District of Columbia

HIV Prevention Community Planning Group

64 New York Avenue, NE
Washington, DC 20002

Minutes – May 14, 2009 Special Meeting

Attendance: 21 members and Alternates were in attendance

Members & *Alternates*	P	A	Members & *Alternates*	P	A
Melina Afzal	X		Michael Pryor		X
Kristen Degan		X	Richard Rice	X	
Sean Arayasirikul		X	Néstor Rocha	X	
Natalia Averett	X		Melissa Sellevaag	X	
Paola Barahona	X		*Daniel Ehlman*		X
Geno Dunnington	X		Ron Simmons	X	
Susan M. Blake, Ph.D.	X		*Ken Pettigrew*		X
Mark Baker	X		Hazel V. Smith		X
Cyndee Clay		X	Isaiah Webster III	X	
Manuel Díaz-Ramírez		X	Gigi Thomas		X
Lisa Fitzpatrick, MD	X		*Earline Budd*		X
Ronald Harris	X		Zenovia Wright	X	
Daniel O'Neill	X		A. Toni Young	X	
Michael W. Plankey, PhD	X		Terrence L. Young	X	

HAA Staff: Dr. Shannon Hader, Stacey Cooper, Carolyn Thompson

Guests: Pernell Williams, Lindsey Grossman, Karen Schneider, Margaret Wu

Agenda

Call to order

Review of meeting goal

At the April 9, 2009 meeting the HPCPG the group approved a motion by Isaiah Webster that the HPCPG hold a special meeting May 14, 2009 to discuss prioritization.

Review and Approval of Agenda

Presentation: Prioritization in Context (N Rocha)

What kind of Prevention Plan do we want for DC?

Presentations and Discussion

1. What is Prioritization? (D Babb)
2. What strategies could be used for prioritization for a new plan?
   a. Option 1: DC's 2006 prioritization (D Babb)
   b. Option 2: Chicago's 2007 prioritization (D Babb)
   c. Option 3: Priority Options and Strategies (S Hader)

Break

Discussion and vote on prioritization strategy for the new HIV Prevention Plan

Next steps: What needs to be done and by when

Adjournment

Néstor Rocha convened the meeting at 5:35 pm

The agenda was reviewed and approved

Mr. Rocha reminded the group of the purpose of this special meeting – to decide what method of prioritization of populations should be used in 2009.

Presentations

Mr. Rocha gave a brief presentation on how DC needs to address the modern HIV epidemic in the District.

Donald Babb made a presentation describing the prioritization process used in DC in 2006 and the prioritization process used in Chicago.

Mr. Babb explained that in 2006 the full HPCPG identified and prioritized populations first by risk group – PLWH, Heterosexuals, IDUs and MSM – then by race/ethnicity and gender within those four groups and used seven factors to rank the populations, including

1. Estimated Size of population
2. AIDS Incidence (new AIDS cases) in 2000 - 2004
3. AIDS rate in 2000-2004 (cases per 10,000 population)
4. AIDS prevalence (PLWA as of Dec. 2003)
5. Risky Behaviors (Degree of transmission risk of each behavior and prevalence of risky behavior)
6. Barriers to reaching the population with prevention services (cultural, linguistic, etc.)
7. Difficulty of meeting needs (Few, moderate or substantial prevention resources currently available)

Mr. Babb reported that several HPCPG members were concerned with the results of the prioritization because of problems with factors that called for scores that were not based on data.

Mr. Babb then described the prioritization process used by Chicago, which looked at several factors to determine who are those most at risk for infecting others with HIV and who are those most at risk of getting infected with HIV, including

- Recent HIV Diagnoses

- Risk hierarchy (he relative potential for efficiently transmitting HIV)
- And where do PLWH live (by Zip code)

Mr. Babb reported that, different from DC, Chicago did not consider information on barriers to prevention services or from the service gap analysis – both found in the Community Services Assessment (CSA) – when it prioritized populations.

Information on barriers to providing prevention services was used for the design of strategies and the selection of interventions, while information from the gap analysis data was for service allocation.

Dr. Shannon Hader presented different, 3rd option for prioritization: to identify priorities for an overall prevention portfolio for community-level impact, and to identify programming priorities both within and across populations.

Motion

The group discussed the three options and approved a motion by Meliza Afzal to (1) adapt the Chicago prioritization model for DC and (2) develop a comprehensive plan that ties outcomes and strategies for each population after the prioritization of populations is completed.

A work group was created at the end of the meeting to review the data available to the HPCPG for use in prioritization. The group will make recommendations to the full HPCPG at the June 11 meeting.