Community Planning Group Minutes

Holiday Inn Mercy Campus
Des Moines, IA
July 10, 2014

HIV & HEPATITIS COMMUNITY PLANNING GROUP MEMBERS

**in attendance*

*	Travis Ayers	*	Becky Johnson	*	Michelle Sexton
*	Julie Baker		Tim Kelly	*	Cody Shafer
*	Sue Boley	*	Tim Kiss		Anthony Sivanthaphanith
	Colleen Bornmueller	*	Betty Krones (proxy)		Rachel Stolz
*	Tim Campbell	*	Jeffrey Moore		Roma Taylor
*	Michael Flaherty	*	Darla Peterson	*	Pamela Terrill
*	Linnea Fletcher	*	Sara Peterson	*	Kathy Weiss
*	Laura Friest	*	Justin Reinfeld	*	Megan Wiggins
*	Greg Gross	*	Heather Roby	*	Patricia Young
*	Holly Hanson	*	Theresa Schall		
*	Tami Haught	*	Shane Scharer		
*	Meredith Heckmann	*	Jordan Selha		

Health Department Staff: Randy Mayer, Erica Carrick, Elizabeth McChesney, Katie Cwenar, Emily Clennon, & Nicole Kolm-Valdivia	*Guest(s):*

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. Jeff Moore introduced the newest CPG member, Justin Reinfeld.

TEST AGENDA

Jordan Selha asked if there were any additions to be made to the test agenda. Pat added a few items, including discussions about the 2015 Iowa HIV, STD, and Hepatitis Conference, Drug User Health Project, Pre-exposure prophylaxis (PrEP), and the September concurrence conference call.

Ground Rules & Agenda Review

Pat reviewed the group agreements, the agenda, and goals of the meeting.
Goal 1: To become updated on the modernization of the criminal transmission law.
Goal 2: To become familiar with the *stophiviowa* social marketing campaign, Phase 1-2.

Goal 3: To become updated on select goals and objectives in the Comprehensive HIV Plan.
Goal 4: To become updated on select goals and objectives in the Viral Hepatitis Strategic Plan.
Goal 5: To discuss barriers, challenges, and current and proposed initiatives addressing linkage to care and retention in care.
Goal 6: To participate in committee meetings.

Approval of April 10, 2014, Minutes

Jordan facilitated the approval of the April 10, 2014, minutes. Tami Haught motioned to approve the minutes. Kathy Weiss seconded the motion. Motion carried**.**

Review of April 10, 2014, Checkouts

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

- Members were interested in PrEP discussions;
- Members enjoyed hearing about the social marketing campaign;
- Presentations were helpful and informative;
- Surveillance data were useful; and
- Members sought more introductory information about new members.

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 criminal transmission law.

- The bill passed the House unanimously on May 1. On May 30, Governor Branstad signed the bill. Senate File 2297, is called the *Contagious or Infectious Disease Transmission Act.* Tami stated that the law is no longer HIV-specific, and has a tiered sentencing system. It is still a class B felony if someone intentionally transmits HIV and transmission occurs, but intent would have to be proven in court. It is a class D felony if the intent is there, but transmission doesn't occur. It is also a class D felony is they act with reckless disregard, but transmission doesn't occur. There is still a serious misdemeanor for acting with reckless disregard. Randy stated that the law is somewhat complex, and IDPH will be working with the Attorney General's (AG) office to develop clear guidance for people living with HIV/AIDS and for law enforcement and officers for the practical implications of this law. To avoid acting with reckless disregard means that a person must be on treatment and must follow behavioral recommendations to reduce transmission if there is a significant risk of transmission during an exposure.
- Every Iowan convicted under the former statute, Iowa Code 709C, that has been paroled has been removed from Iowa's sex offender registry, as long as there were no other sex-related charges. Senator McCoy is working with the AG's office to seek release of those serving prison sentences related to convictions under Iowa Code 709C.

A member asked about whether the AG's office is reviewing those convicted under 709C to ensure that they did not intend to infect someone when they were charged. Tami said that she believed that they were.

Tami said that CHAIN would be discussing what the organization would like to pursue next in terms of advocacy. Jordan asked if there were any questions for Tami. None was raised.

2. Social Marketing Campaign

Pat Young provided an update on the *stophiviowa.org* social marketing campaign.

- The click-through rate on the ads was higher than the national average, with over 4500 unique visitors to the web page. These data are helpful going into phase 2 of the marketing campaign.
- The Facebook and Twitter pages for phase 2 will include channel targeting which targets specific web publishers, blogs, and forums.

The next campaign released by CDC will be around adherence and viral load suppression.
Pat asked if there were any questions. None was raised.

NEW BUSINESS:

1. Linkage to Care Update

IDPH staff, Nicole Kolm-Valdivia, George Walton, and Shane Scharer presented on linkage to medical care for HIV and HCV diagnoses in Iowa.

- For the Iowa continuum of care, linkage is defined as a person ever attending an HIV medical visit, which is evidenced by the receipt of a CD4 or viral load lab by the HIV Surveillance Office at IDPH. However, the performance measure for Iowa is linking patients to care within 90 days of initial HIV diagnosis.
- George discussed the definition and purpose of Partner Services (PS), and how the Disease Prevention Specialists (DPS) link clients to care after being diagnosed with HIV. He discussed the steps of PS, and briefly shared 2013 data. (PowerPoint)

Q: Are previous positives identified through PS linked to care if they were not already in care?
A: George said that the DPS will assist clients in getting back into care if they are not already in care. He said that re-linkage is informal currently, but the department is working on protocols.

Q: Do we know more about the ten clients in 2013 that were diagnosed, but did not access care. Why did they not access care?
A: George explained that there were a variety of reasons: death, deportation, moved out of state, etc.

Q: What is the length of time from diagnosis to the initiation of PS?
A: George stated that it's typically a week.

George said that one challenge related to PS is identifying partners who are anonymous or Internet partners. This has been a challenge for both HIV and syphilis. Pat asked members if they had any feedback about locating partners of newly diagnosed clients. A discussion ensued, and the following comments and suggestions were made by CPG members:

- Notify Grindr that there's been an outbreak. It was noted that there was recently an ad on Craigslist about an outbreak in the member's geographic area.
- Ask Grindr to conduct some of those searchers to identify clients. Grindr now includes email addresses in accounts, which are private. However, the inclusion of email addresses would allow public health to gain access to an email address if Grindr would provide it. George stated that some national partners haven't had success with Grindr but that's starting to change. Pat stated that there will be a national meeting in September that will include directors from some of the gay internet sites and certain public health departments to discuss STDs and HIV and how they can work together.
- Purchase Grindr advertising, which would go to all users in a geographic area. Ads are around $100. It was suggested to provide a link in the ad that directs clients to testing.
- Advertise on POZ personals. George commented that that avenue hasn't been researched, but it's a good idea to prevent co-infections.
- Search for initials on Grindr. A member asked about whether the DPS were having trouble finding Internet partners without a username. George confirmed that sometimes there wasn't a username available, which made searching difficult.

George said IDPH has good relationships with Adam4Adam and Manhunt, but needs to work on developing the relationship with Grindr.

Pat stated that there has been some discussion about social networks, and asked if there were any thoughts on working with networks to encourage testing and linkage to care. Darla Peterson said that at Siouxland Community Health Center they've tried to get clients to bring friends into the CLEAR program and for testing. She said clients state that they don't want to tell their friends about it because of being embarrassed. One member said that going *to* the people is crucial, as well as having staff who can communicate in a non-threatening way. Another member commented that there may be situations in which it isn't safe to go to the clients. Darla commented that SCHC will open up Grindr while doing outreach testing so clients can see that testing is being offered at that moment. A member stated that one bar in Cedar Rapids promotes HIV testing and the bar owner actually got tested on stage. Cody Shafer stated that Johnson County Public Health also tests at bars and is able to test about 5 people per event.

Randy commented that IDPH has recently applied for funding from HRSA for a linkage and reengagement coordinator that would work on helping the department develop protocols to re-engage people who are out of care. George stated that it sounds like locating partners and linking them to testing and care (if necessary) needs to be a multi-faceted approach. He thanked the CPG members for their valuable feedback.

Shane Scharer discussed the national HCV continuum of care. Iowa does not yet have a local continuum of care because of the lack of surveillance data. Shane stated that he has begun entering HCV labs into the surveillance system to help build Iowa's own continuum of care. IDPH is also discussing with the State Hygienic Laboratory (SHL) the possibility of performing HCV RNA (confirmatory) testing. The initial HCV test is for antibodies, and the confirmatory test informs whether the client is currently chronically infected be determining whether he/she has a viral load. Shane stated that the directory of providers who treat HCV clients is on the IDPH website. A member commented that some primary care providers may not have it on their radar to refer chronically infected clients to treatment based on new treatment options. A comment was made that it would be helpful to have a hepatitis specialist

speak to CPG about the new treatments. One member stated that in her area the specialists haven't done well with educating patients, because some patients didn't know whether or not they had been treated. She stated that case management with HCV needs to occur to ensure that clients understand treatment.

Kathy Weiss provided information on the linkage to care for offenders who are living with HIV who are released from the Department of Corrections (DOC) in Iowa. She stated that there are nine prisons in the state. There are over 8,000 offenders. This does not include the 14 community-based correctional facilities, which are called work release centers. Seven of the nine institutions have re-entry coordinators. The re-entry coordinator works closely with work managers and case load counselors to facilitate the re-entry. When developing a re-entry plan, they look at whether the offender will go from release to a work release center, or if they will be paroled. They try to start the plan about 30 days before the offender has a meeting with the parole board. However, sometimes they only get a couple days' notice. A CPG member stated that it would be helpful to know, after a client is referred to care at her agency, whether the client was actually released. Kathy stated that for people with HIV, the re-entry coordinator provides copies of labs, HIV directory of services, and tries to set up an appointment with an agency in the client's area. Kathy also stated that there are five institutions that are enrolling offenders (who are about to be released) into the Iowa Health & Wellness plan. Some of those applications are being denied because Medicaid is recognizing the address as a DOC facility. The DOC sends a 30-day medication supply with offenders upon release. An offender in work release doesn't qualify for Iowa Health and Wellness. But they only received limited health care through DOC. They would have to pay for all medications. If the company that employs them through work release has insurance, they can apply through that. Kathy is meeting with Gilead to see if they will provide medications for clients who fall into this category. Randy said that IDPH has been working with DOC and the AG's office to determine who is responsible for health care and medication costs of persons in community-based corrections (work release or parole). A CPG member stated that her agency recently had a case where a client was released from jail without medications because the jail couldn't afford the costs. Pat stated that some county jails discourage HIV and HCV testing because they do not want to pay for treatment.

Q: What is occurring for HCV treatment in prison?
A: Kathy said that they monitor liver function tests every three months. If the liver function tests are at a certain level, then they determine whether the offender should be referred to treatment. However, offenders are only treated if there's at least 18 months left on their sentences.

Q: Holly asked whether the care agencies are able to contact offenders after release.
A: Kathy confirmed that if there's a release of information sent with the referral, the agencies are allowed to contact offenders upon release if they do not present for HIV care or services.

WORKING LUNCH – Committee Meetings

2. Retention in Care

IDPH staff including Holly Hanson, Elizabeth (Biz) McChesney, Erica Carrick, Katie Cwenar, and Emily Clennon, presented on retention in care among HIV-positive persons in Iowa. Holly stated that the question that to be answered is: What should be done to support patients in care to prevent loss to follow up? Katie discussed the measures related to retention

in care. She asked CPG members why retention in care is important. Responses included funding; promotion of public health; tease out what interventions were effective; measurement is how to know whether programs are effective and how we are doing. She asked about how to measure retention in care. Answers included: number of visits; CD4 and viral load. Katie distributed a crosswalk of retention in care measures and discussed each one. Members commented that the measures vary across funders, and that it would be helpful if they were aligned. Another comment was that most of the measures include two medical visits per year, when many patients may be virally suppressed but only visit the provider one time per year.

Erica discussed ADAP, including some background about the changes to ADAP due to the Affordable Care Act (ACA) and how the Ryan White program prepared for the implementation of the ACA. These activities included getting clients enrolled in insurance, building connections with Medicaid, planning for prevention and care delivery changes, and expanding the ADAP insurance assistance program. She presented the changes to the program that have resulted from the ACA. In December 2013, about two-thirds of clients received medication assistance, compared to one-third who received insurance assistance. As of May 2014, 81% of clients on ADAP received insurance assistance, compared to 19% who received medication assistance. In addition, overall participation in ADAP was cut approximately in half.

Biz talked about the case management program, including the definition of case management and the continuum of case management. The goal is to facilitate the client's autonomy so that they can access services on their own. She also discussed the new case management system in Iowa that includes four tiers: medical case management, non-medical case management, brief contact management, maintenance outreach support services.

Members listed on post-it notes issues affecting retention in care. They then placed them on large sheets that were divided into several areas- individual, relationships, community, health care system, and policy. A discussion took place about the factors placed into each group.

Emily discussed current and proposed initiatives for retention into care, including oral health care initiatives, transportation initiatives, and housing (HOPWA). Her discussion included barriers to each of these initiatives. She reviewed the resource guide that was created to compile all the resources available for PLWHA. The ongoing challenges to the directory include the need to systematically update it, ensure accessibility, and link to other resources.
There is a proposed initiative to improve the resource directory guide using Prezi as an electronic version of the resource guide. A question was raised whether a case manager could be on call for clients that are out of care. Holly stated that some Ryan White agencies have this available, but others do not.

Q: Has there been a change in costs in the ADAP program since it's changed?
A: Costs are down slightly, but the administration costs associated with insurance assistance is still pretty high.

Q: What are the implications of these changes due to the ACA for future funding for ADAP and Ryan White?
A: The complexity of clients' insurance situations warrants the need for these services. It is anticipated that Ryan White will look different after the next reauthorization with some cost shifting. There are still some unknowns.

Q: Are clients shifting back and forth between medication and insurance assistance? How many people use ADAP as a bridge to care?
A: There aren't many people who shift back and forth, but rather there are some people who received medication assistance, but then transfer to insurance assistance upon receiving insurance through an employer or another source. Using ADAP as a bridge to care is fairly common.

Q: Are support groups included in the resource guide?
A: There are not currently any listed in the guide, but that's something to consider. Another member suggested adding local offices of the Iowa Department of Human Services in the resource guide.

Q: Is PITCH included in the guide?
A: It is not; however, Tami commented that PITCH is working on a short video about the organization.

3. Committee Reports

Gay Men's Health
Greg Gross, Chair, stated that they have been working on compiling a resource guide for gay and bi men in the topic areas of spiritual, mental, sexual, and physical health. The committee will meet in early August to finalize the list. They will send it to tall CPG members to get feedback. They plan to have it online by September 27, which is Gay Men's HIV/AIDS Awareness Day. The committee has discussed PrEP and how to increase awareness and access. Pat will be going to Massachusetts and will discuss those questions there. Pat showed a short video from CDCs new *Let's Talk* campaign.

OTHER BUSINESS

1. Randy discussed a recent meeting he attended that was facilitated by NASTAD and included both CDC and HRSA to discuss an integrated state plan that suffices the needs of both agencies. He said the guidance should come out in spring 2015, and the final plan will be due fall 2016.

2. Pat said that IDPH and MATEC will be holding an HIV, STD, and Hepatitis conference on June 28 and 19, 2015. The chairs of the committees will be helping put ideas together to start planning.

3. Pat discussed the Drug User Health meeting attended by Randy and her that was hosted by NASTAD. The goal of the meeting was to provide a venue for health department HIV and viral hepatitis staff to examine their efforts to reduce HIV and HCV transmission and overdose among persons who inject drugs, and to develop plans to expand their efforts through the framework of drug user health. The consultation included an overview of national and state efforts to address drug user health, state-specific examples of best practices, and the development of a project to address drug user health in Iowa. IDPH has some specific goals now, particularly around HCV. Other states are finding HCV in young people (under 30) who inject drugs, so IDPH will start monitoring and analyzing data to

determine if it's affecting people under the age of 30 in Iowa. Shane is working with the Bureau of Substance Abuse to examine the prevention of overdose deaths due to opioids.

4. Pat facilitated a discussion about what information CPG members would like to know about regarding PrEP. One member said he'd like to know what Medicaid covered for PrEP. Megan Wiggins from NuCara Pharmacy said that she thought Medicaid would cover Truvada. Another member said he'd like to know about provider buy-in for PrEP. A third member said he'd like to know about the divisiveness related to PrEP. He wanted to know if states should have a communication strategy in advance to head that off, or to wait until it happens. Greg suggested providing information upfront about using PrEP with other prevention methods. Jordan asked if there were any other ideas or questions. None was raised.

5. Pat said that CPG will not have an official in-person meeting in September, but rather a phone call to provide concurrence that programmatic activities and resources are allocated to the most disproportionately affected populations addressed in the jurisdictional plan. This concurrence process is a requirement for the CDC HIV prevention program.

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

Travis Ayers stated that it was important to keep an eye on the recent Hobby Lobby court ruling and potential implications of that ruling.

Sara Peterson stated that about 150 participants attended the regional HIV/AIDS/STDs and Human Sexuality Conference in Kansas City. This Conference is designed for teachers, school nurses, prevention and care providers, administrators, health professionals, community health planners, physicians, counselors, people from community-based organizations, members of the faith community, social workers, parents, and public health individuals.

Pat announced for Becky Johnson that she will be going part-time at Primary Health Care, and her position of HIV Program Director is now posted. There are also two case managers positions posted.

Greg Gross said that Project HIM is one of 60 sites hosting blood donations on Friday, July 11, to support the repeal of the ban against gay men from donating blood. Gay and bi men can go to the event and bring an ally who can donate in their place.

Next Meeting: conference call, September 11.

In-person meeting, Thursday, November 6, 2014.

ADJOURN

Jordon facilitated the motion to adjourn the meeting. Linnea Fletcher motioned to adjourn. Jeff Moore seconded the motion. Meeting adjourned at 3:35 p.m.

Respectfully submitted,

Nicole Kolm-Valdivia