HIV and Hepatitis Community Planning Group

Meeting Minutes

April 12, 2018

HIV & HEPATITIS COMMUNITY PLANNING GROUP MEMBERS **in attendance*								
Julie	Baker	*	Corey	Hoefer	*	Michelle	Sexton	*
Donald	Baxter	*	Daniel	Hoffman-Zinnel	*	Carter	Smith	*
Sue	Boley	*	Steven	Kleppe	*	Samantha	Smith	*
Colleen	Bornmueller	*	Douglas	LaBrecque		Sonia	Snyder	*
Megan	Campbell	*	Roger	Lacoy	*	Conner	Spinks	
Tim	Campbell	*	Jacob	Linduski	*	Rachel	Stolz	*
De'Shea	Coney	*	Jeffrey	Moore	*	Roma	Taylor	
Kathryn	Edel	*	Sarah	Peterson	*	Pamela	Terrill	
Linnea	Fletcher	*	Marty	Reichert		Mark	Turnage	
Kevin	Gabbert		Claudia	Robinson	*	Kathy	Weiss	*
Greg	Gross		Theresa	Schall	*	Samantha	Willey	*
Holly	Hanson		Shane	Scharer	*	Patricia	Young	*
LeeVon	Harris		Aaron	Shaw	*	Sarah	Ziegenhorn	*
Tami	Haught		Jordan	Selha				
Health Department Staff: *Katie Herting, Biz McChesney, Cody Shafer, Jessica Morris, Randy Mayer, Nicole Kolm-Valdivia, Amanda Casson, Kelli Campbell, Lora Kracht, Jamesetta Mator, Al Jatta, Mary Hightower, Effie Hill*								
Guest(s): *Kurt Burke , Darla Krom, Dena Dillon, Nick Demke, Sherry Jansen, Clover McHargue, John Shaw, Heidi Gubanyi*								

Call to Order

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

Roll Call

Colleen Bornmueller facilitated roll call. There are two new members. Pat Young gave updates regarding absent members.

Pat provided updates, announced her retirement, and gave some history of CPG and significant events in the history of HIV, rounding out her 29 years of working in the field. Colleen gave thanks and remarked on Pat's upcoming retirement and her contribution to CPG.

Test Agenda

No changes were made to the agenda.

Ground Rules and Agenda Review

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

Goal 1: Identify HV and HCV trends
Goal 2: Become updated on select goals and objectives in the Comprehensive HIV Plan
Goal 3: Become updated on select goals and objectives in the Hepatitis Action Plan
Goal 4: Discuss legislative and policy initiatives
Goal 5: Discuss community engagement and participate in small-group discussions
Goal 6: Receive an update on ad hoc committee work

Pat also reviewed the contents of member packets.

1. January minutes
2. 2017 End-of-Year Iowa HIV Surveillance Update
3. 2017 HIV Care Continuum
4. Hepatitis C in Iowa: 2017
5. Prevention Program Summary: 2017
6. 2017 ITS Sites End-of-Year Brief
7. Routine Screening in FQHCs 2017 Update
8. Viral Hepatitis Situational Analysis
9. Iowa Progress on PrEP Implementation
10. Progress Update: HIV/HCV and Substance Use in Iowa
11. Sexually Transmitted Diseases in Iowa
12. CPG Contact List
13. Check-out Form

Approval of January Minutes

Colleen Bornmueller facilitated the approval of the January 11, 2018, minutes. No corrections or additions were made. Motion carried by Roger Lacoy. Motion seconded by Sonia Reyes-Snyder. Minutes were approved.

Review of July Check-outs

Colleen Bornmueller facilitated the approval of the January 11, 2018, check-outs. No corrections or additions were made.

Unfinished Business

HIV, STD, and Hepatitis Conference: Advances and Opportunities

Pat provided an update on conference planning. Pat discussed that this will be the 13th conference since 1998 and provided an overview of the set-up process the day before the conference. Jenna Sheldon is the co-planner with Pat, and has been working to confirm speakers. The conference is scheduled on June 27-28 with 7 plenaries and 20 concurrent sessions occurring. Pat mentioned that attendees generally come in the night before. Reimbursement support for

CPG members who are contractors is provided. Pat will assist with registration for non-contracted members.

Legislative policy updates

Keenan Crow presented legislative policy updates (see presentation slides for more information). Pat introduced Keenan, who is from *One Iowa*. Pat asked when session will end. Keenan said mid-May.

Legalization of Needle Exchange Programs
(https://www.legis.iowa.gov/legislation/BillBook?ba=SSB3008)

Pat Young asked Sarah Ziegenhorn to provide an update on the outcome of the bill to amend the state's paraphernalia law to allow for syringe services programs. Pat mentioned Sarah is known as a champion of improving drug-user health and recognized her efforts to provide syringe services to Iowans to reduce the incidence of hepatitis C. Sarah reported that the bill did not make it past the Senate. The bill may come up again and be added to another bill, and force a vote at the next session. Sarah is not optimistic that anything will happen this year. Keenan Crow also mentioned that the bill could be added to another bill.

Tier IV Sex Offender Proposal

Keenan Crow described the Tier IV sex offender proposal as a program that designates a person moving into Iowa who has a history as a sex offender would automatically be added to a Tier IV registry. Additionally, any person in Iowa who has been a registered sex offender will automatically transition to a Tier IV registry after completing his/her time on one of the other Tiers, thus creating a permanent sex offender list. Keenan discussed the potential impacts on people living with HIV.

IA Medical Cannabidiol Act (Iowa Code chapter 124E)

Randy Mayer talked about the Medical Cannabidiol Act, which was passed last year and signed into law in May 2017. The department is implementing the Act, and Randy has been designated as the Director of the Office of Medical Cannabidiol.

The Act calls for the department to license up to two manufacturers and up to five dispensaries to sell medical cannabidiol to patients and primary caregivers by December 1, 2018. So far, one manufacturer, MedPharm Iowa, and five dispensaries have been licensed. The dispensaries will be located in Sioux City, Council Bluffs, Windsor Heights (Des Moines metro), Waterloo, and Davenport. A second manufacturer should be announced by July 1.

Cannabidiol (CBD) is the name of one type of cannabinoid found in the *Cannabis* plant family that has potential therapeutic uses. CBD is not psychoactive. It does not alter the state of mind of a person who uses it. ***Tetrahydrocannibinol (THC)*** is another type of cannabinoid found in

the *Cannabis* plant family that also has potential therapeutic uses. THC is the cannabinoid with psychoactive effects and is known for the mind-altering "high" it can produce. It can be addictive.

Due to the way CBD, THC and other cannabinoids act in the body, they may have some potential health uses. Certain research (including cell culture, animal models, and clinical studies in patients) has shown cannabinoids to have a range of effects that may be therapeutically useful, including anti-seizure, antioxidant, neuroprotective, anti-inflammatory, analgesic, and anti-anxiety properties. Iowa's law allows CBD with up to 3% THC to be used.

The Administrative Rules concerning the forms and quantities of medical cannabidiol that will be available are for comments through April 17. See ARC 3707C. Medications will take a variety of forms, including oral (pills/gelcaps, tinctures, sublingual); topicals (creams, lotions, patches); inhaled (nebulized); and suppositories (anal, vaginal). There will be four combinations of CBD and THC available: High THC, low CBD; balanced CBD:THC; high CBD, low THC; Very high CBD. Each approved patient may get a 90-day supply of each product at one time. Dosing will be recommended by the manufacturer and individualized to the patient at the dispensary.

There are nine conditions approved for use of medical cannabidiol in Iowa. They are:

- Cancer (with severe or chronic pain, nausea or severe vomiting, cachexia or severe wasting);
- Multiple sclerosis with severe and persistent muscle spasms;
- Seizures;
- AIDS or HIV (as defined in Iowa Code, section 141A.1);
- Crohn's disease;
- Amyotrophic lateral sclerosis (ALS);
- Any terminal illness, with a probable life expectancy of under one year (if the illness or its treatment produces one or more of the following: severe or chronic pain, nausea or severe vomiting; cachexia or severe wasting);
- Parkinson's disease; and
- Untreatable pain (any pain whose cause cannot be removed and, according to generally accepted medical practice, the full range of pain management modalities appropriate for the patient has been used without adequate result or with intolerable side effects).

Patients who qualify need to complete an application they get from the department's web site, complete it, and have it certified by their physician (MD or DO). They then pay $100 to the department (or $25 for those on Medicaid, SSI, or SSDI), and pick up their registration card from a DOT driver's license station. A primary caregiver can be designated for people under age 18 or those who can't get to a driver's license station. Primary caregivers also complete applications and they pay $25 for a card. All registration cards must be renewed annually.

Costs of the products are estimated to be $60 to $100/month, according to the manufacturer, but the dispensaries will set the final prices.

Linnea Fletcher mentioned that her city council passed a resolution supporting the dispensary in Sioux City, but that many in the community are opposed to the distribution of medical cannabidiol. She reaffirmed that THC is addictive and can be abused, and that the products are not FDA approved.

Randy clarified that there is currently no medical cannabidiol product that is FDA approved, but two medications are under consideration/approval.

Carter Smith mentioned the he had a client present with a medical cannabidiol application, and that some of his doctors would not sign the client's registration card application. However, his dermatologist did. Randy said the medical provider is only certifying the diagnosis (not prescribing or recommending use of medical cannabidiol), and that any of the patient's medical providers (with an MD or DO degree) could do that.

Katherine Edel asked where a medical cannabidiol patient application can be found. Randy Mayer answered that the application is located on the IDPH website (https://idph.iowa.gov/mcarcp/applications). Randy noted that not many people have cards right now, but that there will be no products until December so people are most likely waiting for December. Randy also noted that cannabidiol can be picked up by a designated primary caregiver but that person will have to have a registration card as well.

Samantha Smith asked what the recommendation is for chronic pain patients when medical cannabidiol is used in conjunction with opioids. Randy Mayer answered that several states with medical *Cannabis* programs have noted that use of opioids was reduced after the program was implemented.

Jacob Linduski asked how the community planning group could explore the correlation between medical cannabidiol and opioids. Jacob offered that community efforts could focus on decreasing the need for opioids when taking cannabidiol products. Jacob mentioned that opioid users may fear that prescribed narcotics may be taken away. Jacob asked what can be done as a committee to address the harm reduction aspect of opioid use.

New Business

Pat's Retirement

Colleen Bornmueller introduced Randy Mayer, who spoke about Pat's retirement. Randy mentioned Pat's contribution to the field of public health and, in her retirement, will be moving on to a lot of other things, family, etc. Randy shared that IDPH will be having a reception in Pat's honor at the department of April 27, 2018, as well as honoring Pat at the upcoming HIV, STD, and Hepatitis conference. Randy also mentioned that Pat's position at IDPH as well as the IDPH co-chair for CPG will be refilled as soon as possible.

Presentations

The Epidemiology of HIV Disease in Iowa

Presented by Al Jatta and Jessica Morris

Al Jatta presented data on the diagnoses of HIV disease in Iowans. Jessica Morris presented on the HIV care continuum, HIV diagnoses trends, and the future of HIV surveillance. See slide presentation for more details.

Carter Smith asked if the data presented can also represent non-binary or transgender populations. Al answered that these data are few, and so there are confidentiality concerns. The department is working on the best way to release these data.

Randy Mayer emphasized the increased rate of methamphetamine and opioid use in Iowa, and how this affects associated diseases, including hepatitis C.

Colleen Bornmueller asked Jessica Morris to explain molecular testing. Jessica answered that HIV molecular testing is a method used to identify molecular clusters, or a group of persons with diagnosed HIV infection who have genetically similar HIV strains. Persons whose viral strains are genetically similar may be closely related by transmission.

Donald Baxter asked if these data are revealing any interesting information. Jessica Morris answered that collecting and analyzing this type of data is just starting and there are no findings at this time. Randy Mayer added that cluster data may be used to look at diagnoses among minorities or if transmission is occurring among a small group or a broader group. The CDC has worked with states to do conduct outbreak investigations using this method. IDPH is not promoting molecular testing, but can use the data for cluster analysis if provider chooses to do this. A guest asked if genotype data are available only for new diagnoses. Randy Mayer answered that, in general, genotype data are conducted only when people are newly diagnosed. On occasion, genotype testing might be conducted if a person is not responding well to treatment.

Hepatitis C in Iowa

Presented by Shane Scharer and Nicole Kolm-Valdivia

Shane and Nicole presented an overview of hepatitis C surveillance in Iowa, and provided an update of the epidemiological profile of the disease. Additionally, future projects on the topic were discussed. See presentation slides for more details.

Kathy Weiss asked if there was follow-up with all people who have confirmatory tests. Shane answered that there is follow-up, via the provider, on all clients who test positive and are reported to IDPH. Randy Mayer added that the HCV clearance rate seems to be higher for younger people. Nicole Kolm-Valdivia also added that surveillance is focusing on monitoring testing of people 15 to 39 years of age. This is where ongoing transmission is likely occurring. A more comprehensive report will be available at the end of April. A guest reported that there is no funding support for HCV surveillance in Nebraska. Sue Boley asked if spontaneous clearing is likely among the baby boomer population. Nicole Kolm-Valdivia answered that most people who

are going to clear will clear during acute phase (within 6 months), but the antibodies will persist. That is why RNA testing is important to conduct.

Prevention Program Summary 2017
Presented by Pat Young, Cristie Duric, and Shane Scharer

Pat opened the presentation with an overview of the HIV care continuum and relevant HIV strategic goals and objectives. Cristie provided an overview of IDPH funded Integrated Testing Sites, including program successes and challenges. Cristie also presented HIV testing data and information about the condom distribution program. Shane presented hepatitis C and hepatitis A and B immunization data. Pat Young rounded out the presentation with a policy overview and future program initiatives. See presentation slides for more details.

Routine Screening in Federally Qualified Health Centers 2017 Update
Presented by Julie Baker

Julie presented an overview of the mission of the Iowa Primary Care Association (PCA) and participating Federally Qualified Health Centers (FQHCs). Julie also presented data on routine screenings and positive cases as well as program highlights from 2017. See presentation slides for more details.

Samantha Smith asked at what stage a client is able to receive HCV treatment. Julie Baker answered that treatment thresholds varied from stages F1 to F3. Samantha Smith mentioned there was a need for a FQHC in northern IA. Julie Baker responded that an assessment was conducted to justify placing a FQHC up north; results are pending.

Sexually Transmitted Diseases in Iowa
Presented by Colleen Bornmueller

Coleen presented on program progress as it relates to extragenital testing of people at increased risk for STDs, and provided surveillance data on chlamydia, gonorrhea, and syphilis. Colleen concluded her presentation with an overview of the Community-Based Screening Services (CBSS) project. See presentation slides for more details.

Iowa Progress on PrEP
Presented by Cody Shafer

Cody Shafer presented on the Iowa PrEP plan as well as PrEP data from testing sites. Cody concluded his presentation on future project initiatives. See presentation slides for more details.

Tim Campbell asked about the relation to the at-home test kits we are going to start piloting for TelePrEP. Cody answered that the specimens collected in-home will be sent to a lab that will

release the results to our provider. The provider would notify a patient of any test results. These results will be reported to IDPH in the usual manner, and DIS follow up will occur.

Community Engagement Group Activity

In small groups, members were asked to explore the following questions and report back to the larger group:

1. How do you define your community?
2. How do you share information with your community?
3. What are ways to expand your reach?

Group 1 Feedback

How do you define your community?

MSM
People living with HIV and Hepatitis C
People who work in the field
All communities
People who inject drugs
Correctional facilities

How do you share CPG information with the community?

Word of mouth
Advisory boards
ASOs
Summits/Conferences
Social media/dating Apps
Newsletters
Testimony

What are ways to expand your reach and give/get feedback?

Surveys
Marketing/social media/mailers
School education
PRIDE festivals
ILW advertisements
LGBTQ groups
Bars/churches
Fairs
Setting up booths at events

Group 2 Feedback

How do you define your community?

Work peers
Lab/health care
LGBTQ community
PLWH
PLWHCV
PWID
Religious communities
Elected officials

How do you share CPG information with the community?

Social media platforms and Apps
Educational settings and presentations
Social settings (bar, gym, friends, family, neighbors)
Trainings
Webinars
Board reports/annual reports
Peer educators/priority populations
Advertising/marketing
Awareness campaigns
Storytelling
Elected officials
Bars
Barber shops
Beauty salons
Public Transportation

What are ways to expand your reach and give/get feedback?

Expand partnerships
Community needs assessments for expanded service areas
Accurate community agencies/resources
Increase community representation on CPG and other committees
Mobilize communities
Elected officials
Medicaid representative/MCO representatives
Understanding systems within institutions
Better integration of programs

Group 3 Feedback

How do you define your community?

State of IA
Communities of people at risk
PWIDs
LGBTQ communities
College students
Ryan White Contractors
Youth
Incarcerated

How do you share CPG information with the community?

Social media

What are ways to expand your reach and give/get feedback?

Nothing noted

Group 4 Feedback

How do you define your community?

Legislators
PLWH
People living with tuberculosis
Foreign-born individuals
MSM
Minorities
Healthcare industry

How do you share CPG information with the community?

Legislators/politicians
Board members and representatives
Private HIV care providers
Social media

What are ways to expand your reach and give/get feedback?

Mobile units
Barbershops
Beauty shops
Clubs
Churches
Youth organizations
African-American-focused organizations

Group 5 Feedback

How do you define your community?

Nothing noted

How do you share CPG information with the community?

Newsletter
Presentations
Open forum
Educational session
CPG Booth at events
Co-workers
IDPH programs
Conferences
Farmers Market

What are ways to expand your reach and give/get feedback?

Nebraska AIDS Project
Planned Parenthood
Providers (rural and urban)
Friends and family

Committee Reports

1. *Gay Men's Health Committee*

Jacob Linduski, committee chair, reported that last night's meeting was cancelled and will be rescheduled via conference call. Jacob reported that the committee is still working to overhaul the *Iowa Guys* website and adding oral health providers to the site. There was a reminder that marketing cards are available and to submit a request to Pat Young if interested. There was a request to add Cody and Jacob to the website. Pat Young added that the American Men's Internet Survey (AMIS), coordinated by Emory University, could add Iowa-specific questions.

2. *Public Relations*

No report.

3. *Quality Management*

Katie Herting provided a handout of HIV data as it relates to the Ryan White program. See handout for more details. Theresa Schall serves as the liaison between the quality management (CQM) team and CPG. Currently, HIV-related health disparities among blacks, Latinos, and youth are the focus areas of the CQM team.

4. *Disrupting Racism*

Jamesetta Mator, committee chair, reported that the group met two weeks ago. Some members of the group are attending a training addressing culturally competent care and health equity issues. If the training is suitable for Iowa, then IDPH will arrange a train-the-trainer for Iowa trainers. Jamesetta and Nicole will be presenting at the upcoming HIV, STD, and Hepatitis conference. There will also be a presentation on historical trauma and transgender health. There will also be a booth available at the conference with more materials on these topics.

Checkout Completion

Colleen Bornmueller asked members to complete and turn in their check-out forms.

Call to the Public

No comments from the public.

Announcements

Trauma-informed care

Lora Kracht introduced herself and her role as trauma-informed care coordinator. Lora provided an overview of the trauma-informed excellence project, which convenes once a month to discuss how projects are trauma-informed and what trauma-informed care means.

IPHA Going the Distance Awardee Rachel Stolz

Colleen Bornmueller recognized Rachel Stolz as a recipient of the *IPHA Going the Distance* award for going above and beyond her call to provide services to the community she serves.

PITCH Summit

Tim Campbell reported that the upcoming PITCH Summit will be held in May. Currently 32 applicants have applied and all have been accepted. About half of the applicants have never attended summit.

CPG Community co-chair

In August, CPG will take nominations for a community co-chair elect and have an election in November. The new community co-chair will work with Colleen Bornmueller and the IDPH co-chair. Pat Young described the purpose of the position.

Colleen Bornmueller asked members to consider position. Colleen discussed that she had a great experience and thought this post was a natural progression as a CPG member. Colleen said that this position provides an opportunity to work closely with IDPH and have more insight into the programs.

Adjourn

Moved to adjourn motioned by Roger Lacoy. The motion was seconded by Tim Campbell. The motion was approved.

Respectfully submitted,

Cristie Duric