



HIV PREVENTION COMMUNITY PLANNING GROUP

Tuesday, September 18, 2012

**Indiana State Department of Health, Rice Auditorium
Indianapolis, IN 46204**

AGENDA

- Start Time:** 10:05 am
Proxies: Brian Revalee for Latorya Greene
Derwin Gary for Marissa Miller
Welcome: Andrea Perez, ISDH Co-Chair
Introductions: Each member introduced themselves and stated the regions they represent.
Mission: Darin Foltz read the Mission
Ground Rules: Brian Revalee read the Ground Rules
Agenda: There was one change; The Needs Assessment presentation was moved to the afternoon at 1:00 pm and the Updated Committee Restructure/Objectives Discussion was moved to 11:15 am. The Needs Assessment presentation was moved back to the original time: 11:15 am.

10:10 a.m. – 10:30 a.m.: Approval of July 17, 2012 CPG Minutes

There was a consensus to approve the July 17, 2012 CPG minutes.

Review of Group Assessment Form

There have been a number of comments about member participation and getting members to be more participative.

Reply: We want to encourage people to speak their minds so that we can get a general feeling about how the members feel. If members are uncomfortable speaking, we would like to know so that we can address this matter appropriately.

Question How are we addressing comments that suggest that there is a need?

Reply: If there is a need that isn't being addressed, please utilize the comment section on the evaluation form and be specific so that we can understand what the problem is and address it.

Review of Attendance Sheets

The attendance sheet needs to be updated. There was one resignation (Julie Foltz). We are down to a total membership of 15 CPG members. Please review the attendance sheet for accuracy.

Review of Expenses

The fourth heading on the Budget Sheet that reads, "Total Costs Each Meeting" needs to be changed to, "Total Meeting Cost per Member".

Question: Will we spend all of these funds?

Reply: We did have a request for Angela Goode to attend USAC and it was approved, so funds for her travel will be used.

Reply: The Needs Assessment Committee is coming up with ideas of what can be done that will require funds.

Reply: Going forward we may see expenditures in other areas. The funds are there.

Question: What happens if we don't spend the funds?

Reply: The funds just go back.

Question: Are we doing a retreat?

Reply: It is on the agenda to discuss a retreat, if we do have a retreat it will eat up some of the funds.

Reply: ISDH is looking at reducing the funds for next year because in the past previous years we have not spent all of the funds. Funds have been put into a budget and the funds are not being utilized. Also once the notice for rewards comes back and ISDH knows what they will get, it is a possibility that funds for the CPG will be cut. We may break the funds done into categories so that we can determine how the funds will be better appropriated.

Question: Is this projected budget based on the meetings we have left?

Reply: Yes.

10:30 a.m. – 10:40 a.m.

Executive Committee Report – Andrea Perez, ISDH Co-Chair

There were no questions or comments on the Executive Committee Report.

10:40 a.m. – 11:15 a.m.

Division Report/ISDH IPR - Andrea Perez, ISDH Co-Chair

ISDH is currently working on reviewing the RFP applications they received. The applications have been sent out to reviewers. ISDH is also working on the IPR which is due by next Friday, September 21, 2012. The IPR format has been changed from the past. It looks a little bit different in regard to what CDC wants ISDH to report on. If time permits, during the November meeting ISDH will do a presentation on the IPR. Our second round of site visits has started. The second site visit is a follow up of the first site visits to see how things have improved.

Services: Darin Foltz

The new Care Coordination staff person has started; Patrick Sweany. There is no waiting list for medical services. Care Coordination - Kristie Montgomery has finished up with the audit results. SPSP is done with their audits and will send out results in the near future. The AIDS walk is on Saturday, September 29, 2012, Brandi Applegate is the lead for ISDH. Everyone is encouraged to participate. There is a SPSP training scheduled for tomorrow, Wednesday, September 19, 2012. Rochelle Feldheiser-Keyes will be helping with this training.

Andrea Perez -The Adult Viral Hepatitis position is leaving the Division. ISDH has applied for the Hepatitis grant; however, the position will be going to the Epidemiology Resource Center Surveillance Division. We will still maintain Brenda Mason and Rupert Arceo. They will continue doing their work around HBV and HIV.

Andrea Perez did a presentation of the Prevention RFP –
[HIV Prevention RFP 2013](#)

Question: The RFP is reflective of the NHAS, is there a possibility that more than one person can be funded for a position?

Reply: It has to total of one person but can be split into two persons.

Question: What is the rationale between the interventions, is there anything for positives?

Reply: Clear and Health Relationships are designed for positives.

Reply: Many Men Many Voices is designed for African MSM.

Reply: With the Mpowerment program Positive link has been implementing this plan.

Reply: The University of California, San Francisco's Center for AIDS Prevention Studies (CAP), has an entire department whose research has been totally on Mpowerment. It can be adapted towards men of color.

Question: There is a whole different route to adapting an intervention to fit a different population. There were some concerns in using D-Up. How can we make sure that the adaptation and TA is available to the agencies that want to use these interventions?

Reply: It is just a matter of seeing what will happen, we know which agency is already using it. Unless there is a new agency that wants to do the intervention, we will have to get the needed resources. We know what the resources are, once we make these decisions we will then sit down with the agency to determine what is needed.

Reply: I like the layout of things I wish there could have been a TA meeting for providers particularly since some things has changed. I think it is transparent and clear.

Question: During the course of the three year period are there some benchmarks and expectations? Will other interventions be added in the future?

Reply: Probably not, it would require more funds.

Question: What is the plan to measure things? What is the expectation at the end of the year in regard to adaptation?

Reply: Ideally none, I don't have an answer to all the questions it will depend on how the review comes out. There is a possibility that the funding will go to an agency that is already doing the interventions. If a new agency gets the funding, then we will have to look at the agency's capabilities and what is needed and go from there.

Reply: The three interventions were all non-specific to an ethnic group. These three interventions have been proven to work for all MSM across the board.

- Reply: There is not a cookie cutter intervention that will work for all races. That is not how you do things.
- Reply: We did struggle with whether to do D-Up or not do D-Up. We realize that one size does not fit all. It was about making it open so that it can be adaptable.
- Reply: I'm wondering if the decision was made based on one agency's past performance. There will have to be involvement from the top down to make sure things work. There will have to be recommendations that give that community the capacity to do their work.

11:15 a.m. – 12:00 p.m.

Needs Assessment Committee Presentation – Engagement Plan

Angela Goode, Chair, Tony Gillespie Presenter

[CPG Engagement Plan](#)

- Reply: We were talking about good use of funding, you talked about using the media; many African Americans are oral learners. Maybe doing some type of regional forum might work better.
- Reply: We will get to that later. We have to encompass all the ways that folks communicate.
- Reply: The Needs Assessment Committee is recommending that the engagement plan be accepted.
- Question: For number 3 the purpose is to make sure the CPG will get the information back? Is there a piece built into number 3? My concern is that it relies so heavily on the CPG doing an activity. This has not happened in the past. We are pending the biggest part of our engagement process on doing things that haven't happened in the past. As we discuss this we need to be honest and say if we will really do this.
- Reply: We talked about some other agency doing the work; subcontract out, then there is another entity that is responsible for getting the information back to the CPG. This could also be a learning project for universities. We didn't think it was 100% that the CPG member could be responsible for doing this. There are so many ways that the "how" to can take place, we thought we would seek approval and then work things out.
- Reply: The "how to" part is the sticky part to me, how do you get someone in those regions to have buy-in. They don't see their agency as being a part of a region but as doing what they do. It is hard to get buy-in. How do you establish those commitments? What will make this happen? The practical application is where I struggle.
- Reply: If you think about it, the grand scheme of things is what brought us here. The idea was that we would not solely rely on members, we would figure out who the better messenger is in any community; it could be some other partner that is able to reach other providers and get them to attend. We aren't going to hit 100% out the box.
- Reply: A group I was involved in had resources outside of the group which motivated others to get involved. There may be some opportunities statewide with our body to create these things.
- Reply: That is a great suggestion. We did talk about the possibility of other funds being available outside of CPG. This is something that others who have been invited to take back to their people.
- Reply: My fear is this will go to waste. We need to work things out within our own group.
- Reply: This is why we didn't put a timeline on any of the suggestions. We want to get the plan approved then add legs to it and then talk about other issues; money etc.
- Reply: It makes sense, it is like a strategic plan, and it seems more practical to do things in sequence

- Question: Can we break this down and say that this is our year one plan and that we are working on other ideas to be submitted at a later time.
- Reply: If we at least say what we plan to focus on this first year and then move on to the other ideas, I think it would be acceptable. I just don't think we need to eliminate 2 and 3 from the plan right now.
- Reply: We have laid it out in the order we think things will materialize. We didn't put a timeline on things because we wanted to present the plan to the group and then move on from there.
- Reply: On number 3, it is another organization in the city where it is part of their help task. The NAACP, they are really trying to reach out to the minority community; educating pastors and ministers. If the NAACP can assist with Number 3 then I think we can use them.
- Question: I thought we discussed that we put that, "it is the intent"?
- Reply: We did say this; I thought we walked away with the consensus that this was the plan. We can do it this way.
- Reply: It works well because if you have the summit then you have some discussion; it is not like you are throwing out two different things. You get the people involved and get their input.
- Reply: I suggest that you to add NPep-exposure.
- Question: Do we agree that we will say year one, year two and year three? Can we add the caveat that says that, "this is the intent" and add some tentative timelines?
- Reply: Nate would like to recommend that the plan be approved with the timeline of year one, year two and year three with the intentions.
- Reply: It was a consensus by the CPG to approve the plan with the timeline of year one, year two and year three with the intentions.
- Question: Are we looking at changing the name of the Needs Assessment Committee to the Engagement Committee?
- Reply: While we will be expanding, there is still a need to do assessment on populations we don't know how to serve. We didn't see where we need to change the name. We can say Needs Assessment/Engagement Plan Committee. We will discuss this during committee time.
- Reply: We will make the changes and send it to Susan and she will forward it to the group. We will need it by Friday, September 21st.

12:00 p.m. – 1:00 p.m. - LUNCH

1:00 p.m. – 2:30 p.m. - Updated Committee Restructure/Objectives Discussion

1. Needs Assessment

We have voted to accept the engagement process and the committee will continue the same.

2. Membership

The October conference call will be used to review the new applications. If there is a preference, please let the committee know. Half of the seats are empty. If you have a seat that you can fill please let us know.

Reply: Based on today's meeting we have one person who is up for removal.

Reply: Yes there is one.

Reply: I was impressed with the Needs Assessment Committee. Provider forms were sent out. It is our hope that members filled out the forms and provided the committee with the

I think it is a good piece of material. We will still do some of the same things that we have done before. This process and the grid will be used to evaluate the stake-holders.

Ad hoc Committees

5. STD

Our mission was submitted to Susan. We would like to do a 30-45 min presentation at the next CPG meeting.

6. Policy and Procedures

There was no report

7. Advocacy

We kept the mission as it is currently written. There was a proposal from IMHC; IMHC will ask that HPV be added to the test that pregnant women receive. AARP is releasing a letter going to all policy makers that is asking for the minimum of requirements that the State has to submit in regard to the Affordable Care Act. IMHC reviewed the letter and HIV was not mentioned, the rationale that they will be there. IMHC is writing a letter that HIV be added.

Reply: Advocacy is an ad hoc committee I would love to see other members working on this committee. A big piece of the high impact prevention is that there has to be an advocacy part.

Reply: I attended a meeting; there are opportunities for us to work with legislators to give feedback on and to the committee.

Reply: If there is something going on that you think the CPG should know, contact a member of the advocacy committee or Susan to disburse the information.

Reply: We all are a part of advocacy.

Reply: This is why more money is going into the community health centers because it has been found that people are more comfortable going to a center in their own community.

Reply: It is also cheaper.

2:30 p.m. 3:15 p.m. - Review PS12-1201 Jurisdictional HIV Prevention Plan

Question: If there is no priority setting process, then how do we address this? Where are the, "at risk" populations?

Reply: I don't know if they really are here. To a certain degree what you just alluded to is the Epidemiology Profile Summary. While this gets added it doesn't point it out. In reviewing this as it was being written, even in the instructions it does ask about populations at greatest risk, but yet they are telling you not to prioritize. We did the first part of this very clearly. It is the second part that is a little bit lacking. To answer your question I don't know.

Reply: I don't think the removal of a formal priority process speaks to any population.

Question: As you read this where do you see this going?

Reply: Somewhere in the Epi piece.

Reply: We are looking at adding a section after the Epi piece that sums this up, "based on the info above the following have been identified as a population at greatest risk for transmission and acquisition of HIV in the state of Indiana".

- Question: With these grammatical changes and the additions of the populations at the end of the Epi summary who has a recommendation for how you are going to vote on the Plan?
- Reply: Will we need to review the Plan once the additions are made.
- Reply: That is up to the CPG members, knowing that this letter is due next Wednesday. If you want to see the finish product, we can send it out via email and you would have to vote via email.
- Reply: I am good with the corrections just being made; I know I won't respond in a timely manner.
- Reply: I recommend that we accept the Plan with the stated changes that were pointed out without reservations.
- Reply: It becomes subjective and not objective, I don't agree on voting on a Plan that we have not seen the finished product on.
- Reply: I hear what is being said. It is a different process, we are voting on the product given to CPG by ISDH.
- Question: So why is it that it is not a draft, is it because of the timeline?
- Reply: It is in our interpretation. The language was put in that, "the CPG should inform the development", it is new. It is how we interpret this language. I don't know if there is a right or wrong answer to that. It is mostly the timeline. At some point it has to come to this is our final product.
- Reply: We didn't get the states final this can very much be a letter of concurrence if the final is sent out tomorrow.
- Reply: My interpretation is that we as CPG members are being charged to expand our process and take more ownership in the process. It is not about questioning the writer's integrity, it is about the process.
- Reply: I would like to make a motion to resend that vote.
- Reply: Second
- Reply: The motion was accepted with one opposition.
- Reply: I would like to make a motion that the edits are made by 12:00 noon Wednesday, September 19th and sent out to the CPG body and the CPG members will vote via email by 12:00 noon on Thursday, September 20, 2012.
- Reply: There were ten members in favor, with one opposition and one abstention.
- Question: Does the written letter require a vote?
- Reply: It has in the past.
- Reply: The last two letters signed by Andrea were not voted on.
- Reply: The letter would reflect a decision that was already made.
- Reply: We will get with Latorya and she will contact whomever she may want to replace her if there is a need or ISDH will make the contact. We will forward the letter for everyone to review.

3:15 p.m. – 3:30 p.m. - Q & A/Old & New Business

-Retreat-

The funds are there, it is a matter of what will we fill those two days with.

- Reply: I would like to see more about HIP, Prep and NPeP, how does Indiana fit into this new movement. There is a lot of TA that can be utilized for Indiana, we can bring in people who understand our culture here in Indiana and can help us. Bring people here to talk about the ACA and treatment and how this will affect our work. I see an opportunity to go somewhere, a couple days of retreat to discuss all of the major changes that are being made

- Reply: That is not a bad idea. The AIDS Foundation of Chicago has participated in many areas, we could possibly contact them and they can assist us. They are not that far, they have a budget to do work in Indiana. They might be a viable option.
- Reply: Tony can help contact them.
- Question: If we are looking at doing a retreat in November, can we change the week of the CPG meeting because it is Thanksgiving week?
- Reply: We have things that we can fill a retreat with. We can put together a committee to set things up.
- Reply: It sounds like there is a desire to do a retreat.
- Reply: There are a lot of things that we need to get ahead of, I don't think we will have a problem setting up a two day retreat
- Reply: We can have the opportunity to think about topics that can be useful during the retreat.
- Reply: We could have some powerful keynote speaker that can reinvigorate members. There are opportunities so that we can do something really nice.
- Reply: If we are really going to do this, then we need to commit.
- Question: Why don't we schedule a conference call to get those who want to give their ideas a chance to participate?
- Reply: We can get a call scheduled in about two weeks to give suggestions for the retreat.
- Question: Are there any restrictions on the funds?
- Reply: No not really.
- Reply: I was thinking as far as a retreat if we could have a TA come in and work with each committee to assist the committees.
- Reply: Keep in mind, that there are no experts due to the New Guidance and new direction that we are going at this point.
- Question: Is there is any interest in having a presentation by the AIDS Foundation or the entities that were funded by them and what services they are providing?
- Reply: I think that it is excellent for the community and the state.
- Reply: Now the when, I think the week before Thanksgiving cuts the planning time down. Do we want to go the week before or the week after?
- Reply: When the call is set up that will be a good time to set a date, or should we figure this out today.
- Reply: Susan can look at some venues and availability. This will help determine when we can have the retreat.
- Reply: We will look at the week before and the week after Thanksgiving.

3:30 p.m. – 3:45 p.m. - Public Comment

There was one guest from Department of Education – She is very excited to be a part of the CPG process and is looking forward to working with the CPG

3:45 p.m. – 4:00 p.m. - Announcements & Celebrations

- Andrea Perez: Prevention – We are working with Office of Women's Health and OMC to plan a conference that will take place the first Friday in December at the NCAA complex, we have outside partners around the table as well. We will keep you updated and informed.
- Brian Revalee: Evansville AIDS Walk raised \$17,500 this year.
- Cena Bain: The Lesbian Gay dinner dance is Saturday October 6. It raises money for the AIDS Task Force.

Susan Newton: The Statewide HIV Awareness Day Event is Thursday, November 8, 2012 at Crispus Attucks Medical Magnet High School.

Please complete the Group Assessment Form and turn it in before leaving today!

Next Meeting – November 20, 2012 at 10 A.M. Promptly

Adjourn