

Separate or Combined?

Finding Points of Integration in HIV Prevention and Health Services Community Planning

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2005, 2006, 2007 SF HIV Prevention Planning Councils

Goals today

- Background on SF HPPC & move to merge HIV prevention and health services
- Describe the process established to consider and address emerging mandate
- Present the results of a 3-year long process of discovering (appropriate) “points of integration”



HIV Prevention Community Planning in San Francisco

- **Continuously operating since 1993**
- **37 member Council**
- **Charge: 5-year, evidence-based Prevention Plan, ensure that DPH programs are consistent with Plan priorities, recommend priorities based on ongoing analysis of gaps and effective/promising, PIR**
- **Support from CDC, State, City**
- **Experienced and dedicated DPH staff**
- **Expert technical assistance from Harder+Company**
- **Ongoing process evaluation**

Also....CARE Council (HSPS)

- **Based on Ryan White CARE Act**
- **Over 10 years in operation**
- **Charge: Develop priorities and allocate funding for HIV health services in San Francisco from CDC funds**
- **Similar support sources: CDC, State, City**
- **Experienced and dedicated – but different - DPH staff**
- **Expert technical assistance**
- **Less extensive process evaluation**

Prevention and CARE

Although much in common.....

- ☒ Separate meetings
- ☒ Different goals
- ☒ Limited common language
- ☒ Different meeting cultures
- ☒ Different mandates and guidance
- ☒ Different staffing

First 10 years of the HPPC...

- Behavioral Risk Populations
- Use of Consensus Epi data
- Strategic research – multimethod, creative
- Outstanding Prevention Plans
- New RFPs
- Roles and responsibilities
- Deep attention to PIR
- Strong, certain, big agenda

2003..... Context shifting...

Certain percentage of state HIV prevention and care dollars will need to address HIV positive people with a prevention message.

Guiding Questions

- How can prevention and care work together to improve both HIV prevention and HIV health services?
- What do prevention activities with HIV+ people in San Francisco look like?

What do we call it?

- Primary Prevention for Positives (P3) and CARE in SF
- Prevention for Positives?
- Prevention with Positives?

What's in a name?

- Expand people's thinking about PWP
- Define underlying principles for the creation of effective PWP programs for San Francisco populations
- Describe different service strategies for delivering PWP and make recommendations relevant to each

Working Definition

- Prevention with Positives (PWP) is “any intervention that addresses the specific prevention needs of HIV positive persons.
- HIV positive persons should be involved in the planning and implementation of all PWP programs.”

- 2004 HIV Prevention Plan

Keeping the Name Alive

- From work group to formal committee
- Joint membership: Prevention & CARE
- Met monthly+
- Took higher road than where dollars will be housed

5 Underlying Principles

- #1. Services should be linguistically, culturally, and developmentally competent
 - MSM, IDUs, transgendered persons, youth

- #2. Utilize new strategies and adapt existing strategies that are effective with HIV+ people
 - Electronic media, internet

#3. Promote consumer-driven and client-centered services

- Seek consumer input where less is known (FTM, intersex)

#4. Integrate prevention services into medical and other settings

#5. Continue to gather and apply information about community norms

- How sero-sorting affects condom use

All 5 principles formally adopted by both Councils – paradigm shift in understanding of prevention and care

It seems so simple, but...

Asking what we meant led to...

- New sense of responsibility among HIV+ people and health service providers
- New roles for HIV+ people and service providers
- New sense of teamwork, new partners for prevention
- Infused community planning with yet another perspective

Just last month.....

- Sero-adaptation as a recognized HIV prevention strategy
- Appropriate strategies to prevent late testing
 - Substance users
 - Immigrants
 - Communities of color

Evaluator's perspective.....

- Asking questions can start a revolution
- Paradigms can shift
- It takes time, space, and dialogue
- New way of thinking came from deep expertise in the old paradigm
- Community planning provided context and skill set for participants to think as planners with a shared goal