services are involved. In the mid-course phase, individuals who are inside the industry such as service providers and PPC partners are involved.

Mark Etzel asked, “recognizing that there are gaps, what is the intent of OAPP, in terms of how the protocol will be used? We had gotten feedback during public comment on a routine basis about how campaigns unfold. Is there going to be opportunities for input? Is there a reference point that we can look to as a planning body where we can channel feedback like we heard today on the front end. There was concern among some PPC members about reading in the newspaper about new campaigns being unfolded and not being aware about the campaign. The PPC does not have to be involved in every step, but since the PPC is charged with looking at an HIV Comprehensive Prevention Plan, maybe it’s more about communication than formal input.”

Gunther Freehill commented that the 54-week long protocol is sort of a checkoff list. It is a means of utilizing a checkoff list and making a decision to use it appropriately as necessary. Also, to use it to ensure that something is not overlooked. He mentioned that at the last Executive sub-committee meeting he acknowledged the involvement of the PPC in the first and second part of the process.

Members of the public had several concerns and made several comments and voiced questions including:

- Since there is no available protocol for service providers or for people who approve materials, what standard does OAPP hold themselves to?
- When materials are denied, by what standard are they being denied?
- Maybe some further explanation is needed regarding concerns that service providers may have on statements that CDC issues in guidelines that are really broad and can be broadly interpreted. For example, how do you know when you have a material that promotes sexual activity? Those are some things that have stopped materials from being developed. How does OAPP decide whether or not it does that?
- A concern was expressed about the process that OAPP took into consideration in reference to the billboards from the second district that are on Crenshaw right now. One of the concerns was the lack of participation from providers in the community in that campaign before it hit the street, and to be effective towards the target population that they are focused on.
- It was asked that a copy of the protocol be made available to the community and to providers.
- It was stated that the development of the 54-week protocol seems to contradict the requirements of the contracts that OAPP has. How can the campaigns be developed in one year as stated in the contract?
- It was also stated that, “one thing that isn’t apparent from this side is the commitment to support us to meet our community’s needs to our social marketing campaigns. Rather than pleasing political people who have no connection to the community, have no knowledge of what public health is, and no capability of ensuring public health and I am wondering how you might be able to encourage our support in your protocol to ensure that we are safe to do the work that we need to do.”
- When a poster or billboard is pulled that is effective, then you are not doing your job. I haven’t heard from OAPP why that billboard was pulled. So, when I hear you say that it is a matter of whether it makes sense to you, when a campaign is designed for HIV-positive gay men, if you are not an HIV-positive gay man, then it is really irrelevant what you think it says to you. It doesn’t have to make sense to you. It has to make sense and have meaning and relevance to us. So my question is, who made this decision? Who are they accountable to? What was the criteria and the rationale for yanking that billboard out of predominantly gay neighborhoods that resulted in there being nothing for gay white men anywhere on a billboard? What was your justification for it?
- It was stated to Mr. Freehill, as representative of the County to provide and explanation in a public forum. This is the time to explain the directive to the contractor to pull the ad. These billboards were produced, manufactured, ready to go, printed, they were at an expense, and a press conference was planned and canceled at the last minute. It cost a lot of time and money and effort for a lot of people.
- A person from the public asked who made the decision and what was the criteria and the rationale for pulling a specific billboard out of predominantly gay neighborhoods that resulted in there being nothing for gay white men anywhere and what was your justification for it.

Gunther Freehill responded that the long-term goal is to have in place a single operational standard to which OAPP and providers hold themselves accountable. OAPP holds themselves to a much more stringent standard of message development and review than we hold our contractors. We need to make sure that the messages that are being developed are consistent both with the intent of the grant and all other requirements. Mr. Freehill stated that he would be happy to walk through the process if it was requested. In some very broad terms, this requires active participation by everybody involved.

Mr. Freehill responded to another question that the 54-week protocol is a complete list of everything you would do in an ideal world. You develop a message over a multiple years of the contract.

He explained that there is not a distinction between the community and us. He stated that it grieves him to hear that he is no longer part of the community because he has a government job. He also stated that when he looks at social marketing materials, the first thing he asks is whether or not it is something that makes sense to him. Whether or not it conveys an HIV prevention message, and if it doesn't, is it about some other community that he knows nothing about and who to ask about it to see if it makes sense to them. The commitment of OAPP in doing HIV prevention well and effectively is real and it is deep. We want you to develop prevention strategies that actually work and we want you to do it increasingly well.

Gunther Freehill commented that the first phase about the message development and the mid course correction are the most appropriate places for individuals who are not HIV naïve to participate

Gunther Freehill commented

- That there were a total of four focus groups who developed those messages.
- There were four additional groups of providers.
- There were key informant interviews to ensure input.

Gunther Freehill responded to the questions regarding a specific billboard by saying that he is not in a position to have a conversation about a contract issue. He stated that a conversation has been had with the contractor. An explanation has been made with the contractor who can choose to make that public. He explained that the discussion is about one use of one image and that image is now in use. Mr. Freehill clarified that his intention was to go through the social marketing protocol today. However, his time on the agenda was limited.

Mario Perez commented that Social Marketing is one of many interventions. There hasn't been as much public scrutiny about how we implement this particular intervention over other interventions in Los Angeles County. We have not had this kind of discussions about individual level counseling in drug treatment centers or the delivery of counseling and testing services and what components make up an effective counseling and testing session. It does set a precedent for what the PPC's role is in terms of setting priorities and saying which interventions need to be part of our prevention program locally and then to another level with what role does the PPC have in managing specific contracts with our contractors.

Mr. Perez continued saying that it is important to note that there is some scrutiny for billboards or for a bus shelter add, or a poster that is going to be in a sex club. There are different levels of scrutiny not always is the intended target of the message the person. Its going to be more far reaching if it is a billboard than if it is a poster in a sex club. Those are considerations that we have to make. Despite what the developer of the image, who they want to target it is not always consistent with who will see and be the consumer of that image. That is another consideration that is important as we move forward with thinking about social marketing efforts

Several PPC Members were concerned and made the following comments.

- ◆ **Mark Etzel** clarified that it was not the expectation that the PPC is involved in every step. It is more in the spirit of partnership about some of the decisions that are made. I think that finding a more structured way to keep the communication going back and forth is necessary. He commented that since Social Marketing was moved into the domain of the Executive sub-committee, it is his hope that we figure out a way to formalize that communication to establish a shared understanding of what is happening.
- ◆ **Kellii Trombacco** mentioned that the community wants to be involved in the process at some point.
- ◆ We want to understand where the approval process rests in OAPP.
- ◆ **Ricky Bluthenthal** mentioned that this is a public forum and it is one vehicle for which people can come and comment about what OAPP is doing and what the planning counsel is doing. Because social marketing isn't always targeted, billboards are consumed by whoever happens to be walking down the street. For instance, it is going to come up here in a way that individual counseling and testing sessions might not. However, it is worth noting that with the syphilis epidemic 18 months ago there was some scrutiny and discussion at this meeting about whether we are doing our jobs in terms of prevention strategies that are being used for HIV positive individuals who apparently are engaging in the high risk level of sex. I don't think you have to worry about the precedent issue or that the PPC is interested in managing this, but I do think that people have a heartfelt interest and the right to know what is going on. This is just some way for them to get at it.

- ◆ As PPC members we need to figure out a forum where this kind of discussion can go on.
- ◆ **Richard Zaldivar** stated that this should not go unresolved. We need to have some discussion and some closure.
- ◆ **Ricky Bluthenthal** stated that there is a little bit of confusion. It actually isn't the process. I have been at this table for over two years now and I have to commend OAPP. You guys have good staff, you think things through. There was a presentation previously that described the protocol for approving social marketing materials. The problem here I think is about the end. It would be helpful to suggest a way to move forward.
- ◆ **Vicky Ortega** commented that there might be certain communities that are smaller, such as the transgender community that might need a different kind of message to get to them. Maybe establishing a forum where those people are included to get some feed back or developing social marketing campaigns.
- ◆ **Gordon Bunch** stated a concern that this is an issue regarding a specific contract and that there are so many contracts that we don't want to set a precedence for this committee having to hear issues relating to specific contracts. I am not sure this is the right forum.
- ◆ **Ricky Bluthenthal** explained that hearing that it really wasn't pulled, but it was cut back drastically, makes a difference. It doesn't mean that it is still ok. It is information that changes the way I think about it a little bit.
- ◆ **Mark Etzel** suggested to place this issue on the Executive sub-committee agenda for further discussion and to come up with a plan of action, since Social Marketing is under the Executive sub-committee.

Mario Perez mentioned that OAPP stands on their commitment not to openly discuss program deficiencies at the PPC. He commented that they are not prepared to discuss one programmatic decision in an open forum for this program or any other program. Mr. Perez acknowledged that OAPP has made a commitment at the last meeting to share the protocol with the PPC and providers who are developing materials.

Motion: A motion was made seconded and approved that this discussion is agendized for the Executive sub-committee and from that discussion there will be a report back to this group at the May meeting.

OPEN NOMINATIONS FOR PPC REPRESENTATIVE AT THE COMMISSION

Currently, Vicky Ortega and Edric Mendia occupy two of the three PPC Representative seats at the Commission. Nominations are now open for the third seat. The requirement to be at the Commission does exceed the 6-hour a month commitment that was made by members of the PPC. Sandra Cargil was nominated for the third seat. Nominations will be closed next month.

Sandra Cargil declined the CHHS nomination, because that would take her away from her commitment as chair of the Evaluation sub-committee.

FAITH BASE PRESENTATIONS

Balm In Gilead canceled the presentation because they had a difficult time arranging travel.

Proyecto Fe

Enrique Flores and **Margaret Babb** from Bienestar Human Services and **Alvaro Canton** and **Ariel Rivera** from the Wall Las Memorias provided presentation on faith based programs. Proyecto Fe is a Capacity Building project based on education training and pastoral care. It is a collaboration between Bienestar Human Services as the lead contractor and the Wall Las Memorias Project as the sub contractor. The Wall Las Memorias targeted Catholic churches and Bienestar targeted multiple denominations. The mission of Proyecto Fe Education was to educate the Latino Community about HIV/AIDS through active collaboration with the communities of faith. Thus uniting efforts to empower families. The total funding amount for this budget was \$260,000. Bienestar was allocated \$140,000 and The Wall Las Memorias was allocated \$120,000. The duration of this project was October 2000 to December 31, 2001. An extension with no additional money was granted to allow the continuation of the project through June 30, 2002. A copy of their presentation was made available. The goals were:

- ◆ Establish a community advisory board for Proyecto Fe.
- ◆ Establish new HIV/AIDS prevention programs in communities of faith.
- ◆ Evaluate existing programs and provide technical assistance.
- ◆ Participate in HIV/AIDS prevention community events throughout the year. (Unidos en Esperanza and Noche de Las Memorias)
- ◆ Provide training, update and technical assistance for communities of faith HIV/AIDS programs.

Richard Zaldivar commented that there is much more work needed in building trust with the faith communities to continue communication to accomplish this work. There is an assumption that Latino churches never cared about HIV/AIDS and that was a false assumption. They have opened their churches and have been waiting for some kind of HIV/AIDS education. Needs assessment showed particularly with the Roman Catholic Church that there is an assumption that they are not doing any HIV/AIDS education. It was necessary to understand their protocols because they do have them. On the national level there is a great movement within the Catholic Church on the National AIDS conferences. There is a need to start integrating the role of communities of faith more into our prevention efforts.

Mr. Zaldivar commended both faith-based agencies for their work. He stated that he was very proud of their work and that not everyone can do this kind of work. It takes a very special kind of person to not only understand their community, but have a great understanding of their interpretation of their God.

RETREAT UPDATE

Diane Burbie provided the highlights of the annual PPC Retreat. A summary report of the PPC Retreat was made available. She commented that as an outside observation, this body does a lot of work, however that work is not reflected along the way and so the presentations at the end of the process really don't give due credit for all of the efforts, and insights along the way. And in fact, communicating along the way may be a more effective way of keeping the community and this body informed so that decisions can be made.

Mario Perez asked Diane Burbie for her recommendation to this body in terms of how to remain on task if we adopt an 18-month timeline. Ms. Burbie recommended that in the finalization of the work plans to include in the communication section a due date of when a comprehensive progress report is expected to the Executive sub-committee about accomplishing the work plan for the year. She recommended a 4-month check-in as opposed to a 6-month check in. The reason for this is that in the event there are challenges or extra need of recourses or support to get on target with accomplishing those goals. **Jeff Bailey** thanked Diane for her work.

HIV/AIDS Behavioral Research Survey:

Jeff Bailey commented that the Evaluation sub-committee and the Executive sub-committee approved the HIV/AIDS Behavioral Research Survey. He asked PPC members to review the survey and provide suggestions or knew any individuals doing behavioral research around HIV substance use and related fields to ensure that the survey is given to them. It is separate from a resource inventory, which looks at what interventions and funding are out there. This is a resource inventory on what Behavioral Research is going on out there. In the past there has been public comment received that there has been research around women on HIV prevention issues and we want to make sure that we fully understand what has been going on in Los Angeles in the past 3 to 5 years. The purpose of this is to see if that can inform our prevention planning process.

OAPP REPORT

Mario Perez provided the following OAPP report. The Board of Supervisors recently approved both HERR and Counseling and Testing contracts for a one-year period. OAPP negotiated contracts for multiple years. Unfortunately, the Board decided to only allow those contracts to be in place for a one-year period. There will be a need to reintroduce those agreements to the Board sometime next spring for implementation once in July 2003. Normally contracts are submitted for very specific dates, such as July 1, 2002 and then expect approval to start from that point. The contracts are now in effect and programs can begin to use those budgets and start to meet some of those program objectives. A letter clarifying the terms of the agreement will be going out this week. OAPP is trying to seek clarification from the Board. It is unclear if the Board is fully informed of the timing of the decision and the implications that has for the scopes of work.

- Contracts or programs that are funded by the State will be funded through June 30, 2002 and then twelve months from July to June 2003.
- The funding term for programs funded with CDC resources will go through December 2002 and then for a six-month period from January through June 2003.
- It is expected that all programs irrespective of funding source will end June 2003.

This creates additional work. OAPP will now need to resubmit 6-month budgets for any CDC funded program, which is the bulk of the agreements. There should be no impact to the agencies in terms of having to resubmit scopes of work or renegotiate budgets.

OAPP will be issuing an update on the ELI (Evaluating Local Interventions) system. It is a State web base reporting system to report our prevention activities as seen fit by our State partners. It is not an evaluation system. There has been some assessment of agency capacity to have DSL lines and hardware assessments. The implementation of ELI will require some investment by OAPP, which is a cost that will not be offset by any State funds. OAPP is attempting to work through all the logistics and implementation costs before moving forward. The State is expecting that ELI will be implemented by July 1, 2002.

The State Office of AIDS issued a request that jurisdictions in California receiving education prevention funds allocate 25% of those funds towards PHIP programs. There is some opportunity for an exemption request. Los Angeles County invests a significant proportion of resources on PHIP. The PPC has made it a priority to allocate 7.5% of the total prevention resources to PHIP. There will be a meeting tomorrow between the PPC co-chairs, OAPP and representatives from the Alcohol and Drug Program Administration and STD programs. The purpose of the meeting is to review what current resources are in place, to support the prevention needs of infected persons, and to begin to articulate a plan that is due to the State by April 17, 2002. The reason that the Alcohol and Drug Program Administration and STD are part of this meeting is because it is required by the State to have the four (OAPP, PPC, ADPA, STD) parties be involved.

CPLS Conference

Jeff Bailey asked for a brief update from the PPC members who attended the CPLS conference and provided the following questions about what they learned. 1) What did you take back from the conference that informs our community planning in Los Angeles County? 2. How you felt we compare with other jurisdictions in the community planning process? 3. If you were witness or participated in any breakout session that specifically talked about prevention strategies and methodologies if there was anything that you felt was important to report back to this body?

Sergio Avina reported that this was the best conference that he has attended in the last two years. It is the first time he went to a CPLS yet, it feels as though he comes from a different world because many of the breakout sessions and discussion groups that he attended seemed very much under developed in terms of the information presented. He expected to bring back more new items, new videos, and new information. Some of the new information that he got was on HIV reporting. One discussion group that he was very interested in was from Oregon and the Health Department regarding HIV reporting. One question that he asked them was what they did to appeal to youth, Latinos, and recent immigrants and what messages or campaigns they put out since they do HIV reporting. He stated that he was unable to get a response.

Mark Etzel reported that the first thing that he took back from attending CPLS is that there is an opportunity for Los Angeles to showcase some of the work that is being done. The workshops that he attended were looking at hepatitis and its relationship to HIV, the prevention for positives and approaches to priority setting. The presentation by the Baltimore jurisdiction showcased their work in terms of how they were setting prevention priorities. As we think about the Continuum of Care Model, there will need to be a discussion at some point about hepatitis and how we think about it as a county. Jeff Bailey provided a presentation about Prevention for Positives and he did a very good job. He showed off the work being done for positive images in Los Angeles. Leadership was demonstrated in that regard. His hope is that in the future (US Conference on AIDS) we take advantage of submitting abstracts because many are doing really great work.

Vanessa Talamantes mentioned that she attended a variety of workshops that were very beneficial to her. Some were related to the community planning process and the others were helpful in the work that she is doing in the field. She attended a "building service provider networks" session, which relates to the work she is doing and also to the link between prevention and care and the Continuum of Care Model.

She also attended leadership development sessions. They discussed how to better facilitate meetings and how to engage the community and the Health Department. She also attended two gap analysis sessions, which showcased Washington State's and New York City's gap analysis models. She commented that as she attended most of the workshops she thought we are ahead of the game but there are some things that we can take from other places. We need to look at how to use their methods for our prevention planning.

Richard Zaldivar reported that he had the opportunity of being a panelist on the "Migrant Worker in HIV Prevention" session. It was a very good session about the various jurisdictions in the US and how they are dealing or not dealing with the migrant issues in relationship to prevention. The focus was toward the Latino based

community nationwide. He said that we are really lucky in Los Angeles to have not only the enthusiastic participation of the community in the PPC, but also OAPP is very sensitive to all of the issues. He attended the CPLS conference as one of the Los Angeles Representative to UCHAPS. At the UCHAPS meetings they received presentations and reports from the various jurisdictions (New York, Philadelphia, San Francisco, Los Angeles, Houston and Chicago) on their prevention plans. CDC also provided a report and some of the new guidelines coming up on social marketing and review panels on the various jurisdictions.

Mario Perez walked away with a few things this year from CLPS. CPLS provides an opportunity for OAPP to roll up their sleeves and have more discussions with our federal partners regarding our local response. I often walk away with an impression that Los Angeles is ahead of the curb, but also recognized that there are areas where we can improve our response. I always welcome the benefit of being able to learn from other jurisdictions. There is increased discussion on cost-effectiveness and what that means for us in terms of prioritizing interventions. There are discussions on not just what interventions cost, but even if they are costly and if they have a significant impact. What decisions are being made to support those or one over the other? We are migrating to areas where we will need to make some difficult decisions around which interventions we think are best suited for specific BRGs. Nevertheless, there does appear to be more tools and resources for jurisdictions to consider and guide those discussions.

The other is HEP C. It appears that HEP C is emerging in a lot of different venues and HEP C in his opinion, doesn't quite have a niche. Given the co-morbidity between HEP C and HIV, HIV planning and HIV programs appear to be that niche. I don't see those discussions happening around HEP C in other venues and I think it is something that we are going to, by default, need to begin to address. There are more HEP C working groups being formed that have similar structures as this community planning process in terms of looking at what jurisdiction's respond to addressing HEP C in their communities. I expect that will be something that we will discuss in the upcoming months in terms of what venue or forum we provide for some of those discussions.

The four national partners opened CPLS by having a town hall forum to discuss the community planning guidance. The CDC is currently reviewing its guidance and is soliciting community feedback across the country. There will be two additional opportunities for communities to provide input; one will take place on the West Coast in Los Angeles on April 22 and 23, 2002. The other will be on the East Coast in Atlanta. The CDC is rethinking its guidance to jurisdictions in terms of how we plan. I think this is the best opportunity for us to provide input if we think this process needs some modifications. We are a more inclusive planning body and a more representative planning body based on some of the feedback that was shared in the town hall forum. Other jurisdictions seem to struggle with putting forth recommendations that are not subsequently put in place by the local implementation agency. There was also some discussion about our cooperative agreement, the guidance that we use to respond to the CDC's application request. The CDC is also accepting comments on the cooperative agreement.

Jeff Bailey shared that the main thing he walked away with from the gaps analysis session that he attended is that we do a great job, but we still have a lot of learning to do. There is a study going on about evaluating the community planning process that he thought was very helpful.

CO-CHAIRS REPORT

BRG Meetings

Jeff Bailey reported that BRG meetings would be implemented on the last Friday of every month beginning April 26, 2002 until October 2002 unless the Friday falls on a three-day weekend. Information will be sent to providers next week. It will be partially a three-hour meeting; there is a set agenda. The purpose of the BRG meetings is to find out what agencies are doing, what are their challenges and barriers in implementing interventions.

STATE CPG

The third week of April 17, 2002 and April 28, 2002, is the State CDG meeting. The CPG has requested that local providers attend and give public comment. They would like to hear from Los Angeles providers. If there is a certain trend and what their success has been.

PPC Recruitment

Jeff Bailey reported that the PPC recruitment is an ongoing process. Two applications have been received for PPC membership; one is from TB Control and one from ADPA.

Syphilis Update

Jeff Bailey reported that syphilis cases continue to be identified and the vast majority, were coming from private providers.

Strategic Planning Process Update

Several PPC and CHHS members met with Dr. Thomas L. Garthwaite the new DHS Director in Los Angeles to introduce him to the Strategic Planning Process and to introduce the task force report and the staffing pattern for the CHHS. There will be a joint PPC and CHHS meeting on May 9, 2002. The purpose of that meeting is to go over the Strategic Plan and to introduce the PPC members to the Continuum of Care Services Model.

State Office of AIDS Update

The State Office of AIDS Representative was absent and there was no report from the State.

ANNOUNCEMENTS

Tonight APLA is having their party kickoff to their prevention social marketing campaign targeting men who have sex with men in the San Fernando Valley at the Rawhide Bar, from 6:30 p.m. to 8:30 p.m. at 10937 Burbank Blvd. in North Hollywood.

There is a Job opening at Drew for a Research Assistant. Flyers with the information were made available.

On Wednesday April 10, 2002, HIV EPI will have an orientation on data aimed at PPC and Commission members from 9:30 a.m. to 11:30 am. The purpose of the orientation is to become familiar with how best to use the data and how to be familiar with the quarterly report, and to obtain better use of the HIV EPI and EPI profile. Members of the audience are invited to attend. A flyer was available.

Tiffany Horton made an announcement on behalf of Tony Bustamante from STD. There was a press release from the Office of Public Health regarding newborn HIV infection. Several children in Los Angeles County; four born in 2001 and three born prior to 2001 have been identified as HIV infected. Even though that is within the county average of between 3 to 5 cases every year, it is felt that there is a problem and more needs to be done in making sure that pregnant mothers get the opportunity to receive prenatal HIV screening. A copy of the press release was made available.

Mark Anthony who works for the Los Angeles Family AIDS Network as a community liaison shared the following information. On April 13, 2002, Alianza, the Los Angeles County Caucus on HIV and AIDS, will be hosting the 8th Annual Latino Conference on HIV/AIDS at the Hyatt Regency Hotel in Los Angeles. For the most part, it is a Spanish speaking conference designed to serve the community of Los Angeles County. They are also having a service provider training track series for English speaking service providers in Los Angeles County. If you are a service provider and you want to get in touch with the Latino community on HIV/AIDS, there will be a series of workshops targeted for service providers and clients who speak Spanish.

ROLL CALL

The second roll call was conducted.

ADJOURNMENT

The meeting was adjourned.

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PPC MEETING FOLLOW UP ISSUES- April 4, 2002.

1. Social Marketing Protocol update.
 - a. Provide the Social Marketing Protocol.
 - b. Provide a mechanism for the public to engage and to participate in the process.
 - c. A motion was made that this discussion be placed on the Executive subcommittee agenda and that a report is brought back to the May PPC meeting.
2. Open Nominations for PPC representative to the Commission
3. Faith Based Presentations: Follow up with The Balm In Gilead and the other local LA faith based provider.
4. Retreat Update Report. A more detailed report will be provided to the Executive SC members at the next Executive SC meeting.
5. BRG meetings.
6. PPC Recruitment place on the May agenda to approve TB Control and ADPA representative.
7. Joint PPC and CHHS meeting on May 9, 2002 to go over the Strategic Plan and introduce to the PPC the Continuum of Care Services Model.