

HIV and Hepatitis Community Planning Group

Meeting Minutes

January 11, 2018

HIV & HEPATITIS COMMUNITY PLANNING GROUP MEMBERS								
<i>*in attendance</i>								
Julie	Baker	*	Corey	Hoefler	*	Michelle	Sexton	
Donald	Baxter	*	Steven	Kleppe		Carter	Smith	*
Sue	Boley	*	Douglas	LaBrecque	*	Samantha	Smith	*
Colleen	Bornmueller	*	Roger	Lacoy	*	Sonia	Snyder	*
Megan	Campbell	*	Jacob	Linduski	*	Conner	Spinks	*
Tim	Campbell	*	Jeffrey	Moore	*	Rachel	Stolz	
De'Shea	Coney	*	Luis	Morteo		Roma	Taylor	*
Kathryn	Edel		Sara	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	*			
Tami	Haught		Jordan	Selha	*			
<i>Health Department Staff:</i> Jamesetta Mator, Cody Shafer, Cristie Duric, Katie Herting, Jenna Sheldon, Lexie Hach, Sandra Brasell-Jasa								
<i>Guest(s):</i> Donald Hildebrand, Kurt Burke, Daniel Hoffman-Zinnel, Ashley Parker, Sherri Jansen, Anthony Pudlo, Vanessa Freids, Sarah Ziegenhorn, Frida Espinosa								

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 regarding absent members, including those who were absent due to inclement weather conditions.

Test Agenda

No changes were made to the agenda.

Group Agreements and Agenda Review

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

Goal 1: Discuss progress on select goals and objectives in the HIV and HCV plans

Goal 2: Discuss departmental and policy initiatives

Goal 3: Participate in discussion regarding HCV treatment access

Goal 4: Participate in conference planning break-out discussions

Goal 5: Receive an update on ad-hoc committee work

She also reviewed the handout folder contents.

1. September minutes
2. Hepatitis Action Plan
3. Determination of Need
4. Syringe Exchange Services
5. Opioid Update: Released January 10, 2018
6. Hepatitis C access to treatment
7. Ryan White Program Update
8. Updated CPG List
9. Checkouts
10. Conflict of Interest agreement; Pat Young asked all members to complete and return.

Approval of September 14, 2017, Minutes

Colleen Bornmueller facilitated the approval of the September 14, 2017, minutes. No corrections or additions were made. Roger Lacey motioned to approve the minutes. Conner Spinks seconded the motion. Motion carried. Minutes were approved.

Review of September 14, 2017, Check-outs

Colleen Bornmueller facilitated the review of the September 14, 2017, check-outs. Members were very excited about the Hepatitis Action Plan goals, objectives, and strategies. Many positive comments were received regarding the comprehensive hand-outs, the balance of presentations and breakout sessions, and the new restructuring of committees. Members also commented they would like to see an HCV cure continuum, would like to hear more about syringe services programs, and Iowa's paraphernalia law. Some members also asked for a Hepatitis C treatment update and to hear more about trauma-informed care.

Unfinished Business

1. PS18-1802 Integrated HIV Surveillance and Prevention Programs for Health Departments Notice of Funding Opportunity (NOFO)

Pat reviewed the HIV surveillance and prevention grant submission. This was the first time that the surveillance and prevention CDC grants were combined. Pat mentioned that the programs received

feedback from CDC (technical review). CDC notified IDPH that \$271,000 for surveillance was awarded and \$840,000 for HIV prevention. IDPH should hear by February whether the funding for the expansion of TelePrEP in Iowa was received (as a demonstration project).

2. Hepatitis Action Plan 2017-2021

Pat Young and Jordon Selha reviewed the Hepatitis Action Plan for the group, describing layout, and content, etc. The plan will be sent to the printer soon. There were no questions or hesitations at the time. Pat Young thanked the group for their input and effort on the plan. A member asked how it will be distributed and published. Pat Young stated it will be put on the website and there will be some press push-out as well.

3. Determination of Need for Syringe Services Programs Approval (HCV, G1-OA-S2)

Pat stated that the *Determination of Need (DON) for Syringe Services Programs* addresses both strategies in the HIV Comprehensive Plan and the HCV Action Plan. The document presented evidence for review by the CDC demonstrating that Iowa is currently experiencing a significant increase in hepatitis infections among people who inject drugs and is therefore at risk for an HIV outbreak related to injection drug use. CDC did approve the Determination of Need (letter is in the packet). Pat Young thanked Joe Caldwell for his leadership and development of the DON.

4. Deconstructing Homophobia and Transphobia Workshop

The Gay Men's Health Committee worked with the California Prevention Training Center to conduct the Deconstructing Homophobia and Transphobia workshop in November. Two workshops were held and 50-60 participants attended. Pat Young distributed the workshop packet for the group to review.

Members who attended the training had the following comments:

- Training was remarkable;
- The trainers brought real-life experiences to the training;
- The trainers had great facilitation skills;
- Liked the education of the LGBTQ timeline provided by the trainers;
- The activities brought some people out of their comfort zones and it really made them reassess their own biases;
- Had activities and information to bring back to their organizations;
- The trainers were phenomenal and they did an amazing job of presenting their information; it made him realize that his experiences are not universal;
- The topic of intersectionality and privilege was very informative.

New Business

1. Harm Reduction Coalition

Sarah Ziegenhorn, Executive Director of the Iowa Harm Reduction Coalition, presented on syringe services programs and how they relate to the HIV and HCV Strategic Plans

(PowerPoint). She reviewed the make-up of the Iowa Harm Reduction Coalition Board, which consists of about 10 members, volunteers, and two paid staff. The Coalition works to improve health equity in Iowa communities through mobile outreach, education, and advocacy. Further discussion included a summary of what other states have done around syringe services programs. (PowerPoint)

2. Status of Paraphernalia Law (HIV, G1-OB-S6)

Sarah reviewed the drug paraphernalia law and the history of trying to change this law. She reviewed the strategy currently being used to seek and gain attention from legislators. A member asked what the CPG could do and Sarah responded by reminding members to attend the Day on the Hill on February 7.

3. HCV Elimination Project (HCV, G1-OA)

Pat reported for Nicole Kolm-Valdivia regarding the HCV elimination project. In October, IDPH received an email from the Association of State and Territorial Health Officials (ASTHO), which funded the development of the HCV epi profile, asking if IDPH was interested in developing a hepatitis C elimination model. IDPH held an initial call with ASTHO and the Center for Disease Analysis (CDA), the agency which would work with us to develop the model, to get more information on the process. The department decided to move forward. Nicole sent them some basic de-identified surveillance information, and they gathered info on liver cancer, transplants, and other information.

In December a meeting was held in Des Moines, facilitated by CDA. In attendance at the meeting were several hepatologists (Dr. Voigt, Dr. Hillebrand, Dr. LaBrecque), the medical director for the Dept. of Corrections, the medical director for Medicaid, Colleen Bornmueller for the CPG, plus several IDPH staff. Staff from ASTHO and CDC called into the meeting. During the meeting, attendees had a robust discussion regarding the inputs for the model, which included prevalence data, risk information, treatment information (number of Iowans who've been treated), transplant data, and liver cancer information. The purpose of the discussion was to determine whether we agreed with the data being used for the model.

CDA is currently working on developing the model, pending some information from our group. IDPH is trying to get an estimate of the number of Iowans with HCV who have been treated, so we can reach out to providers to collect that information. IDPH is also working on getting a reliable estimate of HCV-related liver cancer.

IDPH will be holding the next meeting in late February or early March (yet to be scheduled) to discuss the model. CDA will share the results with it, and our group will discuss the results and strategies. These strategies will parallel nicely with our viral hepatitis action plan. Nicole will share the results of the model at the April meeting. Two CPG members that attended added that it was an excellent start.

4. HCV Situational Analysis (HCV, G1 & G2)

Pat reviewed the Viral Hepatitis Situational Analysis that was required as a part of the CDC PS17-1702 hepatitis prevention grant. The purpose of the grant is to increase the number of persons living with HBV and/or HCV infection that are tested for these infections and made aware of their infection statuses so as to facilitate linkage to recommended care and treatment services.

The grant requires a series of situational analyses (SAs). The first SA report should be conducted in one high prevalence area serving populations with HBV and/or HCV-related health and healthcare disparities. In the first 6 months, assessment should be done in FQHCs/CHCs followed by safety-net hospitals and affiliated clinics. SAs for other settings (e.g., correctional facilities, substance abuse treatment centers) in the same high burden area should be completed by the end of Year 1.

Information included:

- Hepatitis C burden;
- Current policies and laws related to HCV testing and diagnosis;
- Identify area of greatest burden;
- The current landscape in area of greatest burden; and
- Hepatitis C Action Plan

Pat stated that information in this analysis largely included the HCV collaboration between the Iowa Primary Care Association and IDPH. Pat will include a copy of the analysis in the April CPG packet.

5. HCV Treatment Access (HCV, G2-OB-S2)

Doctors Donald Hillebrand and Douglas LaBrecque provided a presentation about access to treatment for people with hepatitis. An overview of the *Hepatitis C: The State of Medicaid Access 2017 National Summary Report* was provided, with special focus on the status of Iowa (received a “D” rating) as it pertains to hepatitis C treatment restrictions. Doctor Hillebrand and Doctor LaBrecque spoke about the cure rate, which is extremely high but that treatment is very difficult to access. See PowerPoint slides for more details.

6. HIV, STD, & Hepatitis Conference Planning and Discussion

Pat reported details of the upcoming HIV, STD, and Hepatitis conference. The conference will be held June 27 and 28, 2018. The conference has always been associated with CPG and we are still depending on the group. Traditionally, there are five to six plenaries and five to six breakout sessions. It will still be at the Holiday Inn/Airport Conference Center.

CPG members and guests broke into small groups to discuss potential topics and speakers and reported back to the whole group. The following were some of the highlights from each group.

Behavioral Health (Group 1)

- Social Media
- Grindr
- Suicidal thoughts
- Stigma related to mental health
- Part B update on mental health
- How substance use is linked to mental health
- How to located funding resources for mental health
- Acronyms dictionary
- IHRC presentation
- Youth presentation
- Legislator to talk about behavioral health

Generational Health (Group 2)

- Timeline and history of HIV
- Long-term health
- Geriatric care
- Liver health
- Long-term effects of health care
- Age specific communication (marketing materials)
- Terminology changes

Health Equity (Group 3)

- Epigenetic health
- Cindy Kearnin (implicit bias)
- Community based case management
- Human trafficking

Health Equity (Group 3, Continued)

- Social determinants and how to access care
- Health Equity panel
- IDPH
- City of Des Moines
- National Speaker
- Sherri Wilson (college of diversity)
- Class and health equity

Clinical/Biomedical (Group 4)

- Defined what it meant
- U=U (can't pass it on)
- Planned Parenthood safer sex practices
- At-home collection sites
- 3 site testing
- Insurance navigation
- Testing guidelines
- Future of biomedical interventions
- Bioethics
- Clinical holistic care
- Waiting room 101
- Charting profiles and pronouns

Policy, advocacy, communications (Group 5)

- Positive women's network
- Sex worker discrimination
- Mainstream media and how to target your message
- NASTAD, HHS

7. Ryan White, Part B Supplemental Update

Katie Herting for Elizabeth McChesney provided an overview discussing rebates. Topics included rules for spending rebates, current initiatives funded by rebates, and the availability of additional funds to sub-recipients for programmatic needs. Sub-recipients submitted requests for additional funds. IDPH prioritized these requests based on the impact the request would have on serving people living with HIV. Katie said that the program is continuing with new initiatives that were started in 2017, such as the Iowa Pharmacy Association initiative and acquiring a contract with our local partner of the Midwest AIDS Training and Education Center

(MATEC-MN) to provide capacity building and training to Ryan White Part C clinics. See PowerPoint slides for more details.

- **75/25 Waiver**

- HRSA requires 75% of Ryan White grant funds to be spent on core medical services and 25% on support services (e.g., housing, transportation)
- IDPH is required to request a waiver to this 75/25 rule if we expect to spend more than 25% on support services.
- Katie stated that with our current budget, we expect to spend 70% on core medical services and 30% on support services, meaning we need to request the waiver of the core medical services requirement. To do this, we need the approval of CPG. The CPG members are attesting that there are no service gaps in the state related to core medical services.

There was a motion to approve by Douglas Labrecque and seconded by Carter Smith. The motion was approved. There was some agency feedback that they are extremely excited. Another member said that it's great that agencies can leverage that funding to provide for the respective community.

Committee Reports

1. **Gay Men's Health Committee (paragraph here Cristie)**

Jacob Linduski, committee chair, thanked IDPH for arranging the Deconstructing Homophobia and Transphobia training as discussed previously. He gave updates on the Emory University American Men's Internet Survey (AMIS). He stated that Pat had asked whether Iowa will be able to add some Iowa-specific questions. Emory had notified her that this is possible. The committee will be reviewing these. Jacob also talked about the *Iowa Guys* website. The committee would like to do an overhaul and make it a bit more sex positive. There will be an addition to the directory of oral health providers on the website by creating a survey to be shareable on social media platforms. The next meeting is Wednesday, April 11. Members were encouraged to share on their social networks. The PrEP letter, signed by Dr. Patricia Quinlisk, is going out to all providers in Iowa.

2. **Public Relations**

Pat Young reported for Tami Haught. Tami will attend Educational Day on the Hill (Feb. 7), where efforts will be focused on eliminating restrictions on HCV treatment, restoring hepatitis funding, and implementing syringe services programs.

3. **Quality Management**

Theresa Schall, committee chair, discussed the purpose and make-up of the group. The group has been focused on retention in care and viral suppression. They looked at clients enrolled in Ryan White Part B services and found that clients with the lowest level of case management had the lowest viral suppression rate. There will be a conference call in February to talk about

updated data. At the next meeting, Casey Ward will talk about the re-engagement program and Jamesetta Mator will also attend to talk about health equity. Nicole Kolm-Valdivia will look at the development of the HCV Cure Continuum and provide information about that from Ryan White Part C. A member also noted that the CQM team was a recipient of an IDPH departmental award for their quality management work.

4. Disrupting Racism

Jamesetta Mator, committee chair, provided an update. The group will be moving forward with offering a training on the topic of health equity. Selection of a trainer is still pending. There will be a pilot training for managers at IDPH and CPG, and then eventually training for service providers. Jamesetta added that the group focus is HIV-related health disparities among minorities, and what contributes to those. A member also noted that as important as trainings are, accountability measures are also important.

Other Business

None

Checkout Completion

Colleen Bornmueller asked members to fill out their check-out sheets.

Call to the Public

None

Announcements

1. HIV, STD, and Hepatitis Conference will be June 27 - 28, 2018
2. Iowa Primary Care Association Update
 - FQHC in SE Iowa wanted training and Dr. Voigt and Dr. Labrecque did a presentation on *Hepatitis C Treatment 101*.
 - July 23 was the start day for collaboration on treatment at the FQHC. Since then, six people who are positive for hepatitis C have begun treatment.
 - A member added that the Burlington location has been receptive to routine screening and have been integral in getting the project started there.
3. A member asked about a drug user health group. The group was told to stay tuned for the creation of this group.
4. Next meeting will be April 11, 2018.

Adjourn

Theresa Schall motioned to adjourn the meeting. The motion was seconded by Claudia Robinson. The motion was approved. The meeting was adjourned at 4:00 pm.

Respectfully submitted,

Jenna Sheldon