

Community Planning Group Minutes
Holiday Inn Mercy Campus
Des Moines, IA
April 9, 2015

HIV & HEPATITIS COMMUNITY PLANNING GROUP MEMBERS					
<i>*in attendance</i>					
*	Travis Ayers	*	Meredith Heckmann	*	Cody Shafer
*	Julie Baker		Tim Kelly		Anthony Sivanthaphanith
*	Sue Boley	*	Betty Krones	*	Rachel Stolz
*	Colleen Bornmueller	*	Jeffrey Moore		Roma Taylor
*	Megan Campbell	*	Darla Peterson	*	Pamela Terrill
*	Tim Campbell	*	Sara Peterson	*	Mark Turnage
*	Michael Flaherty	*	Justin Reinfeld	*	Kathy Weiss
*	Linnea Fletcher		Theresa Schall	*	Darren Whitfield
*	Greg Gross	*	Shane Scharer	*	Patricia Young
*	Holly Hanson	*	Jordan Selha		
*	Nick Rhodes proxy for Tami Haught	*	Michelle Sexton		
<i>Health Department Staff:</i> Elizabeth McChesney, Emily Clennon, George Walton, Jerry Harms, Al Jatta, Lexie Hach, & Nicole Kolm-Valdivia			<i>Guest(s):</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.

TEST AGENDA

Colleen asked if there were any additions to be made to the test agenda. No other business was added.

Ground Rules & Agenda Review

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

Goal 1: Become updated regarding Iowa's HIV, STD, and Hepatitis Conference, which will be held June 18 & 19

Goal 2: Identify the trends in the HIV/AIDS epidemic

Goal 3: Participate in the Consumer Needs Assessment discussion

Goal 4: Become updated on select goals and objectives in the Comprehensive HIV Plan

Goal 5: Become updated on select goals and objectives in the VHSP

Goal 6: Participate in small group interactive discussion topics

Approval of February 12, 2015, Minutes

Colleen facilitated the approval of the February 12, 2015, minutes. Linnea Fletcher motioned to approve the minutes. Darren Whitfield seconded the motion. Motion carried.

Review of February 12 Checkouts

Colleen facilitated the review of the February 12 meeting checkouts. Some highlights included:

- Liked that activities relate back to the Comprehensive HIV Plan and the Hepatitis Strategic Plan;
- Enjoyed hearing information on Prevention with Persons Living with HIV;
- Positive comments on being in small groups for discussions;
- Found the incorporation of the Comprehensive HIV Plan and the Hepatitis Strategic Plan into the meeting to be helpful;
- Liked that Iowa is progressing on the goals of both the HIV and hepatitis plans;
- Enjoyed update on the Iowa Marketplace and AIDS Drug Assistance Program; and
- Liked balance of presentations and discussions.

Colleen asked if there were any comments or questions. There was none. Colleen thanked the group for the feedback.

UNFINISHED BUSINESS:

1. Hepatitis C RNA Testing

Pat Young stated that IDPH has reallocated funding to allow for IDPH-funded sites to provide confirmatory testing for clients testing HCV antibody positive. A Request for Proposal (RFP) was issued, but no labs applied. IDPH is currently investigating other avenues for sites to be able to provide follow-up HCV confirmatory testing.

NEW BUSINESS:

1. HIV, STD, and Hepatitis Conference, June 18 and 19

Pat introduced Becky Woodcock from Training Resources, who provides support for the organization and planning of the conference. Becky explained some of the logistics of the conference venue, the Holiday Inn Airport/Conference Center. Pat stated that most of the speakers are confirmed, but she's still waiting on confirmation for a few. She said the biggest issue is usually travel arrangements. She briefly discussed the conference agenda and some of the topics for the conference.

- There will be 24 concurrent sessions (six at a time).
- There will be six plenary sessions during the conference.
- There will be a reception Thursday night. The planning committee is brainstorming ideas for what will take place during the reception, and is seeking any ideas from CPG.

A member commented that the agenda looked great.

Pat discussed the need for facilitators in conference sessions. She said she will be seeking CPG volunteers to serve as facilitators. Becky discussed that the purpose of the facilitator is to ensure that sessions run smoothly. Facilitators will receive packets that detail their responsibilities.

Pat stated that IDPH will sponsor the CPG members and cover expenses. She stated she will send out more detailed information. A member asked which CEUs will be offered. Pat said it will include CEUs for

physicians, nurses, social workers, dentists, Certified Health Education Specialists, and substance abuse treatment counselors. There will also be scholarships for people living with HIV.

2. HIV Surveillance Update – Trends

Jerry Harms discussed the 2014 end-of-year surveillance data for Iowa. See PowerPoint slides.

- There were 99 new HIV diagnoses in 2014, compared to 120 in 2013. Although this is a large decrease (18% reduction), it still fits within the 10-year pattern of variability. However, it may signal a downward turn in the epidemic.
- 44% of new diagnoses were among persons 25 to 44 years of age.
- 80% of diagnoses were among males.
- At the end of 2014, there were over 2,300 individuals living with HIV who reported residing in Iowa.
- The continuum of care data indicate that 72% of persons diagnosed with HIV were retained in care in 2014; 68% of people who were diagnosed were virally suppressed; 94% of people retained in care were virally suppressed.
- Jerry discussed the tipping point in diagnoses. When the tipping point is reached, diagnoses decrease. This means that net change in viral suppression exceeds new diagnoses. Time (and additional data over the course of several years) will tell whether Iowa has reached the tipping point in the epidemic.

A question was asked about how late diagnoses relate to other states. Jerry commented that it depends on the data source. CDC analyzes data slightly differently than IDPH, which can mean that they make different conclusions. However, Iowa generally compares to other states in terms of late diagnoses. A member asked about how diagnoses are running so far in 2015. Jerry stated that, so far, diagnoses seem slightly higher than 2014, but still lower than 2013. He said it's hard to make any hard conclusions so far, but it may be that we're seeing an overall decrease in HIV diagnoses in Iowa. A question was asked whether there has been an increase in deaths among people living with HIV. Jerry said that there has not been an increase, and there are roughly 30 deaths per year among people living with HIV.

Al Jatta discussed that the HIV Surveillance program releases an epidemiological profile every few years. CDC provides guidance, but states can tailor the profile to their needs. Al presented the epi profile and asked CPG for suggestions. There are two main sections: Core Epidemiological Questions and Key Ryan White Questions. He presented some of the components of those questions. Pat said she will email out Al's slides so members can look through the questions and think about what other data would be useful. Al stated that he would like feedback by April 30.

Jerry asked about data presentation and how members like to view the reports- tables and graphs or narrative. Members commented that they like some of both. Another member commented that it's helpful to understand how numbers are calculated. Jerry thanked members for their feedback.

3. Consumer Needs Assessment

Holly Hanson discussed the Consumer Needs Assessment (CNA) that IDPH is in the process of developing for people living with HIV in Iowa. She discussed the program implementation cycle and how the CNA fits into the cycle. Iowa has received new guidance from CDC and HRSA on the development of an integrated statewide HIV prevention and care plan. The CNA will help inform the plan. The CNA will be online and will pilot-tested by CPG members before distribution. IDPH is seeking input from CPG members about including a section on Adverse Childhood Experiences (ACEs). Several other states are utilizing these questions in their needs assessments. Holly provided a background on ACEs and the purpose of wanting to include this assessment on the CNA. Research has found that adults who experienced trauma as a child are

more likely to have certain health behaviors and outcomes, including STDs and HIV. The main reluctance in including these questions on the CNA is that they may be a trigger for painful childhood memories. A member stated that as long as resources were provided on the online survey, he thought that including the questions shouldn't violate any ethical concerns. He stated he thought the data would be helpful for training staff and informing programmatic decisions. Another member commented with concern that these questions might be triggers, especially considering the vulnerability of some of the population completing the survey. He also asked about how the data would be used. Holly stated that it could be disseminated to others to demonstrate that this paradigm is an effective way to work with clients. Elizabeth McChesney discussed the work IDPH has done so far in trauma-informed care and the training that has occurred. Another member commented that it would be important to explain the purpose of these questions to ensure that clients understand why they're being asked. Placement of the questions would also be important. Holly thanked everyone for their feedback.

WORKING LUNCH – Committee Meetings

1. Identifying and Diagnosing Iowans Infected with HIV and HCV

The Prevention Team (Pat, Nicole, Shane, George, Colleen, and Julie) presented year-end summaries of the HIV, HCV, STD, Community-Based Screening Services programs, and the Iowa Primary Care Association Preventive Services Project. See the Fact Sheets for more information. Additionally, a 'round robin' activity was held where members provided feedback on several different questions related to prevention and linkage to care.

#1: What are some strategies for engaging MSM in prevention services, including testing?

- Connect services to ads
- Hook up apps and Craigslist
- Social media campaign
- LGBT media
- LGBT events (testing)
- Gay bars
- PrEP
- Engage Partners
- Adult book stores
- Incentives like gift cards
- Peer supporters
- Use drag queens and prominent folks to promote testing
- Target providers to engage/promote prevention activities and talk about sexual health
- Community development and engagement
 - Reduces stigma, isolation
 - Working with gay-friendly churches
- Strengths-based approach
 - Start with how the person is staying healthy
- Involve key stakeholders to engage the community
- Make spaces welcoming to LGBT (CTR sites and providers)
- Improve cultural competency
- Get LGBTQ leaders – such as bartenders – on board to promote testing
- Normalize testing in population culture

#2: What are some strategies for engaging African Americans in HIV prevention services, including testing?

- Engage faith community, family
- Engaging community leaders
- Finding a local celebrity spokesperson
- Community events (ensure confidentiality)
- Increase diversity in the clinic (magazines, art work, represent diverse populations)
- Co-location of services
- Educate providers that African-Americans in Iowa are disproportionately impacted by HIV

- Increase routine testing
- Off-site testing
- Increase cultural competency for ALL staff
- Build relationships with community agencies
- Regular visibility
- Work with DHS for people seeking benefits
- Focus groups
- Utilizing media – especially radio targeted to the population
- Create welcoming spaces and inclusive literature that is language specific (e.g., Somali, Arabic, etc.)
- Gather community input
- Peer educators
- Educate school groups

#3: What are some strategies for Latinos in prevention services, including testing?

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| <ul style="list-style-type: none"> • Engage faith community; family • Increase cultural awareness • Community events (ensure confidentiality) • Staff speaking English and Spanish • Diversity in clinics – magazines, artwork, posters, etc. • Co-location of services • Off-site testing • Educating providers on Latinos being disproportionately impacted by HIV • Increase routine testing • Building relationships with community | <ul style="list-style-type: none"> • Regular visibility • Work with DHS • Focus groups • Utilizing media – radio, telenovelas • Language appropriate materials – Spanish translations • Community leader • Celebrity spokesperson • Educate school groups • Anti-stigma campaign • Gather community input • Educate school groups |
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#4: Brainstorm some venues for condom distribution.

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| <ul style="list-style-type: none"> • Gay bars • Black barber and beauty shops • Primary care providers • Testing facilities • Mental health facilities • Jail/prison • Halfway houses • Drug treatment facilities • Dorms • Colleges (sororities, fraternities, etc.) • High schools • Social workers • PRIDE • Sex parties • PFLAG • Gas stations • Community-action organizations • DHS • Pride Centers | <ul style="list-style-type: none"> • Gay straight alliances • Bookstores (adult) • Strip clubs • Adult video stores • Liquor stores • Fundraisers (red parties) • Prime Timers/PROS • Hookup spots • Goodwill • Bail bondsmen • Probation office • Homeless shelters • Community kitchens • Gyms/YMCA • Warming shelters • Community centers • WIC • Hospitals – Emergency rooms • Bars |
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- Event centers/venues
- Hotels/motels
- LGBT campground
- Outside of concerts/festivals
- Courthouse
- Movie theaters
- Bowling alley
- Truck stops/rest stops
- English as a second language classes
- Pharmacies
- Laundry mats
- Lutheran Social Services
- Nail salons
- Target population retail stores
- Bus stations
- Bathrooms at discount stores
- Sporting events
- Taxis and Uber
- Party buses
- Via clients through social networks
- Pride Sports League
- Young women's Resource Center
- Pediatricians' offices (for adolescents)
- Parks

**#5: What are some strategies that could be utilized to increase awareness of PrEP...
... among providers?**

- Letters sent to all providers from IDPH (involve MATEC in this)
- Broadly distributed access to webinars/trainings
- Tie to CMEs... conferences or trainings where Primary Care Providers are in attendance
- Canvas LGBT-friendly providers and clinics to assess interest in peer education
- Drug companies host lunches
- Outreach to medical personnel other than just physicians
- Peer-to-peer mentoring (physicians)
- Press release on news to raise awareness
- Work into a provider conferences/classes in med school, residency, clinic
- Nursing CEUs (take info back to providers)
- Grand Rounds at hospitals
- PrEP toolkit for providers
- Promote via Medical Society
- Service Directory for PrEP (to make referrals)
- In-service for providers
- Public health brochure on PrEP

... among consumers?

- Knowledgeable providers who counsel patients
- Literature at provider offices, CTR sites, CHCs, etc.
- Information provided with condom distribution
- Tables at PRIDE events
- Grant opportunities pursued through pharmaceutical companies and others
- Peer/role model videos
- Make part of statewide ad campaign and other marketing campaigns
- Facebook and other social media or online communities
- Advertise on dating apps
- Panel discussions at bars
- Online magazines with links to more information
- Support groups for serodiscordant couples
- Place posters at the gym
- Ads on radio, TV, busses, bus stops, benches, LGBT newspapers
- Community boards
- Pharmacy – brochures available
- Commercials
- Target insurance providers/MCOs to promote with clients
- Service Directory for PrEP
- Advertise via health departments/STD clinics

- Pop culture- TV and movie actors/characters
- Public health brochure on PrEP

#6: What are some strategies to engage Persons who Inject Drugs in HIV and HCV testing?

- Marketing of services at substance abuse treatment facilities
- Street outreach – picture representation, literature/signs distributed
- Social network strategies
- Manpower levels
- Syringe exchange
- ERs, CHCs, urgent care
- Coordinate with substance abuse programs to offer testing on site
- Opt-out testing
- Incentives for testing
- Bleach kit dispensers
- Methadone clinics
- Testing information where needles are sold with a coupon for testing
- Homeless shelters, community kitchen, halfway houses, mental health facilities
- County jails
- Educate police to refer to testing services
- Community police programs
- Probation office
- Sexual addiction groups
- AA/NA/Al-anon groups
- Information given with prescription narcotics
- Outreach during HCV testing day/World AIDS Day
- Change needle exchange laws
- Flexible testing and places
- Ad on Craigslist
- Ads in truck stops
- Liquor stores
- Provider education
- Work with pharmacists who sell syringes
- Bars
- Use outreach workers to make referrals

#7: What are some strategies to ensure every Iowan, ages 15 to 65, has an HIV test at least once in their lifetime?

- Annual physical with flu shot
- Immunization clinics
- Work physicals
- Sports physicals
- Dental visits
- Prenatal visits
- STD exams – incorporate HIV test
- Normalize testing
- CTR testing without HR/DI restrictions
- Media campaign – target age groups- older
- Opt-out testing (family planning)
- ERs, CHCs, private providers
- Education to programs and partners
- Social media outlets with agencies
- Incentives
- Churches
- Testing at high schools and colleges
- Team up with major businesses and offer mobile testing at these sites and major events, farmer’s markets
- Tie to Live Health Iowa or Blue Zones projects
- Free HIV testing at DMV
- College entrance requirements
- Nursing home testing
- Educate providers/risk assessment
- Make HIV testing a ‘Healthy behavior’ for Iowa Health and Wellness requirements
- Home test kit rebate
- Incorporate into regular screening questions
- Work-related health screenings (confidential)
- Change Iowa law requiring parental notifications for minors who test positive

#7: What should our level of concern and response be to increases in STDs?

New HIV diagnoses have decreased slightly while infectious syphilis remains relatively high.

How do we interpret this (particularly in the context of the populations most affected by these infections, i.e. MSM)?

In what ways can or should we respond to curb the spread of infectious syphilis? What prevention and disease control strategies should we employ?

- Identify the most affected populations to target with education (possibly through social media)
- Promote increased screening among providers- esp. with MSM patients
- Co-test/ part of STD screen
- Promote condom use, tie it to PrEP education
- Routine screening for PLWH and refer for prevention counseling/programs
- Education and testing in schools
- Education to MSM through publications (e.g., Poz)
- Level of concern – RED
- Bureau Media campaign- STD month for April
- Recommending anyone co-infected to get screened
- Educate educators and promote comprehensive sex ed
- Deploy DPS to schools and facilities
- Increase interventions for those who test positive
- Offer syphilis testing at CTR sites (note: almost all agencies already do this)
- Increase funding for screening
- Offer incentives for testing and receiving results
- Social network testing
- Education sexual health

2. Committee Reports

CaSPre Committee

Darla Peterson, Chair of CaSPre committee, discussed the tiered system of case management. The committee reviewed the guidance and is in approval of it. They also have reviewed forms for clients that serve as a reminder system for questions they have for providers. These forms can serve as a tool in the care toolbox.

HIHO Committee

Darren Whitfield reported for HIHO committee in place of Theresa Schall. He discussed the quality management committee at IDPH. The QM committee has been looking at performance measures and providing feedback on viral suppression and other measures.

Public Relations Committee

Greg Gross reported on the PR committee for Tami Haught. There is a meeting for Friday, April 10, to discuss the social marketing campaign and the development of a more interactive and useful website. He announced that the Facebook page for the Stop HIV Campaign is live. He encouraged members to “like” and “share” the Facebook page. Callen Ubeda has created a content calendar with feedback from the PR committee.

Gay Men’s Health Committee (GMHC)

Greg Gross reported that the GMH Committee met the preceding evening. They discussed PrEP information and are looking at increasing awareness. They will be adding information to the

statewide resource directory about providers who prescribe PrEP in Iowa. They also want to make the site interactive so people can share experiences with providers. He also stated that they will be working with Emory University to get access to the data they gather.

OTHER BUSINESS

None

CHECKOUT COMPLETION

Colleen reminded everyone to complete their checkout forms and the media release.

CALL TO THE PUBLIC

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

ANNOUNCEMENTS

Darla announced that the Nebraska AIDS Project will have a runway fashion show in April. Justin will be modeling the condom dress that Darla created.

Pat stated that she will be in contact with CPG members about the conference.

Next Meeting: Thursday, September 10, 2015.

ADJOURN

Colleen facilitated the motion to adjourn the meeting. Cody Shafer motioned to adjourn. Sara Peterson seconded the motion. Meeting adjourned at 4:00 p.m.

Respectfully submitted,

Nicole Kolm-Valdivia