Idaho Advisory Council on HIV and AIDS

Meeting Report
Videoconference Meeting

June 5, 2013

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Opening Remarks & Introductions

Lynsey Winters Juel welcomed the attendees. All attendees introduced themselves.

Bebe Thompson announced to the group that she made a decision to step down from her role as IACHA's State Co-Chair, effective May 28, 2013, due to the need to continue and increase her focus on demands of the program grant. A formal written notice was sent to all members prior to this meeting.

Administrative Update – Lynsey Winters Juel

1. Lynsey noted that Aimee Shipman, DHW FPSHP Program Manager had been contacted regarding the need to fill the department co-chair position. She hopes to have a meeting with Aimee by the end of June.

2. A meeting with has been requested with Dieuwke to follow up on earlier conversations and communications regarding the Idaho ADAP Program. Dieuwke has agreed to the meeting, which is scheduled for Friday, June 21. The likely attendees for this meeting representing IACHA will be Chris Bidiman, Lynsey Winters Juel, Whitney Holman-Ginder and Katy Kujawski. The Department attendees will include Dieuwke Spencer, Aimee Shipman and Kris Spain. The intent is to discuss how to move forward and work together to plan for the changes facing the ADAP program.

3. Lynsey asked for discussion on the proposed IACHA Membership Matrix for 2013. Changes had been agreed upon at the April meeting which added viral hepatitis and combined "corrections" and "criminal justice" slots into one. Review and dialogue has continued since the April meeting, resulting in additional recommended changes, included removing "faith based" and adding "foreign born"; expanding one MSM slot description to "MSM youth", removing "general population" and adding "homeless".

   Decision and Actions:
   Members approved these remaining 3 changes to finalize the new Membership Matrix for 2013. Chris and Lynsey will work on specific definitions for the Membership Matrix slots.

   Members were reminded that with all these changes, there are now 7 slots that are not represented by the existing membership and that work is needed by the existing members to find and recommend qualified people to fill the remaining slots.

Recommended Action:

A recruitment strategy is needed to support efforts to fill the membership vacancies. At this time, each member is responsible for identifying potential members and providing them with either a membership application, asking Lynsey or Chris to contact the potential member or providing the potential member with Lynsey's contact information. The Administrative Committee will continue to refine the strategy.

4. Technical Training at September IACHA Meeting
   Lynsey reminded members that there would be 2-days of training on Health Equity and Social Determinants that will take place preceding the September IACHA meeting. In addition, there will be training provided during the Friday morning of the IAHCA meeting. The Administrative Committee has yet to determine the content of this training.

<u>HIV Prevention Program Updates – Rebecca Schliep</u>

Rebecca introduced Tobie Barton, the new Health Program Specialist in the Department. Tobie has a background working in maternal and child health and immunizations.

Rebecca stated that the Prevention Program is working with only 45% of the funding level. They still do not know what the final award will be, but do anticipate a 7% funding cut which will reduce the award to $815,778 (compared to the anticipated award of $877,181) Members will be advised, along with providers and other key people about the final award and the impact when it is known.

Rebecca covered potential programs/activities related to the Jurisdictional Comprehensive Plan strategic plan. Please see updated Strategic Plan for details.

In May, 2013, Rebecca attended the MSM Symposium in Seattle which is a regional Strategy Symposium and Workshop on HIV Prevention and Treatment in MSM. Details of each presentation along with Rebecca's notes & data can be found in Rebecca's PowerPoint presentation on the IACHA website. Speakers included:

- Patrick Sullivan, PhD discussed Case-finding and Treatment: What's New and What's Next. Of note: Starting in June 2013, a Know at Home campaign will be initiated which will involve the distribution of 8,000 kits to MSM.
- Greg Millett, MPH, discussed Reducing HIV Transmission among US MSM, including the opportunities and challenges. The lifetime risk of HIV by race: African Americans, who comprise 14% of the US population, account for approximately half of existing and new HIV infections. For Whites overall the risk factor is much lower than for Hispanics and Blacks, but the gap is smaller when looking at MSM.

- Joanne Stekler, MD, MPH, spoke about the future of Pre-exposure Prophylaxis for HIV Prevention.
- George Ayala, PsyD is the Executive Director of the Global forum on MSM and HIV. He spoke about Using CBPAR to understand predictors of HIV service access among MSM worldwide.
- Erick Seelbach, M.A. is the HIV/AIDS Regional Resource Consultant for DHHS Region X. He spoke about the Epidemiology of HIV among MSM residing along I-5 Corridor in Oregon and Washington. Oregon's average number of new cases among MSM is 99cases per year (2008-2012). Washington's average number of new MSM cases during this same time frame was 331 cases per year. During 2005-2009, the average number of MSM cases in Idaho was 109 cases/year.

New HIV cases among MSM, 2008 - 2012
Oregon
2008: 118
2009: 92
2010: 80
2011: 96
2012: 109
Ave: 99 cases/year

Washington
2008: 331
2009: 340
2010: 360
2011: 321
2012: 305
Ave: 331 cases/year

PLEASE NOTE: If you wish to see the entire PowerPoint presentation, please contact Lynsey Winters Juel.

<u>Ryan White Program Update – Bebe Thompson</u>

Bebe provided a status update, saying that there will be a lot going on in the next six to nine months.

The effects of Sequestration have cut 5% or approximately $69,000 from the Ryan White Part B Program. The ADAP earmark is historically 56% of the total award, so it took the biggest cut in the program with a $36,166 reduction. The RWPB base cut will be slightly more than 6%. Monies for ADAP ERF were not included in the President's budget so they had to be reallocated from other programs, including Ryan White.

ADAP Rebates in Idaho have increased dramatically over the last 3 years. From 2011 to 2012 the rebates more than doubled. The rebates are expected to increase in 2013 as well. This is good news, in that it will help with the waiting list and for other areas affected by federal cuts. We were able to clear the ADAP wait list in May. The program should be able to make up for the cuts in federal funding.

The challenges for ADAP and Part B in the coming months include the need for policy development for current ADAP clients and for the Health Insurance exchange (such as the need to help clients enroll in the Exchange) and for addressing the payer of last resort concerns.

We will need to train and provide direction for Part B Medical Case Management related to the ACA and Health Insurance Coverage mandate. This will require researching and organizing training opportunities and working with other Part B programs to determine the level of MCMs involvement in assisting with client enrollment. The state will need to develop strategies to communicate with clients as soon as possible.

HRSA has posted many policies related to the Exchanges and Medicaid, but there will likely be changes, and our challenge is to make the necessary decisions to move forward effectively.

Idaho HIV/AIDS Surveillance & Epidemiology Update – Jared Bartschi

There are 1,385 reported HIV cases (diagnosed in or out of Idaho) presumed living in Idaho by year end 2012. Jared provided summary statistics of the cases from 2007 to 2011, including year of diagnosis, age groups, exposure category and gender. He provided breakouts of all HIV infections by district of residence at diagnosis and the percent of cases which reached Stage 3 (AIDS) in each year of the report. A few highlights of the report:

- The new diagnoses by year of diagnosis has increased overall over the past 7 years compared to 2001-2004, but continue to decline from the peak of 55 in 2008 to 43 in 2011.
- Of the 230 HIV infections diagnosed among residents of Idaho during 2007—2011, MSM most frequently reported exposure category with 116 cases, followed by 45 for "risk not specified".
- The largest percentage of HIV infection diagnoses by age group during 2007—2011 continues to be the 20-29 year age group at 32%, followed by 27% for age group 40-49 and 26% for age group 30-39.
- Two pediatric cases of HIV Infection were reported during 2007—2011; one who was diagnosed after being delivered to a mother who was not tested for HIV after presenting at delivery at an Idaho hospital and another who was likely infected prior to relocating to the United States but who had not been tested for HIV prior to relocation and was a resident of Idaho at diagnosis.
- Residents of Public Health District 4 were the largest proportion of HIV infection diagnoses during 2007—2011 (n=103 or 45%). District 2 represented the smallest proportion (n=12 or 5%)

Jared also reported on the trends of reports of early syphilis infection in Idaho for the period 2002 to 2012.

- During 2002—2007, cases of early syphilis among males were similar to the number of cases among females. However, during 2008—2012, cases among males far outnumbered cases among females, an indirect indicator MSM transmission.
- A notable increase in total early syphilis, almost entirely consisting of cases among males, was reported during 2011—2012 due to a recognized outbreak of syphilis among MSM residents of Public Health Districts 3 and 4.

Jared reviewed the history and contact profiles of the outbreak in 2011 and its continuing impact through 2012.

Jared discussed potential changes to the surveillance methodology for identifying new HIV infections. This would involve expanding CD4 and viral load reporting levels. Updating the methodology would benefit data gathering by:

- Identifying previously positive HIV cases in a more timely manner
- Providing accurate determination of the HIV Infection stage at diagnosis
- Measure access to care: treatment from entry into care and retention
- Provide the means to better evaluate testing and screening activities
- Providing the ability to evaluate data compared to NHAS indicators
- Support the ability to retain current levels of HIV surveillance funding

The challenges to effectively move forward with a revised surveillance methodology include placing a much higher burden for processing incoming lab results and might be perceived as an unsuitable evolution of the role of surveillance to conduct long-term collection of HIV-related laboratory data. There may be concerns about privacy because not all CD4s are HIV-related and viral load tests may be run for individuals without HIV in certain situations.

The benefits include better timeliness in identification, more accurate determination of HIV Infection stages at diagnosis, improvement in measuring access to care and treatment (both at entry into care and through retention in care). Idaho would also be able to evaluate its data against NHAS indicators. These steps would also help to retain current levels of HIV surveillance funding.

This direction would also help Idaho improve its ability to compare trends and direction with the 36 states that have gone to expanded viral load reporting. These states are indicating the enhanced value of being able to measure the unmet need. Idaho cannot currently adequately measure its unmet need.

IACHA's support of these changes will help the Department make a determination of whether to advance changes in the Idaho Administrative Rules for the 2014 legislative session.

Recommended Action:

Jared will put in writing to IACHA what input/action is need from IACHA related to this potential change. Final consideration and decision will be deferred to the September, 2013 meeting.

PLEASE NOTE: If you wish to see the entire PowerPoint presentation, please contact Lynsey Winters Juel.

Viral Hepatitis Prevention Task Force Update – Rafe Hewett

The Idaho Viral Hepatitis Prevention Task Force met May 30, 2013 with 5 of the 7 members participating (Eric Seelbach joined the meeting as well). The Task Force includes Chris Bidiman, Stacie Lechot and Johnny Walker. The Task Force also includes several Regional Health Department representatives. Judy Thorne is the community co-chair; Rafe is the state co-chair.

The Task Force reviewed and approved its charter that addresses its purpose, scope, membership, meetings and processes and products. The Task Force also reviewed and approved its goals, strategies and activities to recommend to IACHA. The goals are:

1. Enhance integration of the viral hepatitis into the work of current HIV service providers.
2. Increase the number of high risk individuals screened for Hepatitis C infection in Idaho.
3. Improve overall viral hepatitis awareness throughout Idaho.

These goals and actions will be reviewed by the IACHA Administrative Committee and will subsequently be integrated into the IACHA Jurisdictional Comprehensive Plan.

National Hepatitis Testing Day was May 19, 2013. Most of the activities associated with this event occurred in Boise. Other Districts were encouraged to take part as well. HIV Testing day is scheduled for June, which should augment overall efforts toward the goals of increasing Hep C screening and creating greater awareness throughout the State regarding viral hepatitis.

Jurisdictional Comprehensive Plan Updates – Whitney Holman-Ginder, Katy Kujawski

All presentations of updates related to the Comprehensive Plan have been integrated into the Jurisdictional Comprehensive Plan (which is included with these minutes and available from Lynsey Winters Juel).

Attachment 1: IACHA Meeting Attendee List

Members

Kituta Asimba
Chris Bidiman
Stacie Lechot
Cynthia Lynn Opdycke
Whitney Holman-Ginder
Linwood Fraser
Katy Kujawski
Mary Linn

Technical Advisors

Lynsey Winters Juel
Sherry Dyer
Rebecca Schliep
Rafe Hewett
Treena Clark
Lisa Kramer
Jamie Perry Strain
Eric Seelbach (called in)
Bebe Thompson (joined just for her presentation)

Guests
Tobie Barton
Aimee Shipman
Jared Bartschi

Attachment 2: Meeting Evaluation

Idaho Advisory Council on HIV and AIDS Video Conference Meeting
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1. On a scale of 1 – 5 with five being the highest score, how do you rate this meeting?

1 2 (1) 3 4 (2) 5

It's just hard- we'll get better at the video

2. According to the CDC Guidance, IACHA must ensure parity in community planning meetings (parity implies that all members have equal opportunity to provide input and have equal voice voting and in decision-making). With this in mind, how do you rate degree to which you felt you had the chance to voice your opinion and be a part of the decision-making processes in this meeting (with 1 being the least amount of parity and five being the highest degree of parity)?

1 2 3(1) 4 5(2)

3.This was our second video conference meeting. Please give us feedback!
What worked? What do we need to improve?

While it is nice to be able to have updates/info/etc. between physical meetings, this video conference was very difficult. Many people were difficult to understand through the digital media, technology issues limited to what could be seen on the monitor (our site saw only the PowerPoint presentations and the District 7 site all day), and I feel like this format negatively effects discussion (despite sites being given the opportunity to contribute to discussion – this was not a facilitator issue, but rather seems to be self-imposed by members). I also find it significantly more difficult to remain focused to presentations through this type of meeting vs. an in-person meeting.

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4. On a scale of 1-5, with five being the highest score, how do you rate the facilitator?

1 2 3 4 (1) 5 (2)

I think that it worked well. It is just really hard to have a conversation and ensure the regions are participating via video.

5. Which parts of the meeting did you find the most useful?

- I am always grateful for Surveillance reports and LOVE the cluster charts (I think I could look at those for hours).
- Epi information
- Epi update with Jared

6. Which parts of the meeting did you find least useful?
   - I feel like the committee reports were the most difficult/confusing part of this meeting. Those reports are really important, but I think the amount of information to be conveyed and the technology issues made a bad combination.
   - None. Just some water- and thanks for the cookies. Could we get someone from housing to talk about HIV and housing opportunities or challenges?