Meeting Minutes

Oregon HIV/Viral Hepatitis/Sexually Transmitted Infection
Integrated Planning Group (IPG)

FULL MEMBERSHIP MEETING

Date: **July 18, 2012**

Number of voting members present: **31**

Number of others/non-voting members present: **7**

Agenda Item/Topic	Key Themes in Discussion
Welcome	• Tuesday Johnson has resigned her position as a health department co-chair. This is due to a position she has accepted with the State of Oregon. • Dano Beck has been appointed to the state co-chair position as required by new HIV Planning Guidance which was recently published by CDC.[1]
Announcements	• The Oregon HIV Prevention Program is recruiting for new members to join the Oregon Program Review Panel. The purpose of the panel is to review prevention & educational materials that funded contractors want to use as part of their prevention work. We want to get a good cross-section of people to do this work.
HIV/STD/VH Programs & IPG: Defining the Relationship	• The IPG is an advisory group to the Oregon Health Authority HIV, STD and Viral Hepatitis Programs. • The group assists with developing one integrated statewide plan for providing HIV prevention and care services for persons living with HIV/AIDS and co-occurring viral hepatitis, and other sexually transmitted infections • The IPG aims to think **BIG** without focusing on the limitations of program specific grant

[1] "HIV Planning Guidance"; Division of HIV/AIDS Prevention - National Center for HIV, Viral Hepatitis, STD, and TB Prevention - Centers for Disease Control and Prevention: Page 31

	and federal requirements.
	• The IPG focuses on the entire HIV continuum from unaware to in-care allowing for flexible and creative planning.
	• The plan will be used as a road map for HIV, STD and VH program specific planning work.
	• The plan will impact individual program priorities, which may include funding allocations.
	• The plan will meet some conditions of grant award.
	• IPG planning will not replace program specific planning work.
	• There will be program specific documents that IPG will have influence in:
	  • **Jurisdictional Plan:** This document is required by CDC and is due on September 27, 2012. IPG's role will consist of an engagement process to find broader stakeholders and providers who can best inform input on the plan whether in development, implementation, or update. For this year, there was only one volunteer who served on a workgroup for the plan.
	  • **Comprehensive Plan:** This document is required by CDC and is due by September 27, 2012. IPG does not play a role in this document process as it is the sole product of the state HIV Prevention Program. IPG can provide input indirectly via the planning process.
	  • **Comprehensive Plan:** This document is required by HRSA and is due in 2015. The IPG developed statewide plan will meet HRSA's requirement. Program-specific strategies will be included in the Implementation Plan in addition to required Ryan White services for the Ryan White Part B grant.
	  • **Statewide Coordinated Statement of Need:** This document is required by HRSA and is due in 2015. Members of the IPG will have an opportunity to work on a special task force to assist in the development of this document. This document will be used as a resource for IPG. The Ryan White programs for Parts A & B are also required to submit a comprehensive plan. This group is considered to be the Targeted Grant Area (TGA) which includes 5 counties in Oregon and Clark County in Washington.
	  • **STD Prevention Plan:** This document is due annually. IPG's role will include input

	on special populations where STI's and HIV overlap, currently MSM with syphilis and gonorrhea. • **Oregon Viral Hepatitis Prevention Action Plan:** The current consideration is that the IPG developed statewide plan will provide input to the Oregon Viral Hepatitis action plan. This includes the HIV and Viral Hepatitis prevention priorities and strategies as well as prevention program interventions and strategies for people who inject drugs (PWID), incarcerated populations, persons who are living with HIV and HCV co-infections. • Individual programs obtain input from as many as 19 workgroups, coalitions, and other organizations.
Oregon's Status on National HIV/AIDS Strategic Benchmarks	• This presentation will be focused on new sources of infection in Oregon • Two things are necessary for HIV transmission: Sex or exposure to blood and someone with HIV plus someone without. • As of the end of 2011, an estimated 7,592 people are living with HIV in Oregon. 5,095, or 85%, of the people living with HIV and aware of their infection were not engaged in any risk. 1,526 people (approximately 20'%) of infected persons do not know their status. 971 (about 16%) who were infected and aware continued in unsafe activities for potential transmission of the virus. • Look at the difference in numbers and not by specifics. • Two groups that have the most impact on the statistics. Those that do not know they are infected and those who know they are infected but still continue doing risky behavior. • Treatment as prevention methods differ depending on which to reduce between those who are not aware or those who are but continue to chose risky behavior. • For those who do not know, consider HIV testing and linkage to care. • For those with risky behaviors, treatment to reduce viral load may be necessary. • 88% of Oregon cases have a CD4 or viral load count. • Linkage and retention to care in Oregon is high. • There needs to be a more reliable way to determine who does not know their status.

Public Comment	• No public comments were made
Committee Meeting Report Backs	• **Access to Prevention & Care:** Started by defining acronyms. Access means acquiring care consistently early, seamlessly and without stigma. Split out into two smaller groups to look at two objectives. The groups were charged with provide follow-up on transition. Focusing on new cases was not enough. Those in transition from different areas need to have access to care. Also focused on identified follow-up with HIV clients who have not had a lab reported. Need to educate doctors. The second group is to take steps to increase the number and diversity of providers in clinical care. An addition to the activities is to support cross-training and help develop provider resources. An additional objective is to support those who have living with co-infections. Two strategies were added. Two additional strategies are to promote and expand medical and non-medical services to PLWH/A. Expansion of non-medical including transportation, health management programs, and the taking part in their own medical care. Until the transition to CCO's, seamless care needs to be in place. Promote mail-order pharmacies. Another objective is to normalize testing utilizing CCOs. Consider doing pool testing. Work with School-Based Health Centers around sex education. Educate physician on high-risk groups. • **Coordination of Care:** Reviewed objectives set by the planning group that formed IPG. Strategies were identified and working out shared language and definitions. Made a lot of progress but a lot of conversation. Objectives include: Increase the coordination of HIV, STI, and Viral Hepatitis programs across the state as well as federal, state, and territorial tribal governments as well as private providers. From a list of action items that were developed, develop a letter that will be sent to stakeholders (including CCO's) for comment on integration. Letter will communicate standards around expectations and there will be testing offered, testing for the other two tests would be available as well. Do not have the capacity to do targeted outreach. Also do a survey of what is happening in communities. Another objective is to improve mechanisms to monitor and report progress towards achieving Oregon's goals. From the list of activities around this objective, looking at current data systems. The third objective is to reduce stigma and discrimination against people living with HIV, STDs and Viral Hepatitis. An action chosen is to work with CCO's to find out what work they will be doing. • **Reducing New Infections:** Several new people were a part of this group. Spent time

	doing introductions. Spent time learning from others within the group. Discussed objectives which include • Intensify prevention efforts in communities where HIV and co-occurring infections are heavily concentrated. • Expand targeted efforts to prevent HIV infections and co-occurring STI and Viral Hepatitis using a combination of effective, evidence-based approaches. • Educate all Oregonians about the threat of HIV, Viral Hepatitis, and STI, and how to prevent them. • Adopt community level approaches to reduce HIV infection and co-occurring Viral Hepatitis and STIs in high risk communities. The committee divided up into two groups with both having participants from both urban and rural areas. Two groups will meet within the next month on how to move forward. • **Membership:** Need 5 more members overall. A new letter is also available. The IPG now has a website. This is where the manual can be found. The website is www.healthoregon.org/ipg.