

**Virginia HIV Community Planning Committee
Meeting Summary**

Members Present: Odile Attiglah, Heather Bronson, Denise Clayborn, Betty Cochran, Dr. Rosalyn Cousar, Vontrida Custis, Hugo Delgado, Carrie Dolan, Gregory Fordham, Caroline Fuller, Richard Hall, Robert Hewitt, Deirdre Johnson, Martha Lees, Michael McIntyre, Dr. Joseph Riddick, Ruth Royster, Whitney Scott, Paul Searcy, Edward Strickler, Jr., Bruce Taylor

Members Absent: Mark Baker, Bill Briggs, Tomas Cabrera (represented), Rhonda Callahan, Takecia Griffin, Elaine Martin, Nicholas Mattsson, Phillip Quinn

Other Attendees: Ben Alonso, Steve Bailey, Caroline Campbell, Kathleen Carter, Ami Gandhi, and Diana Jordan of the Virginia Department of Health; Yvonne Williams of K. I. Services (representing Tomas Cabrera); Dr. Cecelia Boardman, Assistant Professor at the Medical College of Virginia; Donna Cantrell and Debbie Camana of Virginia Commonwealth University HIV/AIDS Center; Linda Thomas of WVTF Public Radio

Total of 32 attendees.

Welcome and Introductions

Dr. Rosalyn Cousar, Community Co-Chair, called the meeting to order at 8:30 a.m. and introductions were made.

Old Business

Budget amendments – none passed.

New Business

None.

Membership

- Betty Cochran resigned her membership effective March 9, 2007. Her letter of resignation was read to the group by Rosalyn Cousar, and members expressed their gratitude for Betty's many years of service and dedication to fighting the HIV/AIDS epidemic.
- The Membership Committee selected six new members when they met via teleconference call on February 20th. They focused on representation from the Northern and Northwest regions of the state, youth, Latinos/as, transgender persons, and people living with HIV. New member orientation will be held on May 2nd.

Overview of the Health Care Services Program

Diana Jordan, Director of Health Care Services (HCS), presented an overview of her program at VDH. She stated that HCS coordinates and plans for statewide HIV health and support services and manages the Ryan White Treatment and Modernization Act Part

B (formerly C.A.R.E. Act Title II) program, which includes the AIDS Drug Assistance Program (ADAP), consortia-based services, and Minority AIDS Initiative (MAI) services. In addition, HCS contracts for and manages early intervention services, health care provider education and the State Pharmaceutical Assistance Program (SPAP). Steve Bailey, Assistant Director, presented more information about ADAP and SPAP. SPAP pays Medicare Part D costs for people who get medicines through ADAP. He indicated that ADAP is considered as payment of last resort and every dollar spent goes to purchasing drugs. As of August 2006, the ADAP had 2,669 active clients but he indicated that the number fluctuates over time. The average amount of time a client is on the program is 48 months.

Finalizing a Process for Intervention Selection

Ami Gandhi stated the task for 2007 will be to select interventions for the priority populations. She reminded the group that we will not be prioritizing interventions as was done in the past, but simply selecting appropriate interventions. Ami reviewed handouts given to committee members, including a list of interventions by population and a list of possible criteria to use in the selection process. The committee then broke into three groups to determine which criteria, either from the list provided or any additional criteria, to use in selecting interventions. The group reconvened to report their recommendations. Ami will compile the recommendations from each group to report back in the afternoon.

Lunch

The research subcommittee met during lunch concerning the Epi Profile. Carrie Dolan discussed with the group her progress and the areas she needed assistance with. She would like to include a list of resources, such as peer-reviewed literature, for each population. Carrie reviewed what she had gathered for each population, thus far. She asked the subcommittee to provide any literature they may have on specific populations. Members volunteered to gather literature and agreed to bring them to the next meeting.

Subcommittees

Ryan White - The meeting began with a welcome from newly appointed co-chair Michael McIntyre. Mr. McIntyre reminded the members of several ground rules for discussion that had been addressed during the team building session at the previous meeting. After the minutes from last meeting were approved, co-chair Ben Alonso then provided the subcommittee with an update from VDH that included the State Pharmaceutical Assistance Program, reauthorization of the Ryan White Program, revision of the case management standards, and the annual increase in the Federal Poverty Level that will go into effect April 1, 2007. Mr. Alonso then provided members of the subcommittee with a summary of the results of the primary care prevention messages survey that had been completed last year. In the discussion that followed, it was agreed that the subcommittee should help draft a set of primary prevention questions that providers can use as a tool for clients, as well as a list of responsibilities related to self-care for clients. Subcommittee members Whitney Scott and Deirdre Johnson then temporarily left the meeting to create a first draft of these documents. Next, Michelle Baker, a contract monitor from VDH, led the subcommittee in a discussion on the revision of the case management standards. In particular, several members of the subcommittee expressed a desire to clarify the

proposed requirement for case managers to receive 12 hours of continuing education on an annual basis. After the discussion on the case management standards revision, Ms. Scott and Ms. Johnson returned with their initial draft of primary prevention questions for clients and list of responsibilities. Ms. Scott agreed to prepare the drafts so that they can be distributed to the subcommittee for further review and discussion.

STD - Dr. Cecelia Boardman, Associate Professor of Obstetrics/Gynecology/Oncology at the Medical College of Virginia presented “Human Papillomavirus (HPV) in Adolescents and Young Adults.” HPV is a sexually transmitted virus that kills approximately 4,000 American women annually. Dr. Boardman explained that the HPV virus is ubiquitous in our society and is transmitted by any kind of human contact, including non-penetrative sexual contact (i.e., manual, oral). Because the type of cervical cancer caused by HPV is totally preventable, Dr. Boardman is promoting a vaccination strategy consisting of a three-shot series administered over a six-month period that targets females ages 9-26. She explained that the reason why adolescents acquire HPV infection is physiological: intense cellular turnover and high hormone levels in the adolescent cervix seem to acquire the HPV virus more readily. An Advisory Committee on Immunization Practices (ACIP) recommended vaccination be given to 10-11 year old girls. The vaccine to be used, Gardasil, is manufactured by Merck and is the first cervical cancer vaccine introduced in the U.S. Merck conducted a study that showed higher antibody response in 9-15 year olds than in 16-23 year olds. The finding that a more robust antibody response occurs at a younger age bolsters the reasoning behind vaccinating younger girls. HPV infections have also been linked to other forms of cancers (e.g., vulvar, penile, anal). As more data are accumulated, Dr. Boardman believes that a reduction in other forms of cancer with a HPV vaccination will occur, as well.

Results of Annual Evaluation

Ami Gandhi reviewed the results of the 2006 Year-end CPG evaluation. The results were based on responses from 25 of the 28 CPG members. The demographic results were reviewed and discussed. Ami noted that some populations lacking representation will be represented with the new members that were nominated by the membership committee, such as youth, Latinos and transgenders. She is having trouble recruiting representation for Asian/Pacific Islanders. She continued to review the indicators for the goals and objectives and that the target of 0.99 was met.

Update on the Epi Profile

Carrie Dolan indicated that the release date is scheduled for December 1st. She asked for feedback on how the association between poverty and HIV/STDs can be used for future HIV planning by the committee. She distributed a handout titled “Health Disparities and Planning in Virginia: Poverty, HIV/AIDS, and Sexually Transmitted Diseases (STDs)” which she prepared with Chris Delcher. The information is based on five years of diagnosed data (2000-2005) and is statewide (all of Virginia’s cases). The methods were developed by the Harvard Geocoding Project and categorized by poverty level. Discussion followed about possible stigmatization. Carrie concluded by asking for feedback concerning using this for prioritizing populations in the future and asked committee members to e-mail her with ideas and comments.

Selecting Interventions, Continued from the morning session

Ami Gandhi continued the discussion from the morning to report the compiled list of recommendations from the three groups. She found that all three groups had similar recommendations, giving a total of six criteria. There was a consensus for the interventions to meet four out of six criteria, the first two being mandatory. There was concern from some members that interventions that were not DEBIs or from the Compendium should be included in the selection process – that many agencies conduct interventions that are effective, but are not “proven effective”. It was decided that this will be written into the narrative of the plan. A motion was made, seconded and carried, with two abstentions (Gregg Fordham and Joe Riddick).

Review of the January meeting summary

Motion was made and seconded to accept the minutes as written.

Planning for the May meeting

- 1) Standards & Practices and Research Subcommittees will meet
- 2) Begin process of selecting interventions
- 3) Update on Epi Profile from Carrie Dolan

The meeting was adjourned at 4:00 p.m.

Rosalyn Cousar, Ph.D., Community Co-Chair

Date

Kathleen Carter, Recording Secretary

Date