

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

<b>HIV &amp; HEPATITIS COMMUNITY PLANNING GROUP MEMBERS</b>					
<i>*in attendance</i>					
X	Julie Baker		Tim Kelly	X	Michelle Sexton
X	Donald Baxter	X	Steven Kleppe		Anthony Sivanthaphanith
X	Sue Boley	X	Betty Krones	X	Carter Smith
X	Colleen Bornmueller	X	Douglas LaBrecque	X	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	X	Mark Turnage (Proxy) <i>Nate Monson</i>
X	Linnea Fletcher		Sara Peterson	X	Samantha Wiley
X	Kevin Gabbert	X	Marty Reichert	X	Kathy Weiss (Proxy) <i>Pat Whitmore</i>
X	Greg Gross	X	Sonia Reyes-Snyder	X	Patricia Young
X	Holly Hanson	X	Nick Rhodes		
X	LeeVon Harris	X	Theresa Schall		
X	Tami Haught	X	Shane Sharer		
X	Corey Hoefler	X	Jordan Selha		
<i>Health Department Staff:</i> Randy Mayer, Elizabeth McChesney, Meredith Heckmann, Katie Herting, Cody Shafer, Lexie Hach, Darla Peterson, Nicole Kolm-Valdivia, Joseph Caldwell, Karen Quinn, Jamesetta Mator, Sandra Brasell-Jassa, Al Jatta			<i>Guest(s):</i> <i>Magnus Azuine, Lolita Cervera, Dwayne Haught, Susan Robilotto, Ronald Redwood, Steve Bailey, Wentzel Mitchell, Will Asmus, Ryan McDaniel, Kurt Berke, De'Shea Coney, Brandi Steck</i>  <i>1 other guest</i>		

**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 and congratulated Holly Hanson on her receipt of NASTAD's Program Excellence Award.

## **TEST AGENDA**

Colleen asked if there were any additions to be made to the test agenda. Pat stated that Kevin Gabbert would give his presentation in the morning rather than the afternoon due to a conflict with another meeting.

## **Ground Rules & Agenda Review**

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

- Goal 1: Learn about activities related to access to & retention in care.**
- Goal 2: Become informed about recovery community organizations.**
- Goal 3: Work within committees and provide reports back to the group.**
- Goal 4: Hear comments from HRSA & CDC project officers.**
- Goal 5: Receive information about syringe service programs.**
- Goal 6: Revise and discuss the HIV and HCV comprehensive plans.**

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

## **Approval of April Minutes**

Colleen facilitated the approval of the April 13, 2017, minutes. No corrections or additions were made. Linnea Fletcher motioned to approve the minutes, Roger Lacoy seconded the motion. Members voted and the minutes were approved.

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

Colleen facilitated the review of the April 13, 2017, meeting checkouts and comments. Members reflections from the meeting indicated that presentations were helpful and informative. Members enjoyed working in small groups and providing feedback. Members indicated that updates on insurance information related to the Iowa Marketplace was beneficial. The complexity and intricacies of the viral hepatitis action plan were appreciated. Further information requests included presentations on syringe services programs and information on changes to the HIV comprehensive/strategic plan.

## **NEW BUSINESS**

- 1. Increasing Access to Care and Improving Health Outcomes for PLWHA.**  
(See Presentation/PPT for full details)

Elizabeth McChesney, Client Services Coordinator, announced that Elsa Goldman has resigned from IDPH and will conclude her time with the department at the end of July. That position will not be filled as it is currently structured. The Bureau will be hiring two new contract positions – a

communications specialist (filled, not yet announced) and a client services specialist (currently posted on Indeed).

Katie Herting, Quality Improvement Coordinator, gave an overview of Ryan White Part B Services. (See Presentation/PPT for full details) Two handouts were reviewed and discussed; Road Map of Care and Support services. The handouts are meant for providers to learn more about services, comparing clinical outcomes of Part B patients compared to other Iowans living with HIV.

Meredith Heckmann, ADAP Coordinator, gave an update. The Benefits Specialist position has closed and applications are currently being reviewed. Meredith also gave an insurance update.

- Wellmark and the Iowa Insurance Commissioner submitted a waiver to the federal government to create a “stop-gap plan.” More information will be forthcoming.
- Medica stated they would continue to sell insurance in 2018, and submitted a request to the Iowa Insurance Division (IID) for a 43% premium increase. They are currently going through the negotiation phase with the IID.
- The open enrollment period for 2018 will occur from November 1 to December 15, half the time that was allowed last year.
- ADAP clients have access to naloxone and tobacco cessation products through ADAP.
- The program is able to provide services to patients living in halfway houses.

A member asked about services for individuals not living in halfway houses who were recently released from a county facility. Meredith stated that the person can receive care through Ryan White case management.

Lexie Hach and Darla Peterson gave an update on the work of the Rural Outreach Liaisons (see handouts). They provided an update on the ROL service area maps and the toolkit that has been developed for use by the team in the field.

Joe Caldwell, HIV and Substance Use Coordinator, provided a brief update on planned work for this position – including a joint needs assessment to determine needs for people with HIV who have substance use disorders.

Sandra Brasell-Jassa, Trauma-Informed Care Coordinator, provided a brief update on the planned work for her position.

Katie Herting provided a Data and Quality Management update (see viral suppression handouts). She stated that a statewide quality management team has been created and is working to improve health outcomes across the state. This team has created handouts on activities outlined below and included in the handouts for this meeting:

- Viral suppression by race/ethnicity – see handout

- Viral suppression by risk factor and gender – see handout
- Viral suppression foreign born – see handout
- Viral suppression by age – see handout

## **2. Recovery Community Organizations (see attachment)**

Kevin Gabbert, CPG member from the Bureau of Substance Abuse, provided an update on Recovery Community Organizations (RCOs). He stated that the bureau released an RFP to support a recovery community organization. Three agencies applied and none of them qualified – so the search to implement this project through contract funding is still underway.

## **3. Committee Break-Out & Report Backs**

The committees were given time to break out and discuss the following questions:

**What are the reasons for low viral suppression among minority group and young adults and how can we get them more involved/engaged?**

**Goal 1 Committee:** suspicion/ mistrust; not many minority providers; economic and income barriers; unwelcoming medical systems; cultural barriers and lack of familial support, social support, and language barriers;

Provide more education on adherence and side effects, provide trauma-informed care, and provide better care.

**Goal 2 Committee:** large overlap for groups; stigma/lack of education; comfortability; lack of knowledge; having to take meds regularly for the first time

Need to talk to pediatricians and family care providers on how to reach their patients.

**Goal 3 Committee:** relationship building; knowledge of resources; discretion; macroaggressions

Provide affirming services; be champions of care; and be the support system

## **4. CDC & HRSA Project Officer Comments**

Comments from HRSA:

A HRSA representative thanked IDPH and contractors for welcoming HRSA to the state. She stated there was a lot to learn and the team is here to provide support and ensure legislative and policy requirements are being met. Overall, Iowa is doing a great job. The consulting team was very impressed especially at the expanded formularies and capacity building taking place. There are some challenges but there are many great things to report back. She congratulated IDPH on having such a large diverse community planning group and was impressed by the data shared at the meeting.

#### Comments from CDC Hepatitis Project Officer: Wentzel Mitchell

Wentzel thanked IDPH for hosting him and the CPG membership for allowing him to observe the meeting. He expressed how he continues to be impressed by how Iowa's CPG and systems all work functionally together with common goals.

### **5. Syringe Service Program Models**

(see presentation/PPT for full details)

Joe Caldwell, HIV and Substance Use Coordinator, provided an overview of the opioid epidemic that is taking place across the US and in Iowa, including injection drug use and the intersections with HIV and HCV infections. HCV diagnoses have quadrupled in Iowa among individuals under the age of 30 in recent years. Joe also outlined the strategic vision as it relates to drug user health and HIV/HCV infection. He provided a comprehensive definition of syringe services programs – which are evidence-based structural interventions that are designed to ‘meet people where they are.’ These programs provide a venue at which programs can engage people who inject drugs in a low-barrier, non-judgmental, non-coercive way. Programs can be fixed, mobile, or a combination of both. Members had a conversation about the usage of the terms ‘clean’ and ‘dirty’ being stigmatizing language when talking about needles. Joe recommended that ‘sterile’ is a less stigmatizing term. A member asked what the CPG could do to help support these efforts in Iowa. Joe indicated that there are grassroots organizations working on advocacy and encouraged individuals who are interested to reach out to these organizations and see what could be most effective. Members of CHAIN indicated that they will explore partnering with these organizations to host an educational ‘day on the hill’ during the next legislative session. Pat Young and Shane Scharer indicated that HCV and drug user health materials are available through the IDPH clearinghouse.

### **UNFINISHED BUSINESS**

#### **1. HIV Comprehensive Plan, Goal 3 (see presentation/PPT for full details)**

Jordan Selha walked the group through changes that have been made to the goals and objectives since the last approval of the plan.

- Definitions were added to the plan to clarify the difference between Goals, Objectives, Strategies, and Activities.

- Objective Summaries were added to the start of each section to identify what each area hopes to achieve by the end of this plan period.
- Goal 2: noticed later in the review process that housing was not included in this goal. A strategy was added to improve access to housing for people living with HIV with supporting activities.
- Goal 3: This changed because there were objectives listed here that related to prevention and care both – and were not specific to health disparities and inequities – and needed to be placed back into goals 1 and 2 (Substance Use Prevention & Treatment, Mental Health, Correctional Facilities, and Refugee Services). Objectives A/B/D stayed the same (related to diagnosis disparities and viral suppression).
- Goal 3: In review, noted that health equity was not discussed as much as necessary in the original draft. Therefore, an additional objective (Objective C) was added to Goal 3. An additional strategy under Objective C was added to reflect activities around Trauma Informed Care.
- There still exist struggles around identifying ways to accurately measure health equity outcomes.

A question was asked by a member – why was LatinX excluded from Objective A in Goal 3? Nicole (IDPH) indicated that the most recent data does not indicate a disparity in diagnosis within the LatinX populations. Members indicated that health equity needs to reach further into employment and workforce development/retention practices. A member suggested adding strategies under goal 3/objective 1 around hiring practices to be reflective of minority populations impacted by the epidemic. Discussion occurred about the feasibility of this within differing structures of employment settings and measurability of this within the formal plan. It was suggested that it might make more sense to have the Health Equity Coordinator engage with this issue in their work-plan and in the trainings and resources that are developed for providers. It was determined that more discussion on this issue is needed and that it will be revisited in the future.

## **2. Hepatitis Action Plan 2017 – Review of Goals, Objectives, & Strategies**

Pat Young (IDPH) reviewed the Viral Hepatitis Action Plan draft that was recently sent out to members for review and feedback.

- Language was changed to eliminate the term ‘clean’ syringes in favor of ‘sterile.’
- There was the addition of the Drug User Health Framework, for understanding and reference.
- One member provided feedback that the biggest barriers to treatment are those imposed by payers and policy makers and encouraged the addition of a goal that would focus on eliminating restrictions around who is allowed to treat viral

hepatitis. Pat recommended adding language to address this under Goal 2 / Objective B / Strategy 2 / Activity C.

One member indicated that CMS has already lifted the national restrictions around who is allowed to treat viral hepatitis with Medicaid. However, Iowa Medicaid that has not yet lifted the restrictions around this. Other states have begun to comply after facing legal action. The member suggested a public campaign to raise the conversation about the legality and equality of the restrictions. The member would like the language of G2/OB/S2/AC to be more aggressive with the language. Language will be added to address this.

- Goal 1 / Objective A: should we add language about treating individuals under 30.

Members indicated that individuals under 30 are being treated when they are being diagnosed and seen. It should rely on increased awareness and engagement activities. Another member suggested adding language around navigation support for individuals living with HCV. It is suggested G2/S2 adding an additional activity to hire a navigator. The group supported this addition.

Group members had a conversation about Medicaid denials of treatment for individuals living with HCV.

- Goal 2 / Objective A – to Pilot an HCV Telehealth treatment model in Iowa. Pat indicated that this was undertaken last year – in collaboration with an FQHC and that the pilot project is underway.

Dr. LaBrecque suggested developing an ‘ECHO-type’ program (telehealth) for providers in rural parts of the state that would help providers treat their patients within their local communities. It was brought up by another member that this plan does not address treatment access for individuals who are undocumented. It was suggested that G2/S2/OA, language could be expanded to include language that is supportive of this.

- Measureable outcomes were added to the plan as well.

A motion to approve the draft version of the Viral Hepatitis Plan, with the inclusion of the changes discussed, was made by Tim Campbell. The motion was seconded by Roger Lacey. No discussion occurred. The motion passed unanimously.

### **3. PS18-1802 Integrated HIV Surveillance and Prevention Programs (NOFO)**

Pat stated that the Notice of Funding Opportunity for an integrated HIV prevention and surveillance program application was made and is due to CDC on September 13. There are

11 core components in the program. IDPH will be applying for an optional demonstration project funding for a TelePrEP program.

#### **4. Committee Reports**

##### **Gay Men's Health**

Jacob Linduski, Chair stated that the committee has been looking at developing trainings for providers around the state. The Deconstructing Trans/Homophobia training will be coming in November. He encouraged everyone to look at the *Building Healthy Online Communities*, BHOCpartners.org website. The committee will be using this website to inform changes and updates being made to the *IowaGuys* website – visually – to make it more sex positive. The *IowaGuys* website will also be adding oral health providers to the provider directory. He stated that if members know of LGBT affirming oral health providers – please send those along to the committee. The GMHC is always looking for new members – if anyone wants to join let Cody, Pat, or Jacob know.

##### **Public Relations**

Tami Haught, Chair, stated that CHAIN has identified potential partners for day on the hill next year.

##### **Quality Management**

Theresa Schall, Chair, stated that there was no update as everything was covered by earlier agenda items.

#### **OTHER BUSINESS**

On Friday, September 29, there will be a conference at UI about hepatitis C and opioids. The legal barriers to syringe services programs will be discussed. Pat will email the meeting agenda and registration out to all members.

#### **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.

- Ashley from Nebraska AIDS Project was grateful to see the process.
- Wentzel Mitchell, CDC Project Officer, thanked the group for their invitation and expressed how special he believed the IDPH hepatitis program and activities to be.



- De'Shea Coney from PPHC, expressed gratitude for the knowledge of this group and the work that is being done.
- Dr. LaBrecque stated that he believes that the HCV movement can learn from the HIV movement. He wanted to acknowledge the remarkable work that has been done on epidemiology of HCV by Nicole at IDPH.

### **ANNOUNCEMENTS**

Tami gave announcements related to education of legislators in DC.

**Next Meeting – Thursday, September 14, 2017.**

### **ADJOURN**

Colleen facilitated the motion to adjourn the meeting. Roger motioned to adjourn. Linnea seconded the motion.

Submitted by:

Cody J. Shafer