

**Virginia Community HIV Planning Group**  
**Four Points at Sheraton Hotel, 9901 Midlothian Turnpike, Richmond, VA**  
**Meeting Summary**  
**February 16, 2018**

**Members Present:** Sylvester Askins, Rashaad Banks, Roy Berkowitz, Shawn Buckner, Jerome Cuffee (Community Co-Chair), Daisy Diaz, Pierre Diaz, Colin Dwyer, Doug Fogal, Beverly Franklin, Earl Hamlet, John Humphries, Bobby Jones, Russell Jones, Marquis Mapp, Elaine Martin, Gia Martinez, Eric Mayes, Diane Oehl, Victor Claros Outlaw, Darryl Payne, Bryan Price, Robert Rodney, Nechelle Terrell, Joyce Turner, Stacie Vecchietti, Chris Widner, Robyn Wilson

**Absent:** Tim Agar, Reed Bohn, Gennaro Brooks, Cristina Kincaid, Anthony Seymore, Stanley Taylor

**Others present:** Tom Villa (guest of Victor Claros Outlaw); Jonathan Albright, Kathleen Carter, Renate Nnoko, Carrie Rhodes, Amanda Saia, Kimberly Scott, and Bruce Taylor of the Virginia Department of Health

**Greetings and Introductions – Elaine Martin and Jerome Cuffee**

**Welcome New Members –** Rashaad Banks, Doug Fogal, Beverly Franklin, John Humphries, Bobby Jones, Gia Martinez, Darryl Payne, and Bryan Price

**Old and New CHPG Business – Renate Nnoko**

None reported

**Membership**

- Dorothy Shellman has resigned.
- Bruce has been hired to fill a new position, Drug User Health Coordinator. His former planning position is in recruitment.

**Approval of December 2017 Minutes**

Motion passed to approve the minutes.

**Prevention Update - Elaine Martin**

- PrEP – 370 screened statewide, adding three new clinics: Lynchburg, Hampton and Virginia Beach. Role models will be rolling out this summer, and VDH is gearing up to buy another supply of Truvada. PrEP in Eastern – replicating that campaign in the rest of the state, using state funding for phase 2.
- Comprehensive Harm Reduction – Dr. Cantrell, Director of the Lenowisco Health Department, submitted the first application for CHR. Bruce will make a pre-operational site visit. He has been doing community mobilization efforts, and CHR trainings were held this week in Norfolk and Richmond.
- App for home test kits has finally launched on dating sites
- 2018 Training Plan - Ryan White rebate funds will be used for the HIV Positive Women’s conference, HIV-positive heterosexual men’s conference, community health worker training, and statewide testing conference.

**Care Update – Jonathan Albright and Carrie Walker**

- Quality management advisory meeting scheduled for February 21
- March 2-3 “Planting Seeds of Change” Summit

- March 13-14 consumer training in Newport News to expand the PrEP Ambassador program; will be targeted at positive clients.

### **Care Update - Carrie Rhodes**

Special enrollment period through February 28. Increase in enrollment, 3,639 so far, with help from many in the field and Benalytics. Elaine gave kudos for the enrollment effort, and stated the importance of Ryan White funds freed up to pay for Truvada and other needed services. HCS will be working with Benalytics over the next grant year to prepare for 2019 open enrollment. However, issues with the Marketplace: carriers only taking partial payments and HCS working with them to get payments applied. If insurance has been canceled or a premium payment needs to be made, please call the VDH ADAP Hotline. Meningococcal vaccine added to Formulary.

### **TGA, EMA, and Regional Updates**

*Transitional Grant Area* – Pierre reported that the next meeting is February 23.

*EMA* – Renate is a member of the planning council; she indicated that members had to reapply and applications are still being accepted. A meeting is next Thursday and she will send out the link.

*Southwest* - Chris Widner stated they were able to get everyone enrolled, but several clients did not have premiums applied and will not have insurance in 2018 until issue is corrected.

*Central* – Rob Rodney - pulling together a case manager directory.

### **Target Populations – Amanda Saia, Bruce Taylor – Part 3 – People Who Inject Drugs (PWID)**

Amanda talked about overall trends in US; we have seen a decrease nationally. The injection drug population has changed according to data from 2005-2015; there has been an increase in whites, a decrease in blacks; biggest change in 2015 was white men, which clearly ties into the opioid epidemic. Amanda stated the data will be updated with 2017 data in the next couple of months. 2017 data are preliminary, but so far 846 diagnosis in 2017, decreasing slowly over time. Her slides showed HIV diagnoses attributed to PWID by race/ethnicity; age; region; and late diagnosis (definition: people who are diagnosed with AIDS at or within one year after initial HIV diagnosis). She concluded with defining the HIV continuum of care in Virginia. One member asked if there is this kind of data for mental health services care markers. Amanda: “Not at this time.” Rob: “Could there be a mental health module in e2VA?” Amanda will take this suggestion back to the e2VA team.

### **Epi-data/Psycho-Social Aspects/Sub-populations**

Bruce asked the members to think about the PWID population in a different way, and to ponder the answers to the following questions: Why do people take drugs, why do people inject drugs, and why are we so concerned about drugs in our community? He stated that syringe exchange is the most effective HIV prevention measure, to date, that we have. He talked about the “Silk Road,” a term for heroin distribution routes. We are currently in the “perfect storm” for opioid abuse, due to over-prescribing of pain meds and other factors. Deaths due to opioids in Virginia are going up, and opioid-related deaths have surpassed motor vehicle and gun-related violence deaths. Bruce concluded with the political, social and judicial ramifications.

**Working Lunch Assignment:** *Discussion Topics: How is the information learned today on PWID useful in the community planning process?*

### **Report: How is the information learned today on PWID useful in the community planning process?**

Members discussed how they could take the information, especially drug programs, back to their communities. Elaine posed the question: Why would we put money into IDU programs when HIV infections are going down in this population? Answer: Because we don’t want to wait until there is a

public health crisis. Bruce reiterated the importance of using current strategies, like social media, to reach IDUs. This was traditionally done by street outreach, but that is an outdated intervention.

#### **Integrated Plan Status Update - Renate Nnoko**

Renate provided handouts and went over the preliminary data for the Integrated Plan Objectives for 2017.

#### **Workgroup Reports - Workgroup representatives**

*Drug User* (reported by Colin Dwyer) - Debrief with Bruce about Wise County strategies to see what might work for our own regions; talked about reaching out to other community advocates; VA Harm Reduction Coalition becoming a non-profit; and how to advocate regionally and more broadly statewide, especially with state legislators.

*Health Disparities* (reported by Nechelle Terrell) – It was decided to reach out to Latino/Hispanic associations and historically black universities to promote awareness of HIV services provided by VDH. The group will develop a brochure and sample that will be used in the outreach process. Gia and Victor will be responsible for the Latino/Hispanic associations. All literature will be made available in English & Spanish; Elaine recommended focusing on plain language (6<sup>th</sup> grade level) – just did the STD brochure, double-checked by Agapito Ruiz-Millan, Hotline supervisor, to make VDH is using the vernacular correctly.

*PrEP* – (reported by Eric Mayes) – The group continued discussion of developing a guide to best practices related to PrEP. Again, the conversation centered around barriers and how to remove them and adherence. In addition, Elaine brought up the fact that DDP has come across several instances of patients sharing medication and how that should impact our education at the start of PrEP and ongoing forward with adherence education and messaging. One barrier identified was difficulty (from the patient and provider perspective) on taking a sexual history. This would be an easy place to wrap in some education about sharing meds, etc. Eric suggested that as a first step to developing improved education messaging having Linda Whiteley, the new nurse practitioner consultant at VDH, give a demonstration on how LHD clinicians are trained to take a sexual history.

*Monitoring & Improvement* – This group needs members! Cristina and Tim not here today. Review the Integrated Plan is the goal by the end of March. Elaine pointed out that some members are trained in quality management and encouraged them to join this work group.

#### **Meeting Wrap-Up - Jerome Cuffee/Elaine Martin**

##### **Adjourn**

The meeting was adjourned at 3:55 pm.