

Community Planning Group Minutes
Holiday Inn Mercy Campus
Des Moines, IA
April 10, 2014

HIV & HEPATITIS COMMUNITY PLANNING GROUP MEMBERS					
<i>*in attendance</i>					
	Travis Ayers	*	Meredith Heckmann	*	Jordan Selha
*	Julie Baker	*	Becky Johnson	*	Michelle Sexton
*	Sue Boley	*	Tim Kelly	*	Cody Shafer
*	Colleen Bornmueller	*	Tim Kiss	*	Anthony Sivanthaphanith
*	Tim Campbell	*	Betty Krones	*	Rachel Stolz
	Michael Flaherty	*	Jeffrey Moore	*	Roma Taylor
*	Linnea Fletcher	*	Darla Peterson	*	Pamela Terrill (Proxy)
*	Laura Friest	*	Sara Peterson	*	Kathy Weiss
*	Greg Gross	*	Heather Roby	*	Megan Wiggins
*	Holly Hanson	*	Theresa Schall	*	Patricia Young
*	Tami Haught	*	Shane Scharer		
<i>Health Department Staff:</i> Randy Mayer, Jerry Harms, Erica Carrick, Elizabeth McChesney, Katie Cwenar & Nicole Kolm-Valdivia			<i>Guest(s):</i> Justin Reinfeld (SCHC), Deborah Pearson, Addie Rasmusson (IDPH), Kelly Weikum, Martine Etienne- Mesubi		

CALL TO ORDER

Jordan Selha called the meeting to order at 9:00 a.m.

ROLL CALL

Jordan Selha/Pat Young facilitated roll call. Pat Young gave updates about absent members, as well as those who have resigned from CPG since the last meeting.

TEST AGENDA

Jordan Selha asked if there were any additions to be made to the test agenda. There were no additions.

Ground Rules & Agenda Review

Pat reviewed the ground agreements, the agenda, and goals of the meeting: Pat asked if there were any additions to be made to the group agreements. No additions were made.

Goal 1: To become updated on the progress of the modernization of the criminal transmission law.

Goal 2: To identify trends in the HIV/AIDS epidemic.

Goal 3: To become updated on the 2013 HIV Prevention Program activities.

Goal 4: To become updated on select goals and objectives in the Comprehensive HIV Plan.

Goal 5: To participate in Committee meetings.

Goal 6: To become familiar with the stophiviowa social marketing campaign.

Approval of February 10, 2014 Minutes

Jordan facilitated the approval of the February 10, 2014, minutes. Tami Haught motioned to approve the minutes. Colleen Bornmueller seconded the motion. Motion carried.

Review of February 10, 2014 Checkouts

Jordan facilitated the review of the February 10 meeting checkouts. Some highlights included:

- Members appreciated the references on the agenda and during the presentations to the goals and objectives from the Comprehensive Plan;
- Positive comments about committee interactions;
- Members felt comfortable with decisions made;
- Positive comments regarding sharing of resources;
- Presentations were helpful, as was the discussion on PrEP;
- Members appreciated the organization of the meeting; and
- Members want more updates on STDs and the Gay Men's Health (GMH) committee, more information on Prevention with Positives and PrEP, as well as more committee meeting time.

Jordan asked if there were any comments or questions. None were raised. Jordan thanked the group for their feedback.

UNFINISHED BUSINESS:

1. Public Relations Committee- Criminal Transmission Law

Tami Haught, Chair of the Public Relations committee, discussed the status of the criminal transmission law.

- As of the time of the meeting, the bill was in limbo. It passed out of the Senate unanimously, but was severely amended by the House Judiciary committee.
- IDPH and the Attorney General's Office (AGO) met with Senator Baltimore to discuss public health concerns that the amendment would be introducing. The amendment that Senator Baltimore presented, as written, would put someone who transmits TB to someone else on the sex offender registry. IDPH and the AGO drafted some amendments that would fix these problems. Tammy stated that CHAIN remains hopeful that within two weeks Sen. Baltimore will accept those, but there is still uncertainty as to whether they will let it come up for a vote.
- The Attorney General's Office met with Senator Baltimore to discuss the legal ramifications of the bill. The discussion seemed to go well. The AGO re-drafted the amendment and sent it to Baltimore. They are awaiting follow up to determine next steps. The hope is to get the Senate and House bills close enough so that they can work together in conference to compromise.

A member asked about the stance of IDPH Center for Acute Disease Epidemiology on this bill. Randy explained that the state epidemiologist and TB coordinator have both been involved in the discussion, but the Bureau of HIV, STD, and Hepatitis has taken the lead in providing information to the AGO. He discussed that national news media have picked up the story, including ABC and NBC. He ended with the fact that Senator Baltimore made a statement that they do want to pass a bill this session.

2. Hepatitis- Follow up to questions raised at February meeting

Shane Scharer, Adult Viral Hepatitis Coordinator, provided a follow up discussion about two questions that were raised at the February meeting. Shane stated that the majority of positives were in the largest counties, including Polk, Black Hawk, Woodbury, Johnson, and Linn. Pat Young stated that Shane is more closely analyzing data to determine where the Hepatitis C positive cases are being identified at places other than IDPH test sites. Shane stated that regarding country of birth, all but one of the newly identified hepatitis C positives was born in the United States.

Shane also stated that the national Viral Hepatitis Action Plan was released last week. He said that he will be doing a crosswalk between the national plan and Iowa's strategic plan. Shane also stated that there were several actions related to surveillance of hepatitis. Pat said that the action plan contains some ideas for non-federal partners in working to address hepatitis in their communities. Pat and Randy will be attending a NASTAD meeting in April about embarking on a project to look at drug user health among adolescents and young adults (under 30 years of age).

NEW BUSINESS:

1. 2013 HIV Surveillance Update

Jerry Harms, HIV Surveillance Coordinator at IDPH, provided an update on 2013 HIV Surveillance data. See PowerPoint slides. He stated:

- There were 122 new HIV diagnoses in 2013, which was a slight increase over the five year average.
- Late diagnoses continue to increase; almost 50% of new diagnoses in 2013 were late diagnoses.
- Almost one-quarter of diagnoses were in people who were foreign-born.
- The diagnoses among females increased 60% since 2012.
- Nearly half of diagnoses were among persons ages 25-44.
- In Iowa, only 3% of the population is African American, but were 23% of new diagnoses in 2013. This means that African Americans are 11 times more likely to be infected with HIV than whites.
- The highest prevalence of HIV in Iowa is among non-Hispanic African Americans.

Q: Is the Asian population being tested less or were truly infected less?

A: Jerry said that he wasn't sure, but he said many who are positive seem to be foreign-born, specifically from Burma.

Q: Pat asked about the change to the case definition for HIV that CDC is releasing.

A: Jerry said that he believes it will be related to the definition of HIV disease. They will now include a phase 0, which is acute disease infection. Other stages will be based primarily on CD4 levels.

Q: What year did prenatal testing became opt-out?

A: Randy stated that it was in 2007.

Q: Does the increase in diagnoses in older populations seen over the last two years have to do with that population seeking care more often?

A: Jerry said that certainly could be the case. He also said it could have to do with late testers.

Q: What is the age of women being diagnosed?

A: Jerry said just slightly younger than men by about one year, or around 35 years old.

Q: Are women late testers?

A: Jerry stated that the statistical analyses showed no differences between men and women as late testers.

Q: Are there differences in diagnoses between foreign born African Americans and those born in the United States?

A: Jerry said he didn't have that data, but it would be interesting to examine.

Q: What about the deaths related to HIV or AIDS and whether those have increased, specifically related to those identified in the emergency room?

A: Jerry explained that the surveillance team examines death certificates weekly and does an annual match to the state death registry. They have also been matching the national death index.

A discussion ensued about what members are seeing in their part of the state related to HIV-related deaths. A member stated that they see that when someone who is HIV-infected passes away, the providers want to attribute the cause of death to HIV/AIDS, when that isn't always the case. Randy stated that as people living with HIV live longer, this may happen more often as they are affected by chronic diseases at the same rate as people not living with HIV.

2. 2013 HIV Prevention Program Report

Nicole Kolm-Valdivia, HIV Prevention Evaluation Coordinator, and Pat Young, HIV and Hepatitis Prevention Program Manager, provided a report on the activities of the 2013 HIV Prevention program. See PowerPoint slides.

- In 2013, there were 4,755 HIV tests administered at IDPH-funded test sites or by DPS.
- There were 19 newly diagnosed positives identified, for a positivity rate of 0.40%.
- Over 94% of tests were administered to high-risk or disproportionately impacted populations.
- MSM accounted for 25% of tests, but 79% of new HIV-positives.
- All newly diagnosed HIV-positive individuals were from high-risk or disproportionately impacted populations.
- Most (84%) of newly diagnosed clients attended their first HIV medical appointment within 90 days of diagnosis.
- All newly diagnosed clients were interviewed by the DPS for Partner Services within 30 days of diagnosis.

A comment was made that in order to identify more positive clients and increase the positivity rate among testing sites it may be effective to get into the social networks. Pat confirmed that this would be effective. Positive comments were received from members about the high rate of linkage to care and partner services at the Iowa test sites.

3. Project HIM

Greg Gross, Prevention Services Manager at The Project of Primary Health Care (PPHC), discussed Project HIM. See PowerPoint slides.

- Peers Reaching Out and Modeling Intervention Strategies (PROMISE) is focused on central Iowa. Project HIM is the online version of PROMISE. Routine HIV testing is the targeted strategy. Project HIM uses peer advocates to encourage testing and risk reduction behaviors.
- Choosing Life- Empowerment, Action, Results (CLEAR) is an intensive individual-level intervention that is administered at both Siouxland CHC and PPHC. It focuses on multiple aspects of person's life to increase overall well-being.
- Counseling, Testing, and Referral (CTR) services are administered at both PPHC and SCHC.
- There will be changes to the program that will be occurring for the final year of the project; ends in 2015. These new CDC requirements include: a minimum of 450 HIV tests; establishment of at least 2% positivity rate; 10-15% of budget allocated to linkage to care activities; emphasis on Prevention with Positives.
- The implications of these changes for PPHC include the following changes: ending of a formal PROMISE program; enhanced CTR services, including couples testing and comprehensive STD screenings; implementation of Anti-Retroviral Treatment and Access to Services (ARTAS) for linkage to care; enhanced patient navigation services; administration of CLEAR for HIV+ MSM and their partner(s) at PPHC and SCHC.
- The positivity rate for the direct funding for testing administered at SCHC and PPHC combined was 3.03% for year three of the program (July 1, 2012 – June 30, 2013).
- There has been a general increase in the number of HIV tests administered from 2007 to 2013 for the agency, regardless of funding stream.
- Future plans include reapplying for CDC direct-funding programming in October, emphasize holistic wellness, and increase collaboration with existing agencies and groups.

WORKING LUNCH – Committee Meetings

4. Personal Responsibility Education Program (PREP)

Addie Rasmusson, PREP Coordinator at IDPH, provided an overview of the Personal Responsibility Education Program in Iowa.

- The four goals of PREP: educate adolescents on both contraception and abstinence; educate adolescents at least three Adulthood Preparation Subjects; replicate evidence-based program models; target youth populations (foster care, homeless, rural, minorities) that are the most high risk or vulnerable for pregnancies.
- PREP in Iowa is being delivered in high risk counties using evidence-based models (TOP, Wise Guys, SiHLE). Adulthood Preparation Subjects include healthy relationships, adolescent development, and healthy life skills.

- Wise Guys is a 12-week male-centered pregnancy prevention program targeting adolescent males ages 11-17. It addresses masculinity and communication. In Iowa it is administered in the counties of Clinton, Pottawattamie, and Scott.
- The Teen Outreach Program (TOP) is a 9-month long positive youth development program adolescents for ages 12-18. It emphasizes skill development and community service learning. It is administered in three Iowa counties: Cerro Gordo, Des Moines, and Woodbury.
- Sisters Informing Healing Living Empowering (SiHLE) is for sexually experienced African American adolescent females, ages 14-18. It emphasizes gender and ethnic pride and HIV risk reduction. This four session program is being administered in Black Hawk county.
- There were 612 total program participants in 2013.
- Program evaluation includes social network mapping related to communication and a national evaluation of the Wise Guys program in Scott County.

Q: What about program attrition?

A: Addie stated that can be an issue. She stated that many programs, especially short-term ones, are constantly recruiting participants. Once the program facilitators can get the students engaged, they often stay. Heather Roby, facilitator of the SiHLE program, commented that she often provides food for the students and other incentives.

Q: Will there be any PREP training in the future?

A: Addie stated that there may be a training later this summer.

Q: Is there collaboration with Eyes Open Iowa?

A: Addie commented that they work closely with Eyes Open Iowa.

5. Social Marketing Campaign

Maureen Jefferson and Pat Young discussed the *stophiviowa* campaign that is currently being undertaken by IDPH. Some highlights that were discussed included:

- The goals of the social marketing campaign include: to increase HIV awareness, knowledge, and information-seeking; decrease stigma associated with HIV; increase support for people living with HIV.
- There will be 11 placements of ads in the Iowa statewide network, which includes 209 papers weekly for a total weekly readership of 1.7 million.
- There will be six placements of ads in the Metro Iowa Plus networks, which includes 800,000 readers and covers the largest cities in Iowa.
- The digital ads lead to the landing page of www.stophiviowa.org.

Q: Is there a testing widget on the landing page, or there was just a link to another page that contained the widget?

A: Maureen stated that there currently is not a link on the landing page, but that's something to consider.

Q: Is there a press release that would accompany the campaign?

A: Maureen stated that it wouldn't at this time, but phase 2 may include other marketing processes. Pat stated that phase 2 might include other social marketing programs that CDC is releasing, including campaigns targeting MSM, Hispanics/Latinos, and people living with HIV. She showed a graphic from the CDC that illustrated what parts of the cascade the

upcoming social media campaigns will address. Holly mentioned that there will be ads that have a bigger presence around certain events, such as National HIV Testing day.

Q: A member asked about the call to action on the landing page.

A: Maureen stated that it was one of several things, including to get tested and reduce stigma around HIV/AIDS.

The member stated that trying to measure reduction of stigma is very complicated. He suggested having print articles and editorials at the same time as campaigns such as this. He said having CPG members write those editorials may make the most sense. Another member commented that this campaign gives people the ability to do research privately on their own.

6. Committee Reports

- **MOBE**

Roma Taylor, Chair, provided a summary of the bylaws that have been updated by the MOBE committee. She thanked Jordan and Pat for their work. The updates included:

- MOBE will be reviewing member composition.
- They plan to continue to maintain an orientation and training curriculum for members. The orientation slides were updated. MOBE is now doing orientation by webinar with a “meet and greet” the Wednesday night before CPG meetings.
- A copy of the bylaws was sent by email. Roma asked if there were any questions about the bylaws. Pat stated that there was a lot of discussion and inclusion of the CDC planning guidance.
- Roma said they will be starting new evaluations with the members after orientation. They will get an email after orientation asking for feedback.

Roma asked if there were any questions. None were raised. Sara Peterson mad a motion to accept the bylaws as presented. Linnea Fletcher seconded the motion. The bylaws were approved unanimously as written.

- **HIHO**

Theresa Schall, Chair, Holly Hanson, health department liaison, and Megan Wiggins presented on viral load. Their presentation included:

- Viral load is the measure of severity of a viral infection calculated by estimating the amount of virus in an involved body fluid. A question was asked about whether the viral load in the blood is higher or lower than other body fluids. Theresa said that it varies, but she’s seen studies showing that active STDs lead to higher viral loads in semen.
- Adherence to ART is a major predictor of the success of HIV/AIDS treatment. The impact of ART has shifted the perception of HIV from a fatal to a chronic and potentially manageable disease.
- The cascade/continuum of care was shown. In Iowa 1,491 clients (66%) have viral load suppression, out of 2,257 who have been diagnosed.
- Clients who receive care at Part C clinics appear to be more likely to be retained in care, as evidenced by one medical visit within a 12 month period.
- Medical factors affecting viral load include mental health, comorbidities, adverse effects of medications, drug interactions, and complexity of regimens.
- Financial factors include cost of appointments, cost of meds, and insurance status.

- Social factors affecting viral load include homelessness, substance abuse, transportation, health literacy, perception on severity of HIV, and family support.
- Proposed initiatives to increase the percentage of HIV-diagnosed patients with viral load suppression include: determine best definition of suppressed viral load for Iowa; increase education efforts to private doctors; monitor impact of ACA on addressing social determinants of health; compare suppressed viral load to out-of-care statistics.

Q: is the data being reported on includes clients with viral suppression or undetectable viral load?

A: Holly said that has been confusing because there are multiple definitions. Becky Johnson, another member of the HiHo committee, commented that she felt like many agencies were already doing some of these proposed initiatives at the local level. A guest commented about how quality of life is affected by viral suppression (i.e. going back to school, working, etc.)

- **GMHC**

Greg Gross, Chair, reported on the Gay Men’s Health Committee.

- A meeting was held the previous evening with good representation from throughout the state.
- They identified the top three priorities related to gay men’s health, which include: increase promotion of testing; increase provider education; increase consumer education to include discussing sexuality with their provider, PrEP, and STDs.
- They plan to create a 10-12 page guide that includes the basics about what gay men and their providers need to be aware of for living a healthy life.
- Moving forward, they plan to have monthly meetings on the second Wednesday of each month at 6 p.m.

Pat said that IDPH will be working with NASTAD to promote awareness of PrEP. A video was shown about PrEP. <http://vimeo.com/79717700> Darla commented that at SCHC, their providers are now prescribing PrEP. For insurance to cover it, it has to be “medically indicated.” Greg commented that CDC has fact sheets about PrEP and those may help providers. A member commented that the cost should only be the co-pay for those who have insurance. Another member commented that there is a patient assistance program. Greg said that the GMHC will include in their resource guide providers who are willing to prescribe PrEP. A member commented that the cost without insurance would be \$700/week.

OTHER BUSINESS

Jordan asked if there was other business. None was raised.

CHECKOUT COMPLETION

Jordan reminded everyone to complete their checkout forms.

CALL TO THE PUBLIC

Jordan asked if the public had any comments or questions. None was raised.

ANNOUNCEMENTS

Colleen Bornmueller announced that April is STD awareness month. The STD program is working with an ABC affiliate to do a public service announcement for STD awareness month. There will be 100 30-second spots running through the end of April. The campaign is primarily targeting chlamydia testing for individuals under 25. A member asked if there was a link to the PSA. Colleen said she hadn't seen a link.

Tami stated that the HIV criminalization conference will be in Grinnell in June. She is looking for people to help with the host committee. Pat asked how many people were expected. Tami said they are anticipating 75-100 people.

Sara Peterson said that there will be a regional HIV conference in Kansas City June 11-13.

Becky Johnson announced that The Project of Primary Health Care's HIV/AIDS Walk/Run is Saturday, May 10 at Des Moines University. There is a link to register on the website.

Next Meeting –Thursday, July 10, 2014

ADJOURN

Jordan facilitated the motion to adjourn the meeting. Cody motioned to adjourn. Linnea seconded the motion. Meeting adjourned at 3:30 p.m.

Respectfully submitted,

Nicole Kolm-Valdivia