

Office of AIDS (OA) California Planning Group (CPG):
HIV, STD, Hepatitis C & Harm Reduction

***Innovation Through Integration: Synergizing Health for HIV, STI, and
HCV Challenges***

**In-Person Meeting Notes
Holiday Inn, Sacramento**

June 10 – 12, 2024

Decisions

- ***Community Co-Chair Nominations***
 - Jena Adams nominated John Paul Soto; John Paul accepted.
 - Natalie Sanchez nominated Vivian Gallardo; Vivian accepted.
 - Vivian Gallardo nominated Clarmundo Sullivan; Clarmundo accepted.
 - Dean Jackson self-nominated and accepted.
- ***Community Co-Chair Elections***
 - Members elected John Paul Soto as Community Co-Chair.

Committee Reports

Women's Committee

- We talked about our plans for PrEP infographic for women. In the last couple of meetings, we've made the decision to do 2 infographics - one for providers and one for the women in the community. This is something that we've been talking about for a while, and we've actually had asked our State liaisons to bring back data from the Office of AIDS and STD Control Branch. So we have that data through 2021. Well, we don't have the infographics together, so we've asked them to go back because now we know that we have new data that will include 2022.
- We've also started talking about a sexual health infographic for women and today we talked about in the age range to include. When you talk about sexual health, do you start at 18? We know that young women/teenagers are sexually active. So should we go down to 14 or 15? But then I get concerned about parents. But then where does it end? Because when you're talking about women of childbearing age, that stops at 44 or 45, depending on which list you're looking at. Sexual health is as long as you're healthy. So it doesn't stop at 60, 70, 80, or 90. So just something that we need to think about because when we think about women over 45 and their risk factors, they don't think about STDs; they think about pregnancy and that "I don't have to worry about that because I'm pre-menopausal or post. So I don't have to worry about it anymore, right?" But you do. So a sexual health infographic would need to focus on showing the data of what it looks like for women and STDs

at different age groups and on HIV because we are seeing an increase in HIV among women over 40. And women just aren't talking about it or they're not comfortable talking about it.

- Hopefully at our next meeting, we will have something concrete for you to look at.

HIV & Aging Committee

- Keith was nominated and elected as the Committee Co-Chair alongside Mikie.
- We also brainstormed handful of goals that we want to complete over the next year:
 - Collaborating with the Youth Committee. What we've noticed is in the community that sometimes the youth doesn't want to hear what the seniors have to say, and at the same time, seniors don't know how to talk to the youth. So I (Mikie) will be approaching the youth committees chair to set up a dialogue where we can meet and start sharing information. So how could seniors talk to the youth in the community? And how could the youth talk to the seniors?
 - Creating some resource package specifically around Medicare, HIV and aging, health literacy
 - Taking from the Women's Committee, finding a series of webinars for the HIV and aging community surrounding specific topics of interest to them, which could include insurance, housing, food, and caregiving.
 - We also talked about the HIV aging awareness day coming up in September and how we can create a kind of storytelling or a round table conversation.
 - We talked about a report back for Project Cornerstone, which is a four-year demonstration project/one-time funding for four agencies across California to provide best practices for HIV and aging. Their annual reports are due in August. So we hope to have some sort of report back for you folks later in the year that we can present to the CPG.
 - Lastly, we just really talked about how to support community members in this space and member attendance (i.e. how to check in and how to support each other). We all have things going on and being in this space is sometimes hard. So any way we can support each other to show up and show out would be great.

Youth Committee

- We were talking about doing some inter-committee partnerships with the Membership Committee because our ongoing conversations are getting more youth voices out on the table to inform our work. So that was the majority of our discussion.
- We did have some fruitful discussions around our website in trying to talk about and draft an approved script for our elevator pitch that we can all have to share and promote. If all of us reach out to them and try to link them to the CPG, what does it mean to be a part of this group? How could it benefit

them? We really want to just package something that we all agree on and feel confident on. So that's going to take up probably our next meeting.

- We were talking about a lot of ways we can raise awareness of the CPG for folks. Help people understand what it is, why it's important, and what we do. So we have a lot of work to do. And that mainly involves Membership because right now everyone is at capacity and doesn't have a lot of space, and everyone also doesn't fit the demographic of our group. So we have work to do and we welcome it.
- I noticed the application did include an elevator pitch of what do you get from spending your time here, especially for youth and Gen Z'ers who are a little bit more difficult to convince, but I think they are also the most open minded to ideas. We talked earlier about how the cost part is kind of dwindling down with HIV, but I think framing it in a public health frame might be a little bit more enticing for people who may be interested in that as their new career.

Membership Committee

- Reminder that with two consecutive 3-year terms on the CPG, you must reapply after your first term. We're going to revisit the bylaws if it needs to be put in there for all of us to fill out that application annually to update our contact info, phone number, address, etc.
- This summer, we're doing some focused recruitment based on demographics and regions throughout California.
- We finally finished the application form. We were able to shorten the form, and we removed and updated a lot of language that was stigmatizing. Happy to say that the form went from a full 2 pages to about a page and 1/4. We'll have that rolling out as soon as Michael plays with the format. We're doing it in English to Spanish.
- For mentorship, we did send an e-mail out a few months ago but just wanted to put it out there again. If folks are willing to be mentors, please let us know so we could put you on the list. And if you would like to be a mentee and would like to be paired with a mentor, please let us know as well. Currently, we have 3 mentors.
- We're also looking for more members. We meet on the 2nd Tuesday of every month at 11:00 AM. So if you would like to join our committee, we're happy to have you.

Drug User Health Committee

- This committee did not meet.

Suggestions/Recommendations from the Public

Jesse Mora – Oakland EBAAC

- During my outreach in Oakland, I've been observing a lot of positives between Latino and Black people, especially young Latinos. I noticed that the White population want to get tested, but challenges remain within the Latino and Black population.

- Encourages everyone to watch the film “Chasing” on YouTube, which is about substance use and HIV in the Latino community.

Jayda Arrington

- When will OA change their name to not include AIDS as I do not see anyone with AIDS.
- Some organizations come with funds to cover entertainment for women. But if you have funds for women, consider covering things that would uplift women and make them happier (i.e. covering the cost of braces due to periodontal issues, covering prosthetics, etc.) instead of just buying dinner or covering entertainment (i.e. plays).

Natalie Sanchez

- I’m promoting the Confessions podcast. Season 1 was focused on Latina women. Season 2 was focused on Black women. They will have a dedicated 3rd season in Spanish. We are working on another season on women and aging that’s going to be multi-racial. We also want to share stories from men too. We are trying to find private funding or incorporate fundraising because there’s so many stories to tell that it’s hard to limit it. I encourage everyone to listen to the podcast.

Shilo Jama, Executive Director of Safer Alternatives through Networking and Education (SANE) in Sacramento and Sierra Health Foundation in El Dorado

- SANE is one of the first programs to put [inaudible] at the syringe exchange. We are in the process of losing 27 MAT-funded programs at the end of the month, which will push thousands of drugs users into either high barrier treatment centers or no treatment whatsoever. It looks like there's going to be a gap funding up to 8 months, and we've been advocating trying to get meetings with people and they're just not happening. Need to step up game in communication.
- CHRI funding went through. Only last week the programs got funding when they said they were going to be hopefully funded in January and they were promised funding in March and microprograms and programs that rely on that money nearly closed down.
- Harm reduction organizations and syringe exchange HIV prevention organizations are being aggressively attacked across the State; we have to do better as a community to end old rivalries and stand together. They are organized and they want us to fail and it's only us and people like this in the room are dedicated to making sure we stand together.

Roger Al-Chaikh

- I learned about the grant process for different organizations and have some time. So reach out if you need help.
- I feel that the Oakland OTGA (Oakland’s planning council) is disconnected from the State. Maybe OA or CPG could help with outreach.

Elaine Nye, STD Control Branch but speaking as a member of the public

- I'm a liaison for the Youth Committee, and we often talk about wanting to recruit more people to bring in more voices that are reflective of the communities we serve. I think that the Robert's Rules of Order style of organizing that we use in these spaces decrease access to people. I encourage us to look at another way for people to come in and share without understanding all the bylaws, etc. That keeps people at arm's length that might have good things to say. So that's just something I want to throw out to the room to consider.

Mikie Lochner, San Diego

- This is to those of you in the room who are HIV positive. If you notice that a couple of years ago, we heard from the government that the face of AIDS has changed. You no longer hear the government actually talking about AIDS. They actually got rid of the word AIDS and now it's HIV. As a consumer/long-term survivor of 38 years, I'm kind of disappointed that the HIV community doesn't realize that we have allowed the government to put us into compartments (i.e. gay White men, African Americans, Latinos, transgender, women, etc.) and none of us are coming together and standing together as one. When I go out into the community and I encourage consumers to come to the HIV Planning Council, you don't all have to speak. But when one person gets up to speak, all of you should stand up because that makes a difference to the people that are making decisions. They see strength in numbers. If you think about it, here in the United States, it's the only disease that the government has successfully been able to put people into compartments. I have a name. I'm not a percentage. I'm not a number. When I was born, the doctor didn't come out to my parents and say "hey, congratulations, number one son." It was "congratulations, you have a boy." So it's a little concerning. As a part of the HIV community, we need to do a better job of coming together and standing up and talking to the powers that be and say, "hey, recognize us as people because we bleed just like you do. We love just like you do." And it's really concerning because I've heard people say we need more funding. Encourage your clients to come together and go to the powers that be and speak on behalf of you as an organization. Speak up as the community. I go to family health centers, and they deal with the entire community; they don't just deal with one portion of the community. It's strength in numbers. So I really challenge all of us to reach out to somebody you don't know in the HIV community that doesn't look like you and teach them how to become better advocates. The reality is that we're the ones who know our bodies. Strength in numbers has been proven over and over again. United we stand, divided we fall.

Angie Percam, Connections in Monterey County

- I want to make a request for a transgender group in Salinas. We have a problem trying to acquire condoms easily. Many of the ladies that are a part of the support group provide it, but they will give us just 5 or so. We have

gone to the needle clinic, where they do the HIV testing, and it's the same thing; they give you a small bag with just 5 or 6 condoms. Many of the ladies who are transgender have a lot of sex, and we don't get enough condoms.

- Marisa Ramos, OA Division Chief – we have boxes from Pride that we did not give away. You are about to inherit three boxes. Whatever we have, we will give it to you.

Jake Bradley Roe – Sunburst Project, Chair of the Priorities and Allocation Committee for local Ryan White Planning Council

- Sunburst project has been around for 36 years serving people. We initially started as an organization focused on children and women. In 2020, we expanded our service to anyone living with HIV. We provide wrap-around services (mental health, medical case management), social services, and prevention work. We have a testing clinic. We're located in the Arden area. We have a lot of great connections here in Sacramento like Sac State. We access their students through condom dispensers and student housing. And we outreach to them about services that we provide.
- Last year, our county contracted with Sunburst to start a congenital syphilis program because of our work with pregnant moms. We're working with all the Sacramento County disease investigators for all unhoused women who come up with congenital syphilis. We house them through treatment. We continue with them through their full pregnancy to hopefully support them into permanent housing. We're working with other community partners. We provide everything that mom possibly wouldn't get just through prenatal care, including connecting them into prenatal care. Starting congenital syphilis program for unhoused women who are pregnant.
- So it's a small program that we have going. There's been a lot of protocol building with the County and how we do this. The big battle we have, especially with the unhoused community, is how to get these women to a hospital setting on a weekend when we're not around after they test positive for syphilis. So there's a lot of work between Sacramento County and Sunburst staff.

Action Items

- CPG members are interested in funding opportunities and/or assistance in doing HIV work and a presentation on the work of the Ending the Epidemics Coalition would be helpful. Reach out to this group to coordinate a virtual webinar.
- CPG members are also interested in a presentation on the community health worker training program. Reach out to Rachel McLean to coordinate a virtual webinar.