HIV and Hepatitis Community Planning Group

Meeting Minutes

June 14, 2019

HIV & HEPATITIS COMMUNITY PLANNING GROUP MEMBERS **in attendance*								
Julie	Baker	X	Douglas	LaBrecque	X	Kathy	Weiss	X
Donald	Baxter	X	Roger	Lacoy	X	Samantha	Willey	X
Sue	Boley	X	Biz	McChesney	X	Corey	Young	X
Colleen	Bornmueller	X	Jeffrey	Moore	X	Sarah	Ziegenhorn	-
Megan	Campbell	X	Sara	Peterson	X			
Tim	Campbell	X	Claudia	Robinson	X			
Kathryn	Edel	X	Jordan	Selha	X			
Linnea	Fletcher	X	Michelle	Sexton	X			
Greg	Gross	X	Carter	Smith	X			
Holly	Hanson	X	Samantha	Smith	X			
LeeVon	Harris	-	Conner	Spinks	X			
Tami	Haught	X	Roma	Taylor	X			
Daniel	Hoffman- Zinnel	-	Pamela	Terrill	X			
Steven	Kleppe	x	Mark	Turnage	-			
Health Department Staff: *Randy Mayer, Cristie Duric, Katie Herting, Megan Guthrie, Cody Shafer*								
Guest(s): *David Layritzen, Roger Bishop, Kurt Burke, Renae Furl, Jessie Lamprecht, Elliot Meyer, Mark Hillenbrand, Brandi Steck, Buffy Jameson*								

Call to Order

Biz McChesney called the meeting to order at 9:00 a.m.

Roll Call

Colleen Bornmueller facilitated roll call. Biz spoke about members who are absent today and member resignations.

Test Agenda

No changes were made to the agenda.

Ground Rules and Agenda Review

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

Goal 1: Update on progress toward select goals and objectives in the Hepatitis Action Plan

Goal 2: Discuss Ending the Epidemics

Goal 3: Discuss and provide feedback related to planning & community engagement

She also reviewed the handout folder contents.

1. Test Agenda
2. "The Epidemiology of HIV Disease in Iowa" PowerPoint Slides
3. "Member Re-Application & Conflict of Interest" PowerPoint Slides
4. "Routine Screening Project Update" PowerPoint Slides
5. "Ending the HIV Epidemic: A Plan for America" Handout
6. "Planning & Community Engagement" PowerPoint Slides
7. The 100ish Acronyms that You Should Know Working in HIV in Iowa
8. HIV Language Matters
9. Words Matter: Health Equity Terminology
10. Our Words Matter
11. CPG Member Information Handout
12. CPG Check-Out Sheet

Approval of February Minutes

Colleen Bornmueller facilitated the approval of the February 14, 2019, minutes. No corrections or additions were made. Roger Lacoy motioned to approve the minutes. Tim Campbell seconded the motion. Motion carried. Minutes were approved.

Review of February Check-outs

Colleen Bornmueller facilitated the review of the February 14, 2019, check-outs. No corrections or additions were made.

Updates and Unfinished Business

Bureau Update

Presented by Randy Mayer

There are two temporary positions that have been filled. First, Annie Rodruck has been hired to assist with the consumer needs assessment (CNA) in RW program. Secondly, Elliot Meyer was hired to help with processing of applications in the AIDS drug assistance program (ADAP). In addition, because Bobby Barcello has transferred to the Office of Medical Cannabidiol, the ADAP Benefits and Enrollment Specialist position is now posted. It is likely that Elliot's temporary position will be posted as a permanent state position in the future.

The Rural Outreach Liaison for eastern Iowa as well as a Data to Services Coordinator position has also been filled. The Data to Services Coordinator position is a NuCara contracted position and will focus on re-engagement of people living with HIV. This person will also assist with the cluster plan as well. These positions will be formally announced once all interviewees have been notified.

Jessica Morris moved to Seattle. The HIV Surveillance Officer position was posted and is now closed.

Based on a site visit finding by the Health Resources and Services Administration (HRSA), a recommendation was made to enhance programmatic budget monitoring. Therefore, a budget position will be added. This will be a state position and the job description is in development. It may also require that we amend our current Contracts and Budget Specialist position (Karen Quinn's position). This would also be posted if the classification of the position is changed.

Jamesetta Mator, Health Equity Coordinator, has submitted her resignation, effective July 12, 2019. Jamesetta has joined the Peace Corps, and will be going to Botswana for just over two years to work in HIV prevention. Please contact Randy if you have a recommendation for this position.

Lauren Lane, an intern, and Richard Nesselroad, AmeriCorps Vista, will be staying on to work on special projects for a brief period of time.

Tobias Gurl, AmeriCorps Vista, has left IDPH for a position in Seattle.

The National Governor's Association released a technical assistance opportunity for states focused on infectious disease and injection drug use. The opportunity provides funding for a team from each selected state to travel to Albuquerque, New Mexico, to gain insight into the state's comprehensive harm reduction program. In partnership with the Governor's Office, Iowa

submitted an application for the following "team" to travel should we be selected: Senator Miller-Meeks, Representative Shannon Lundgren, Meaghan O'Brien, Health and Policy Advisor with the Office of the Governor, Amy McCoy, IDPH Policy Advisor and Legislative Liaison, Dale Woolery, Director of the Governor's Office of Drug Control Policy, Robert Schlueter, Business Analyst with Iowa Medicaid Enterprise, Flora Schmidt, Executive Director of the Iowa Behavioral Health Association, and Randy Mayer, Bureau Chief of the Iowa Department of Public Health. Notice of award should be made soon.

Office of Medical Cannabidiol Update

Presented by Randy Mayer

The Board of Medicine has approved vaporizable forms of medical cannabidiol, and administrative rules have taken effect. Formulations have been proposed, but not finalized.

Proposed Bill HF 732 removes the 3% cap on THC (tetrahydrocannabinol, the psychoactive component of Cannabis) and replaces it with a 25-gram purchase cap on THC over 90 days. The bill also addresses the definition of chronic pain, allows nurse practitioners and physician assistants to certify conditions, removes the restriction on individuals with felonies participating as patients, allows dispensaries to employ pharmacists or pharmacy techs, and requires data collection on patient outcomes by the IDPH.

The Medical Cannabidiol Board held a meeting to address the proposed 25-gram cap, and ultimately recommended removing the 3% concentration limit on THC but imposing a purchase limit of 4.5 grams of THC per 90-day period. HF 732 was passed by the legislature overwhelmingly. However, one Medical Cannabidiol Board member resigned in protest because of the high amount of THC allowed in the bill. The Governor vetoed the bill due to the Medical Cannabidiol's recommendation for a lower 90-day limit. The Governor suggested that the legislature should have a new bill ready to go at the beginning of the next legislative session.

Conner Spinks asked about the 3% rule and if there would be a criminal charge if it was too high when a person is tested. Randy Mayer responded that the products are tested and approved, and the 3% applies to the products.

Roger Lacoy asked if there are consumers on the Governor's Board. Randy Mayer responded there is one law enforcement officer and the rest of the members are physicians (with one representing pharmacy). There are no consumers. Bills have been proposed in the past that included adding consumers to the board, but HF 732 did not include that language.

There are over 3,000 clients in the Medical Cannabidiol Program, and it continues to grow. There are about 400 new applicants approved per month. Roger Lacoy asked if a price has been set for vape. Randy Mayer responded that it has not been set yet and that it is still under testing.

SF 599, also known as the Iowa Hemp Act, passed during 2019 legislative session. Hemp is a strain of marijuana that has less than 0.3% THC. It also contains CBD. Hemp will be legal to grow in Iowa in the future, by the 2020 season at the earliest. Hemp will not be rescheduled in Iowa until next spring, though. This means that over-the-counter CBD is still considered to be Schedule 1 in Iowa. In addition, there are no provisions in the Iowa Hemp Act for extracting CBD from hemp. According to the act, CBD from hemp (i.e., over-the-counter CBD) will remain illegal in Iowa until the Food and Drug Administration (FDA) approves it. According to the Iowa Hemp Act and the 2018 Farm Bill, Iowans will be able to grow hemp in the state after the United States Department of Agriculture (USDA) writes administrative rules to accept plans from states to regulate hemp programs. The Iowa Department of Agriculture and Land Stewardship (IDALS) then has to write a regulatory plan for the state. When the USDA reviews and accepts Iowa's plan, and news of that is published in the state's legislative bulletin, hemp will be rescheduled and people can grow the crop. They will have to sell the crop to extractors from other states if they are growing it for CBD production purposes.

Funding Opportunities

Presented by Bureau Staff

Biz McChesney spoke about an opportunity through CDC to apply for supplemental hepatitis C funding. IDPH submitted an application for $500,000. If awarded, the grant is for one year, starting in September. A current hepatitis-focused grant through the Association of State and Territory Health Officials (ASTHO) ends at the same time, so this award will allow the continuation of projects that focus on testing people who inject drugs for hepatitis C.

Holly Hanson submitted the Ryan White Part B supplemental grant that supports programs along the HIV continuum. This is the 4th year of applying for this grant, and we requested $11 million. The award was for $12.2 million for year 2 and $10.9 million for year 3. In addition, an ADAP Emergency Relief Fund (ERF) application was submitted for $3.9 million. These awards will focus on maintenance of current ADAP-related components. Notification of award will occur in September.

ADAP rebates continue, but the cost of insurance premiums is increasing. Meredith attended a meeting to discuss new HIV injectable medications and how they may affect the current program. More information regarding injectable medications to come in the future.

2018 Surveillance-Review Webinar

Presented by Randy Mayer

Randy Mayer provided an overview of 2018 surveillance data. He focused on the data 1998-2018 trends. Specifically, Randy presented data on new diagnoses, AIDS diagnoses, late

diagnoses, exposure factors, and people disproportionately impacted by HIV. He also described how we compare nationally.

See PowerPoint slides for more details.

Discussion

Dr. LeBrecque asked if the 2014 rise in diagnoses of people who are black/African American was because of screening practice or true rise. Randy that it is difficult to parse that out. Diagnoses among African Americans and foreign-born blacks increased together in 2014, but that may be coincidental. However, because the Affordable Care Act came into effect in 2013, this may have given more people access to care.

Greg Gross asked about the relationship between the rate of undiagnosed people and the general trend of decreasing diagnoses. Randy replied that the formula provided by CDC predicts the number of undiagnosed people two years ago (2016). It looks at the CD4+ cell count when people were diagnosed several years previously to that, so it doesn't describe our current epidemic well. However, because the number of people with late diagnoses is also decreasing each year, this suggests that the number of undiagnosed people is really decreasing and that the decrease in the number of diagnosed people really reflects decreased transmission in the state.

Donald Baxter asked if the CD4+ cell count is reliable predictor of how long someone has been infected. Randy replied that it is a good measure at the population level but not for any individual.

Greg Gross asked if low incidence states are doing the best at having people achieve viral suppression. Randy replied yes, lower morbidity states are generally having more success, but Washington State (a higher morbidity state) is also doing well. Several states in the Midwest are undergoing staff leadership transitions currently (Nebraska, Kansas, Indiana, Minnesota, Wisconsin, Missouri). Carter Smith asked if there were any correlations among states staff turnover. Randy replied that there was a study that showed that sustained program leadership was a predictor of success in programs.

Member Re-application (pilot paperless), Conflict of Interest

Presented by Biz McChesney

Biz spoke about the membership, orientation, bylaws, and engagement (MOBE) committee meeting, and described the purpose of MOBE. This includes reviewing CPG applications and recruiting people to become members. Biz also spoke about the membership term, the new paperless application process, and the conflict of interest form completion.

See PowerPoint slides for more details.

Primary Care Association – FOCUS Grant

Presented by Julie Baker

Julie provided an update of the routine screening project (HIV, STD, hepatitis C) being carried out at federally qualified health centers across the state. The project is managed by the Primary Care Association. Julie described the project background, screening data, and new initiatives (i.e., an HCV FOCUS program and a telemedicine project based on Project ECHO in New Mexico).

See PowerPoint slides for more details.

Discussion

Dr. LaBrecque asked if all the HCV positives shown had been confirmed as RNA positive. Julie responded that there were some that did not follow up to get a confirmatory test. He also asked if HCV screening was expanded under the FOCUS program. Julie responded that yes, under the FOCUS program, screening was expanded to people 18 years and above at least once in lifetime and not restricted to traditional risk factors.

Conner Spinks asked if the positives were distributed across the state. Julie responded that positivity depends on area, available services, and population characteristics.

Megan Campbell asked if there are plans to expand routine screening to all FQHC sites. Julie responded they continue to talk to the directors at some FQHCs that aren't participating. She said that they are hoping for second year of funding for FOCUS to be able to expand hepatitis C screening. PCA is currently implementing a new screening tool.

Greg Gross asked if health centers with multiple locations are all doing screening. Julie responded that PHC is the only one not doing screening at all of its locations.

Holly Hanson added that positive HIV diagnoses are declining across the state, but the FQHCs still found some people who were undiagnosed. Julie also added that some centers initially did not think they needed to do screening but once started, there were 2 new diagnoses.

Dr. LaBrecque commented that this shows terrific progress and that there was no routine hepatitis C screening before the projects began. Additional progress has been made to expand treatment.

Julie acknowledged Brandi Steck and Carter Smith for the work they have done contributing to the screening projects at Siouxland Community Health Center.

Connor Spinks asked if STD screening was primarily just urine screens. Julie responded yes but they will be moving forward to multisite screening (oral and rectal).

New Business

Ending the Epidemic: A Plan for America

Presented by Randy Mayer

Randy spoke about the President's Initiative to End the HIV Epidemic (ETE). It will focus on 48 counties; Washington, D.C.; San Juan, Puerto Rico; and 7 states during the first 5 years, and then will broaden the focus to all areas of the country in the second 5 years. The budget recommendations made by the President to Congress have already been approved by the House. The proposed budget totals $291 million, and includes $140 million to CDC, $120 million to HRSA, $25 million to the Indian Health Service, and $6 million to the NIH. Randy said that there would be funding opportunities for those selected jurisdictions to develop ETE plans, but that CDC was asking for all jurisdictions to develop them. NASTAD is tracking the states that have plans, and they are collecting the plans, as well. Randy noted that syringe services programs are part of the ETE initiative.

See PowerPoint slides for more details.

Discussion

Linnea Fletcher asked if funding would be affected if states do not currently have an ending the epidemic plan. Randy Mayer replied that he doesn't expect this to affect funding.

Roger Lacoy asked if an ending the epidemic plan is on the table for us. Randy responded that the IDPH's current integrated HIV prevention and care plan is in effect for two more years, but many of us weren't completely happy with that plan and how we were required (by CDC and HRSA) to organize it. We do not have any guidelines that we would have to follow for a new plan. Our current plan does not focus on ending the epidemic.

Tami Haught commented that she does not like the language used around "ending the epidemic" because it implies that, in order to eliminate HIV, we'd have to eliminate people who are living with HIV. Tami added that some language in the End the Epidemic graphic with the 5 pillars is changing based on work done by national advocacy organizations. Tami also commented that currently there was no consumer engagement in the national plan, but that she would support a "Getting-to-Zero transmissions" plan. Randy added that all plans have to be local and that Iowa's planning efforts would be community based.

Roger Lacoy motioned to move forward with developing an Iowa plan (e.g. ending the epidemic, getting to zero). Motion seconded by Greg Gross. Motion carried.

Donald Baxter mentioned that he preferred the "Zero" language vs "End the Epidemic."

Holly Hanson commented that other plans are developed locally and have many different messages and focuses. Some examples of plans are available online. The IDPH will put together other states plans for review.

Randy Mayer added that moving forward before the federal guidance comes out will be a benefit in that we can make it more of what we want.

Biz McChesney asked if ending the hepatitis C epidemic should be included in the plan. Comments by many members were made stating that hepatitis C elimination should be a separate plan.

Colleen Bornmueller asked about the time frame for writing a new plan. Randy Mayer responded that we need more than a year. The fall is looking busy, but it may be possible to kick-off in spring 2020 with a plan to release and launch in the fall of 2021. We will also have the new data from 2019 that will show a sharp decrease in diagnoses. The department would like to involve the Governor in the kick off, if she is interested in being part of it.

Holly Hanson added that the next conference will be held in 2021 and will focus on strategies to get to zero.

Planning & Community Engagement

Presented by the MOBE Committee, Jordon Selha

Biz McChesney introduced the session by talking about the importance and value of community engagement. Biz reviewed the history of federal requirements for CPG, the evolution of HIV planning and funding, as well as the evolution of CPG.

Jordan Selha talked about findings from the CPG survey.

See PowerPoint slides for more details.

Small Group Discussion

Small Group Discussion *Round 1 – Make up of CPG*

Wall Mosaic

Communities Lacking Representation	**#***
People living with HIV/HCV	8
Youth	6
LGBTQ	6
Immigrants/Refugees/Foreign-born	5
Stakeholders (Medicaid, Health Systems, Behavioral Health, Faith-based, Iowa Safe Schools	4
Rural Community	3
Sex Workers	3
Latinx Community	3
Black/AA	2
PWID	1
Asian Community	1
Age Group 40-49	1
Non-service providers	
Barrier to participation in CPG	**#***
Time off work/school or being able to afford to volunteer	11
Disclosure/Safe Place/Stigma/Trust	10
Transportation/Distance	8
Awareness	7
Linguistic Barrier	4

Complexity of the content/lack of understanding	3	
CPG selection process/On-boarding	2	
Commitment	2	
Lack of technology use	1	
Up-front expense	1	
Childcare	1	

***#: the number of times the barrier or group was represented on the mosaic.**

Large Group Discussion: Make-up of CPG

What should change/recommendations for change?

- Carter Smith motioned to have a meeting September 11, 2019, to start a gay men's health committee and for the group to be more inclusive. Motion seconded by Roger Lacoy. Motion carried.
    - The best part of CPG was small group work, and that there is a need to bring these groups back. *(Carter Smith)*
    - Small group work could also occur outside of the CPG. *(Biz McChesney)*
    - There is a variety of possibilities around having group to work on transgender issues and that there is room for discussion on the idea of resurrecting the gay men's health committee. *(Holly Hanson)*
- It is difficult to articulate the mission of the CPG and expressed a need for the development of pitches to get people more involved in CPG. *(Steven Kleppe)*
- Produce a public announcement about CPG and share via social media or email, for example. Roger also mentioned focused advertising to particular groups. *(Roger Lacoy)*
- There are already many ads in local paper. Adding pictures about HIV might help. *(Sara Peterson)*
- Ads already existed but to add language about how to apply for CPG. *(Tim Campbell)*
- People may not know what CPG means and the commonly used acronym doesn't actually include the words HIV and HCV. Social media is the best way to reach young people. *(Buffy Jameson, Guest)*
- Add more to the title may help people to recognize (branding) CPG. *(Dr. LaBrecque)*
- The long-term goal should be to build a lasting relationship regardless of need and to focus on mainstream activities. Committing to intersectionality will help to avoid inadvertently contributing to stigma. *(Conner Spinks)*
- Reflect on how members are currently utilized to recruit clientele and how to "pitch" CPG. *(Samantha Willey)*
- Ad hoc focus groups may be a way to get out into the community to gather information. *(Holly Hanson)*
- Host CPG in different parts of the state and incorporate zoom meetings. *(Roger Lacoy)*
- Stipends would be nice if a community member is not paid by his/her employer. *(Jordan Selha)*
- Use the CPG mission statement and guiding principles to get people on board. *(Kathryn Edel)*
- Have a CPG information packet available to hand out at testing sites. *(Michelle Sexton)*
- Trust and intimidation is a factor so members need to build rapport with the community. *(Jordan Selha)*
- Take messages to where youth are at. The agency Elevate works with foster youth. *(Julie Baker)*

- Involving young people a fine line. High school or college-aged people need to be careful they are not a token young person. Getting round tables etc. may be a better way to engage. *(Linnea Fletcher)*
- Have a state fair presence, such as having billboards and hosting testing events. *(Dr. LaBrecque)*
- Use alternative engagement strategies and meet people where they are at. People come and go, and have different obligations and this will factor into commitment. *(Roma Taylor)*
- Attend support groups or utilize FaceBook page to share information. *(Jeffrey Moore)*
- In the past there was not funding but now we may have an opportunity to put out an RFP awarding organizations that can facilitate information gathering. *(Randy Mayer)*
- Harm reduction coalitions have a good rapport with the community
- Proposed a sub-committee to review Lauren Lain's (IDPH intern) work collecting other states models of community engagement and make recommendations *(Biz McChesney)*
    - Send out survey of findings that the committee can rank *(Megan Campbell)*
    - Review all data and make recommendations *(Jordan Selha)*
    - This would be an example of an ad hoc group *(Holly Hanson)*
    - Review all recommendations discussed and have Jordon analyze results. MOBE would take results and develop a strategy for implementation. *(Carter Smith)*
    - Roger Lacoy, Carter Smith, Sara Peterson, Corey Young, and Donald Baxter would like to participate in an ad hoc committee to review data and make recommendations, if one is formed.

Small Group Discussion *Round 2 – Meeting Structure*					
Change/Recommendation	**5 Big Positive Impact**	**4 Positive Impact**	**3 Neutral**	**2 Small Impact**	**1 No or Negative Impact**
More information sooner and purpose attached with questions as applicable	2	1	2		
More networking and mentorship for new members	3	2			
Time limited issue specific groups	1	3	1		
Rotate meetings around the state		2	3		
Reduce attendance requirements		1	2	2	
Make it possible to attend electronically	4	1			
1st half of meeting info-heavy and 2nd half is group work	2	3			
CPG meeting 4 times per year	5				
Information sharing between meetings via listserv	5				
Feedback and follow-up from group discussions at next meeting	5				
Electronic voting from smartphone at meeting	5				
Community organizing and inviting communities to attend meetings	5				
Meet 4 to 6 times per year	5				
Use Zoom as needed (winter months)	1	1	3		
Moving location to quadrants		5			
Give us topics in advance and we can bring feedback from our community	1	4			
Peer orientation	3	1	1		
Meeting time 9 AM to 3 PM	2	3			
Traveling CPG meetings and invite host area community members	6				

Increase meetings to every other month	3	1	3		
Review bylaws annually as a group	3	3			
Revisit use of sub committees to move initiatives/processes along	1	6			
Switch to working lunch or shorten time for lunch and have presentation during lunch		3	3	1	
Use of Wednesday evening/late afternoon for committee meetings, etc.	2	2	3		
Provide stipends to CPG members	6	1			

Guest Feedback

Round 1- small group discussion focused on presentation reporting data collected during CPG member survey

1. What do you notice? What stands out? ()
    - Mostly straight white women living in urban areas
    - Communities most impacted aren't well represented (people of color, LGBTQ)
    - Question 8 asked in the survey was too vague
    - Haven't challenged ourselves to utilize technology to bring people in (i.e., rural areas)
    - People with jobs can't get away
2. Who is not represented that needs to be?
    - People living with HIV who are out of care
    - Asian
    - Native American
    - PrEP users
    - 20-29 age group
    - Hepatitis C community
    - Are there individuals with disabilities invited?
    - Black/AA, LGBTQ, youth, Latinx
    - MSM who identify as heterosexual
    - Immigrant and refugee populations
    - Socioeconomic status, education levels
    - Newly diagnosed
    - UnityPoint Group, NAACP, Other State Agencies, VA, Housing Organizations, Treatment Centers
    - People on the ground

- Women at risk

3. What barriers might those groups/populations/individuals face to participating?
    - Youth in school
    - Rural – transportation
    - Lack of awareness
    - Inability to travel
    - Stigma
    - Language/translation
    - Undocumented individuals
    - Work
    - Overnight stay requirement
    - PWID
    - Commitment

<u>Recommendations</u>

- Guest focus – for sex workers to act as an advisor
- How to be culturally and life experience-focused
- Good that meeting is off-site
- Go into community
- Assign partners
- Use technology to let people be anonymous

Round 2 – meeting structure

1. Discuss other groups or meetings you have been a part of. What formats work will or don't work well?
    - Small group discussions
    - Not too much on agenda/not enough
    - Get up and move around
    - Web-based meetings
    - Way to ask anonymous questions (put in a bowl)
    - Frequency and finding a balance
    - Make personal connections first and giving heads up
2. What mechanisms have you used or experienced to get feedback/input/engagement from the community. What has or hasn't worked?
    - Electronic polls during the meeting (phone apps to ask questions)
    - Email link at the end of the email to provide feedback
    - Polling/survey people at an event
        i. Do not wait too long after event to survey
        ii. Do not make the survey too long
        iii. Do not ask bad questions
3. Any other feedback or ideas about community engagement as it relates to HIV and Hepatitis in Iowa?

- Changing the way we engage and make it a less formal process
- Mesh between consistency and structure vs. new approaches that are more loose
- Quantitative and qualitative considerations – creating a balance
- Have a community liaison

Wrap-up & Next Steps

Related Work Group Reports

1. Quality Management

   Presented by Katie Herting

   Katie reported that the next statewide quality management (QM) team meeting is scheduled for Monday, June 17. One goal of the QM plan is to have each sub-recipient participate in a quality improvement (QI) activity. Currently, the QM team is focusing on identifying populations that have low viral suppression rates and develop plans to address this issue. People who are in case management under RW have a viral suppression rate of 86% but this figure has plateaued over the last few years.

2. Trauma-Informed care

   Presented by Holly Hanson

The group is updating the Ryan White Part B intake/assessment form to be more trauma-informed and resiliency based while moving to a paperless system for services, the electronic content management system (ECM). The ECM will be implemented in 2020. The IDPH Trauma Group is finishing a trauma specific strategic plan for the department.

3. Disrupting Racism

   Presented by Jamesetta Mator

Jamesetta reported on the April health equity and cultural responsiveness training conducted by GoldMind Instructional Services from North Carolina. Those who attended evaluated the training and decided to have the contractors move forward with continuing to provide the training for the next few years, with three training in 2020, two in 2021, and once every year following. Currently, the strategic plan of the Disrupting Racism Workgroup is completed and the group is now working on developing an action plan.

4. Drug User Health

   Presented by Joe Caldwell

Joe reported that the Health Initiative for People Who Use Drugs Steering Committee will be discussing and finalizing the drug user health 3-year strategic plan. The committee is open to CPG members. Currently, the local harm reduction organizations are finishing up surveys and focus groups conducted as part of the Association of State and Territorial Health Officials (ASTHO) grant. One hundred and forty-two individuals have been surveyed so far. The Vulnerability Index Assessment (county-level assessment of vulnerability to HIV or HCV outbreaks) is not complete yet. Heather Smith, contracted staff member through ASTHO grant, will be supporting the dissemination of this report once it is finished. There is a new pilot project called TeleNaloxone, which is a replication of TelePrEP program through U of I. Through this program, people can get free naloxone via mail. There will more information about TeleNaloxone at future meetings.

5. Public Relations

Presented by Tami Haught

Nothing to report.

Closing

Call to Action

The members reviewed the day's call to actions.

1. Getting together to discuss re-establishing the Gay Men's Health Committee or a committee similar, and to discuss expanding beyond gay men.
2. Move forward with an Iowa plan (e.g., Getting to Zero or Ending the Epidemic).
3. Look at expertise at CPG table in more detail.
4. Possibility of developing an ad hoc committee to make recommendation for CPG moving forward.

Call to the Public

Colleen Bornmueller asked for the call to the public. Renae Furl *(Guest from Nebraska Health Department)* thanked the CPG for invitation and stated that Nebraska's CPG is having similar discussions about community engagement and structure of the CPG.

Announcements

June is hepatitis awareness month and a proclamation will be signed by the Governor on Thursday, June 20, at 9 AM, Rm 109.

Checkout Completion

Colleen Bornmueller asked members to complete and turn in their check-out forms.

Adjourn

Roger Lacoy motioned to adjourn the meeting. The motion was seconded by Tami Haught. The motion was approved. The meeting was adjourned at 3:45 pm.

Respectfully submitted,

Cristie Duric