

**HIV and Hepatitis Community Planning Group Meeting Minutes**  
**Holiday Inn Mercy Campus**  
**Des Moines, IA**  
**April 13, 2017**

<b>HIV &amp; HEPATITIS COMMUNITY PLANNING GROUP MEMBERS</b>					
<i>*in attendance</i>					
X	Julie Baker	X	Corey Hoefer	X	Michelle Sexton
X	Donald Baxter		Tim Kelly		Anthony Sivanthaphanith
X	Sue Boley	X	Betty Krones	X	Carter Smith
X	Colleen Bornmueller	X	Douglas LaBrecque		Rachel Stolz
X	Megan Campbell	X	Roger Lacoey	X	Roma Taylor
X	Tim Campbell	X	Jacob Linduski	X	Pamela Terrill
X	Kathryn Edel	X	Luis Morteo		Mark Turnage
	Scott Clair	X	Sara Peterson		Michael Voigt
	Linnea Fletcher		Marty Reichert	X	Kathy Weiss
	Kevin Gabbert		Sonia Reyes-Snyder	X	Patricia Young
X	Greg Gross (proxy)	X	Nick Rhodes		
X	Holly Hanson	X	Theresa Schall		
	LeeVon Harris	X	Shane Sharer		
X	Tami Haught	X	Jordan Selha		
<i>Health Department Staff:</i> Randy Mayer, Elizabeth McChesney, Elsa Goldman, Meredith Heckmann, Katie Herting, Cody Shafer, Lexie Hach, Darla Peterson, Nicole Kolm-Valdivia, Jessica Morris, Al Jatta			<i>Guest(s):</i> Belinda Havard, Joe Caldwell, Cedric Sturdevant, Reginal Stevenson, Andrew Bates, M. Tatjana Ramos, Zach Reau, Heath Johnson, Samantha Willey, Kurt Berke, Steven Kleppe		

**CALL TO ORDER**

Colleen Bornmueller called the meeting to order at 9:00 a.m.

**ROLL CALL**

Colleen Bornmueller facilitated roll call. Pat Young gave updates about absent members.

**TEST AGENDA**

Colleen asked if there were any additions to be made to the test agenda. No additions were made.

## **Ground Rules & Agenda Review**

Pat reviewed the group agreements, the agenda, and goals of the meeting:

**Goal 1:** Become updated on opioid prevention and treatment initiatives

**Goal 2:** Identify the trends in the HIV epidemic

**Goal 3:** Become updated on select goals and objectives in the Comprehensive HIV Plan

**Goal 4:** Discuss departmental and policy initiatives

**Goal 5:** Discuss Ryan White Part B Supplemental application

**Goal 6:** Discuss the 2017-2021 Iowa Hepatitis Action Plan and participate in committee meetings

Pat reviewed the handouts present in the CPG folder given to members and guests.

## **Approval of January Minutes**

Colleen facilitated the approval of the January 12, 2017, minutes. No corrections or additions were made. Roger Lacey motioned to approve the minutes. Sue Boley seconded the motion. Motion carried.

## **Review of January Check-outs**

Colleen facilitated the review of the January 12, 2017, meeting checkouts and comments. Members generally felt positive about the meeting including the emphasis on the development of the Hepatitis Action Plan, and information and discussion about HCV and the opioid epidemic. They appreciated the HCV surveillance update. A few comments were made that members would like to see more on syringe services programs.

## **UNFINISHED BUSINESS**

### **1. Opioid Prevention and Treatment**

Kevin Gabbert, Iowa Department of Public Health, was unable to attend the meeting due to an out-of-state meeting. Pat reviewed the various pieces of legislation that did not pass during the current legislation. They included the paraphernalia bill to assist with syringe services; the Good Samaritan bill involving opioid overdose; the required use of the Prescription Monitoring Program (PMP) by medical professionals; and expanded medications assisted treatment.

- The health department created a Spanish version of the *Opioid Overdose Recognition and Response* brochure, as requested by the CPG.
- The opioid fact sheet has been updated.
- The Bureau of Substance Abuse has applied for an opioid grant from SAMSHA that will provide funding to the 23 Substance Abuse Block Grant treatment catchment areas.

- The Bureau of Substance Abuse continues to work with the Iowa Board of Pharmacy to fund enhancements to the PMP.
- The Bureau of Substance Abuse has established a bi-weekly Opioid Update. The intent of the update is to inform individuals of opioid use/misuse, and prevention and treatment efforts taking place in the state. Pat will forward the update to CPG members.

## **2. Status of the 2017-2021 Comprehensive HIV Plan**

Pat Young discussed the update on the Comprehensive HIV Plan. She stated that Goal Three is still being edited to develop better goals and measures. Further discussion will occur at the July meeting. No questions or comments were raised.

## **NEW BUSINESS**

### **1. Goal 1: Reducing New Infections. Updates from HIV Surveillance Program and the HIV and HCV Prevention programs.**

#### HIV Surveillance Update:

Al Jatta, the HIV Surveillance Coordinator, and Jessica Morris, the HIV Re-engagement Coordinator, presented on the 2016 end-of-year surveillance data (see PowerPoint):

- There has been a significant increase in new HIV diagnoses in Iowa in 2016. There were 136 Iowans diagnosed with HIV. This is the largest number of people diagnosed with HIV since reporting began in 1998. A number of things contributed to this increase; in general, it should be seen as a positive sign that people who are at risk for HIV are being tested.
- Most importantly, there was a marked increase in black/African American Iowans diagnosed with HIV in 2016. U.S.-born blacks/ African Americans diagnosed with HIV in Iowa increased by 75% since 2015, while foreign-born blacks/African Americans diagnosed with HIV increased by 110%. The increase in the number of people diagnosed among these populations is likely a sign of improved access to health care and concerted efforts to reach those at most risk of HIV in Iowa. No other racial or ethnic group experienced an increase in HIV diagnoses in 2016.
- Overall, males and females equally experienced increases in diagnoses, but the increases were among males who were U.S. born and among females who were foreign born. The number of females diagnosed with HIV increased from 26 in 2015 to 30 in 2016, but remained at just above 20% of all people diagnosed. Males diagnosed with HIV continued to outnumber females by a ratio of about four to one.
- People aged 25 through 44 years continued to make up the largest proportion (54%) and number (73) of people diagnosed with HIV. The number of youth and young adults 15 through 24 years of age who were diagnosed with HIV dropped from an all-time

- high of 33 in 2015 (27% of all people diagnosed with HIV) to 28 (21% of all people diagnosed) in 2016
- Diagnoses increased in MSM and heterosexual populations in 2016 whereas diagnoses decreased in IDU.
  - Racial and ethnic minorities are over-represented: The number of people diagnosed with HIV in this group almost doubled from 23 (19% of all people diagnosed) in 2015 to 44 (32%) in 2016. Of the 44 black/African American, non-Hispanic persons diagnosed in 2016, 23 (52%) were foreign born, the second time since the beginning of the HIV epidemic that foreign-born, non-Hispanic black persons diagnosed with HIV outnumbered U.S.-born, non-Hispanic black persons. Among U.S.-born blacks/African Americans diagnosed in 2016, 81% were male, and among these, 76% were gay or bisexual. Conversely, 65% of foreign-born blacks/African Americans who were diagnosed were females. Hispanics/Latinos represent 6% of Iowa's population, and were 8% of people diagnosed with HIV in 2016. Of the 11 Hispanic persons diagnosed, 8 (73%) were foreign born.
  - Late testers: The proportion of people diagnosed with AIDS within three months of their initial HIV diagnosis ("late testers") decreased significantly in 2016, continuing a trend that began in 2013. At that time, 46% of people diagnosed were considered to be late. In 2016, only 24% of people diagnosed were late. This is further confirmation that people at risk for HIV are getting timelier access to testing.
  - HIV prevalence: As of December 31, 2016, there were 2,647 people with a current address in Iowa diagnosed HIV, a prevalence of 84.7 per 100,000 persons. As of December 31, 2016, 98 of Iowa's 99 counties had at least one resident living with HIV. Prevalence in six counties was greater than 100 per 100,000 population (0.1%). Polk County, with 165 per 100,000, has the highest prevalence, followed by Pottawattamie County (133 per 100,000), Scott County (128 per 100,000), and Linn County (122 per 100,000).
  - Continuum of HIV Care: Of 2,510 persons diagnosed with HIV disease on or before December 31, 2015, and living in Iowa as of December 31, 2016, 2,115 (84%) were retained in HIV care and 1,965 (78%) were virally suppressed. This is significantly higher than many parts of the country. National estimates vary with around 60% of people with suppressed virus. When Iowans are retained in care (i.e., have two or more visits to an HIV primary care provider during a year), viral suppression rises to 93%.

A member asked if the department is able to analyze the number of transgender Iowans with HIV. Al stated that they are now collecting those data, and over time will be able to look at this population better. Randy added that we hope to have a supplemental report looking more closely at the increase in diagnoses among African Americans and other blacks in Iowa.

Jessica described the re-engagement program. Out-of-care is defined as not receiving a viral load within one year, or if newly diagnosed, not receiving a viral load within three months of diagnosis. Case managers and Disease Intervention Specialists work together to find people who are out-of-care and re-engage them in medical care.

Goal 1: Reducing New HIV Infections:

Pat outlined Goal 1 and the current programming in place to meet the goal, objectives and strategies. She introduced the panel that presented the various components of Goal 1.

Nicole summarized the HIV prevention program 2016 CTR activities. (See PowerPoint). There are ten counseling, testing, and referrals sites across the state. There has been a significant increase in funding due to the Ryan White Part B supplemental grant. There has been a 30% increase in HIV tests administered in 2016. Sites were successful in reaching priority populations, administering STD tests, collaborating with community partners, and reengaging PLWH lost to medical care. Sites faced challenges with staff turnover and ramping up new initiatives with new funding. Prevention programs increased the condom distribution program across Iowa. Pat reviewed the policy initiatives that included the implementation of tests of public health significance (TOPHS) and the naloxone bill.

George Walton, STD Program Manager summarized the HIV and STD partner services program, number of people served, and number of partners identified and tested (See PowerPoint).

George and Colleen presented on expanded STD testing at the Community-Based Screening Services (CBSS) sites (See PowerPoint).

Shane presented on the Viral Hepatitis C testing at the CTR sites.(See PowerPoint).

Julie presented on the integration of routine screening in Federally Qualified Health Centers (FQHCs) (see PowerPoint).

Cody presented on the PrEP initiatives (see PowerPoint). He stated since he started in January, 63 individuals accessed PrEP and about a third are enrolled through the TelePrEP program.

Elsa presented on the print and digital media campaigns across Iowa to raise awareness about HIV, reduce stigma, and increase testing. Ads from the CDC's *Let's Stop HIV Together*, *#Doing It*, and *We Can Stop HIV One Conversation at a Time* are running in over 200 newspapers across Iowa. Ads from the CDC's *Know More Hepatitis* campaign

are running in over 200 newspapers across Iowa. PrEP ads are also being developed. Digital HIV ads are running on Facebook, Twitter, Pandora, and other webpages targeting MSM, minorities, and minority MSM. Digital PrEP ads will run targeting MSM. Hepatitis C ads will run targeting individuals born between 1945-1965.

## **2. Departmental and Policy Initiatives**

Randy gave departmental updates including new hires at IDPH:

Jessica Morris as the re-engagement coordinator;

Ariel Langtimm as a DIS: and

Kelli Campbell as the PCSI (program collaboration and service integration) Data Analyst in the STD Program.

IDPH has two open positions: the Benefits and Enrollment Specialist and the Data Program Manager. IDPH created contract positions: Rural Outreach Liaisons (ROLs), an HIV and Substance Use Coordinator, a Trauma-Informed Care Coordinator, and a Health Equity Coordinator. Lexi and Darla gave a brief description of the ROL positions.

Randy gave budget updates. IDPH receives state funding towards HIV, STD, and Hepatitis services. Randy requested that the bureau's state funds be combined into one unit so the department has more flexibility in their use across HIV, STD, and hepatitis. While this was approved by the Governor, hepatitis funding was eliminated (and ADAP was reduced a bit) by the legislature. The bureau is waiting to hear if it will be okay to combine the ADAP and STD funding that remains. Overall the department's budget was reduced by more than \$5 million this year.

## **3. ADAP Update**

Meredith shared that Blue Cross Blue Shield (BCBS) and Aetna announced that they will no longer be offering any individual insurance plans on the marketplace or separately, unless there are some substantial changes to regulations. Medica is the only insurance company that has said it will likely offer individual plans next year. BCBS currently covers 21,000 people who will need to find a new plan. If Medica decides not to offer individual plans, ADAP will offer medication assistance and supporting employer-sponsored insurance. The program was able to change Administrative Rules to raise eligibility for medication assistance to 400% FPL, and ADAP is moving from a limited formulary to an open medication formulary (with a few exclusions). Meredith stated that Wellmark and other insurance companies are still in negotiations with state and federal officials, so things may change.

### **3. Ryan White Part B Supplemental Funds**

Holly discussed the 2017-2018 Ryan White Part B Supplemental grant. The funding has increased since last year when the program applied for and received seven million dollars and is about to submit the application for next year's funding. See PowerPoint to review the initiatives that were funded by the supplemental grant. Holly asked CPG members to help come up with other initiatives to improve the care continuum and help end the HIV epidemic. The funding must align with HRSA's core medical and support services. CPG members were asked to submit what they feel the gaps in services are. She suggested addressing regional issues, like transportation in the Cedar Rapids and Iowa City area.

### **4. Hepatitis Action Plan**

Pat reviewed the Hepatitis Action Plan and asked each committee to review the goals, objectives, strategies, and activities.

Are they useful and realistic?

What's missing?

Initial comments from CPG members included:

- Utilizing secondary exchangers or peer advocates to disseminate safe injecting practices.
- Working with pharmacies to standardize access and reduce stigma about purchasing sterile needles.
- Access and partnering with pharmacies to increase access to sterile syringes.
- Ways to dispose used syringes.
- Increasing access and financial assistance to Naloxone.
- Medicaid's requirements about treatments and reducing treatment requirements.
- Addressing health disparities
- Education
- Different ways to get tested outside of a primary care setting including pharmacies.
- Producing role model stories.
- Increasing testing in the ER, during colonoscopies for baby boomers.
- Bundling HCV and HIV testing.
- Scripting for providers.

### **5. Committee Meetings**

The committees met to go through the goals, objectives, and strategies for their respective sections of the HIV and hepatitis strategic plans. They also discussed Ryan White Part B Supplemental funding. Committees gave a brief report-back to the larger group.

ReNEW Committee: incentivizing testing, pharmacy testing sites, testing at events, rapid testing, harm-reduction, advertise around opt-out testing, EMR models for testing sites, scripting for providers, privacy protection for PrEP, app for Iowa specific testing, social

networking, PrEP starter packs, same day PrEP, PrEP for people of color, testing at the state fair.

HOCA Committee: Peer supports – developing different ways for PLWH to support each other. Transportation – brainstormed ideas, especially for people needed to get to Part C’s once losing insurance. Housing – creative ways to support individuals.

EquityCommittee: Discussed gender-specific peer support programs.

## **6. Committee Reports**

Jacob Linduski, chair of the Gay Men’s Health committee, shared updates from their meeting. Cody has been keeping the committee up-to-date of the PrEP initiatives, including TelePrEP. The committee has been discussing how to improve culturally competent healthcare for LGBT patients. Cody showed the [www.PrEPiowa.org](http://www.PrEPiowa.org) webpage and shared the PrEP provider directory. He also showed the <http://iowaguys.wixsite.com/resources> website and resources page. The committee is adding oral health resources to the webpage. No questions were raised.

Tami Haught, chair of the Public Relations committee, discussed CHAIN’s Day on the Hill. It occurred in February and it was very successful. They appreciated support from The Project of Primary Healthcare. She will invite CPG members to the CHAIN google group to get involved in advocacy efforts. No questions were raised.

## **OTHER BUSINESS**

Pat asked people to fill out the form to brainstorm the 2018 HIV conference title and theme – and send them to Pat.

## **CHECKOUT COMPLETION**

Colleen reminded everyone to complete their checkout forms.

## **CALL TO THE PUBLIC**

Colleen asked the public if they had any comments or questions. Andrew Bates, Mississippi member, thanked CPG for hosting them. Belinda also thanked CPG for having them and that they have a lot of great ideas to take back to their state. They also shared that Iowa’s commitment to the CPG and the HIV and hepatitis epidemics is inspiring and seeing the collaboration is warming. Health appreciated CPG as a great orientation and training as a new provider. Samantha also

appreciated Iowa's CPG. Douglas is thrilled to have people involved in hepatitis and believes that we need to increase our hepatitis branding in the future.

### **ANNOUNCEMENTS**

Saturday, April 29, is One Iowa's annually LDBT health and wellness summit. TelePrEP will be opening and the gay men's health choir will perform. The summit will take place at DMU.

**Next Meeting – Thursday, July 13, 2017.**

### **ADJOURN**

Colleen facilitated the motion to adjourn the meeting. Carter motioned to adjourn. Sue seconded the motion.

Respectfully submitted,  
Elsa Goldman