

Virginia Community HIV Planning Group
Call Summary
February 10, 2022

Members Present: Yolanda Alexander, Maria Altonen, Antiona Bowman, Robert Cheek, Stephen Clark, Doug Fogal, Beverly Franklin, Leah Gregory, Doris Hill, Deirdre Johnson, Daniel Lopez, Elaine Martin, Anjeni' Moore, Darryl Payne, David Pintor, Bryan Price, Clay Porter, Michelle Reed, Alexandria Robinson, Thomas Rodriguez-Schucker, Vanessa Slaughter, Nechelle Terrell, Thomas Villa, Samantha Williams (proxy for Jennifer Shiflett)

Absent: Tim Agar, Darryl Cannady, Julianna Felsher, Shauntelle Hammonds, Bobby Jones, Rodney Lewis, Shannon Meade, Jennifer Shiflett

Others present: Lori Beck, Jenny Calhoun, Kristen Donovan, Deryk Jackson, Eric Mayes, Felencia McGee, Miles McKemy, Christian Ryan, Cindy Snyder, Jason Watler, Jonathan Albright-Williams, Ashley Yocum



Welcome – Elaine Martin and Bryan Price

- Reminder: Everyone is invited and encouraged to speak at our meetings

HIV Prevention Updates

- National Black HIV/AIDS Awareness Day
 - February 7 is National Black HIV/AIDS Awareness Day - sometimes called NBHAAD
 - NBHAAD is held each year to celebrate the progress of Black communities in their fight against HIV
 - It also celebrates the strength and resilience of Black communities
 - We also recognize that racism, discrimination, and mistrust in the health care system have made it hard for people to seek testing and care. Together, we must stop HIV stigma and HIV and other health-related disparities in Black communities.
- Assistance Needed for the Virginia CDC Materials Review Panel (MRP)
 - We are currently looking for volunteers to serve on the MRP
 - The MRP reviews all public materials regarding STDs and HIV/AIDS to ensure the language is appropriate, inclusive, and factually correct
 - The panel usually receives 10-20 submissions a year to review
 - Eligible panel members will have a working knowledge of STDs and HIV/AIDS, be prompt with email responses, and cannot be connected with any contracted agency (employee, board member, etc.)
 - Please email Sarah Lannon at sarah.lannon@vdh.virginia.gov for more information

- CDC Report Highlights Continued Factors in HIV Disparities in the U.S.
 - A CDC report showed that HIV diagnosis in Black adults was higher in communities with high social vulnerability
 - Social vulnerability refers to the negative health results on communities caused by external stress such as income or housing
 - Racism and unequal access to HIV prevention and care contribute to high social vulnerability

VDH HIV Care Services Updates

- New Updates
 - The FDA recently announced the approval of Cabenuva, the long acting injectable ART for injections every two months
 - VDH launched the Virginia Provide Enterprise HIV Care and Prevention Database for DDP (Division of Disease Prevention) care and prevention service data
 - For additional information, you can go to the DDP Provide website: <https://www.vdh.virginia.gov/disease-prevention/ddp-provide-system/>
 - HIV Care Services Unit of DDP is hiring for the Quality Management Specialist II contract position
 - For more information, please visit the DDP Recruitment webpage: <https://www.vdh.virginia.gov/disease-prevention/ddp-recruitment/>
- Ongoing Updates
 - VA MAP website: VA MAP recommends visiting the website at least once a week to remain current on all changes, additions, and other important programmatic information
 - The following updates have been posted to the VA MAP website (www.vdh.virginia.gov/disease-prevention/vamap/)
 - Assistance available for completing eligibility assessments in the Provide web portal
 - To assist clients experiencing challenges with completing their eligibility assessments in the Provide web portal, the Virginia Medication Assistance Program (VA MAP) is providing some help in this area
 - Requests for help have mainly come from older clients enrolled in Medicare assistance (i.e., MPAP) with VA MAP
 - DDP Hotline staff will be available to assist clients with assessments on **Tuesdays and Wednesdays from 10 a.m. – 7 p.m.** (excluding holidays)
 - This staff will contact Medicare clients that are overdue for their eligibility assessments
 - Please encourage clients to use this resource if they need assistance
 - The DDP hotline staff can be reached at 1-800-533-4148
 - Clients can also call the VA MAP Eligibility & Medication Call Center (1-855-362-0658) and be transferred to the DDP Hotline

- If there are questions on this assistance, please contact the VA MAP Call Center
- HIPPA Reminder:
 - VDH has been receiving non-secure emails that contain Personal Health Information (PHI) and Personal Identifiable Information (PII). As a reminder, VDH cannot accept any client information through email unless it is encrypted and sent through secure email.
 - This includes Client level data, PHI, and/or PII
 - **If you need to communicate information that includes any PHI or PII**, please use SFTP to share that information or fax info to VDH. If faxing, please inform VDH know so they can pick it up and it doesn't sit on fax machine.
 - **If you are a client**, please do not send your personal information through email to VDH. Please call VDH to discuss your needs.



General Assembly (GA) Updates

- A number of bills that could impact HIV Care/Prevention Services and the hepatitis program:
 - Bills that could impact comprehensive harm reduction
 - HB 420 would ask VDH to develop evidence-based best practices for opioid related emergencies.
 - Several budget amendments of interest, including one to fund sharps containers in pharmacies, fund a recovery high school, trauma-informed screening in the courts, increasing Medicaid reimbursement for peer recovery coaches
 - Bills impacting persons living with HIV or at risk for HIV
 - HB 156 limits some health communication to minors and could impact testing
 - HB 717 allows unaccompanied homeless minors to consent to services
 - HB 800 would require correctional facilities to enroll eligible inmates for Medicaid
 - HB 988 would allow local school boards to create their own policies for the treatment of transgender students
 - Bills of general public health interest
 - SB 192 Opens the position of local health director to people other than just physicians
 - A number of bills attempting to repeal medical mandates and vaccinations, including HB 22, HB 306, HB 783, SB 587
 - Bills ordering studies of public health interest
 - HB 229 Social determinants of health
 - HJ 52 Audit of the Commonwealth's public health system

- SJ 14 Study of the Commonwealth's public health system
- CHPG would like to learn more ways to get involved and stay active on GA bills that affect us
- Bryan recommends signing up for Equality Virginia's newsletter
 - It announces ways to track and stay involved with bills in real-time
- For the future:
 - Community work/action toward these bills should be focused in January and early February
 - March is a little too late to get involved
- Kristen will update GA announcements and highlight the bills that are likely to pass

Bylaws Subcommittee Meeting

- Discussed the prospective community vice chair/assistant chair role
- Discussed roles and term of the co-chair
- Meeting soon to finalize details and prepare presentations on the new position for the March meeting

Community Needs Assessment Overview – Ashley Yocum

- Needs Assessment Guidance – see slides
- Needs Assessment Activities, including focus groups – see slides
 - For activities we cannot achieve in this cycle, we will still write about them in the plan
- Needs Assessment Next Steps – see slides

Small Group Discussion

- Discussion questions:
 - What kind of questions would you like to see in surveys?
 - What kind of questions would you like to see in focus groups?
 - What kind of questions would you like to go to providers?
 - Are there other populations or topics related to prevention/care you'd like to see assessed? (This can be added to the plan, so you can dream big.)
 - For the populations we're focusing on, do you have any suggestions for avenues we can use to get participation?



- Group 1 – Kristen Donovan
 - Idea for a systems approach to needs assessment
 - Let's think about needs assessment on a long term, ongoing scheduled basis
 - Map out a system to conduct needs assessments

- Need to figure out when are we going to do it? How are we going to do it?
 - Bring in experts to maximize impact
- o Idea for key informants to represent target populations
 - Identify and track the representative individuals over time
 - To inform survey development and also provide rich qualitative information
 - More intimate type of data collection where the person(s) can share what they know about the experiences of people around them/in their sphere
 - Reminder to recruit members who should be represented
- o COVID's impact on issues such as housing
 - Where are people getting housing, dental care, medical care, etc.? Where are they not getting these resources? What barriers are in place?
 - Dental care in Tidewater area – only 2 dentists take Ryan White
 - o COVID backed up preventative care
 - o What new questions need to be asked?
 - Rural populations are having a harder time getting services such as dental, mental health, etc.
 - o Rural questions should be targeted – “what is your #1 need?”
- o Note: If we identify a need and fund the service for it, there needs to be an agency willing to provide the service
 - If no agency or organization bids on a particular service in an RFP, then the service will not be available even if funds have been allocated for it (and the funds could be wasted)
- o Idea for a scale question: how do people feel about their care/case management
 - What has their experience been like from intake to the present
 - Since black women are disproportionately impacted by HIV/AIDS, what can be done to improve their quality of life?
- o Do people have access to all care measures (ex. Cabenuva is not as widely available as an ART option)?
- o Telehealth
 - Have people used it? How do they feel about telehealth?
 - For providers, how are you using telehealth?
 - For VDH, how can we use telehealth at scale to provide culturally competent care to everyone in the state?
 - Who is accessing telehealth in the private sector?
- o Will providers start administering Cabenuva? When?
- o ID clinics have been slow to adopt a syndemic approach to treating other STIs in their HIV clinics
 - How do we get providers to approach the broader syndemic?
- o nPEP resistance - why is there so much resistance to NPEP?
 - People seeking it are turned away, or providers don't know anything about it

- Can even be difficult to acquire for pediatric care
- o Party drug—get a read on people using amphetamines as part of their sex routine
- o PrEP assessment should be broken down by race or target race
 - Experience of white gay men with PrEP is very different from other groups
- o Conducting needs assessments via existing portals
 - Need to assess beyond Ryan White – Medicaid, Medicare, private insurance, uninsured
 - How can we piggyback on existing systems? Can we utilize an enrollment platform?
 - Possibly incorporate surveys, needs assessments into that?
 - Can we enlist navigators who are getting people into insurance
 - Using existing portals, can we add messages to lab reports, EHRs, insurance claims?
 - o Find communication channels and get the word out
 - o Status neutral service navigators could be a resource for this



- Group 2 – Ashley Yocum
 - o Other Populations:
 - People who are aging with HIV/Geriatric care
 - Need to assess providers in nursing homes, skilled nursing facilities, and other facilities to ensure PWH still have access to meds/care
 - o Want to have materials peer reviewed and need to be intentional about what is done with information once collected
 - o Questions:
 - Explore what we don't know - how do we utilize that information to inform goals/objectives
 - o Providers - barriers for prescribing PrEP/nPEP
 - Include nPEP in conversation
 - o Trans-specific questions - have questions for both Trans Men and Trans Women
 - o Black Women - question about outreach to heterosexual women
 - What would draw your attention to go to events or would encourage you to consider getting tested?
 - o Utilize agencies that provide services to trans populations to better reach them
 - o What are the broader barriers to accessing services?
 - Insurance status - Medicaid, Private, ACA, etc.
 - o Question for providers - for non-HIV providers, what barriers are present and what will it take for more provider engagement in providing HIV care?
 - o What are barriers to PrEP/nPEP use?
 - o What are needs for other services such as housing, transportation, rural health?
 - Reproductive services availability for all persons of childbearing age

- Barriers to persons breast/chest feeding
- o Providers - Need providers beyond ID to prescribe PrEP
 - Reach out to GP/Family doctors/PCP to prescribe and provide more information
 - Access, knowledge, comfort, and needs to prescribe
- o Section for those who identify as non-binary/gender expansive
- o Difference between living in rural vs. urban area
 - Distance one has to drive to get care/PCP can vary widely between areas
- o Rural Areas – need ways to meet people where they are
 - Mobile labs and utilizing telehealth more
 - Clients - How comfortable are you with accessing telehealth?
 - Internet connectivity or how far one needs to travel to get internet connectivity/tech literacy is a barrier
 - Financial burden
- o Food Insecurity/nutrition counseling
- o Education levels?
- o Financial health assessment
 - Fear of healthcare expenses, financial trauma
- o Confidentiality/safety issues
 - Safety to have discussions in home about doctors and seeking treatment
- o Where are folks receiving health-related information?
 - From doctors, peers, online? - What are their best ways to get information?



PrEP in the Pipeline presentation – Jenny Calhoun

- See slides



Regional Updates

- **COHAH**
 - o From October 2021 General Body Meeting
 - Ryan White HIV/AIDS Program (RWHAP) Recipient Report/Updates for August 2021 with Clover Barnes
 - Reporting is 2 months back
 - Part A and Part A Minority AIDS initiative (MAI)
 - The GY 31 award has been received
 - For October 2021, 32 of the 39 invoices have been received
 - There are no service delivery challenges for EMA
 - Part A expenditures are at 43% and should be at 67%. No services spending 30% above expected.

- Part A MAI expenditures are at 46% and should be at 67%. No services spending 30% above expected.
- UBC expenditures are at 62% and should be at 67%. There are no service areas affected by unprocessed invoices. Services below 30% includes Oral Health Care, and Substance Abuse Services—Outpatient. No services spending 30% above expected.
- GY 31 Closeout
 - Recipient and the team are working to ensure funds are spent down as much as possible and notifications of any reprogrammings will be noted in next month's report
 - HRSA anticipates significant underspending from RW grants due to the COVID-19 pandemic
 - HRSA has waived the underspending penalties for Parts A and B for FY 20 and FY21
 - Carryover will be requested
- Committees Reports
 - Research and Evaluation Committee (REC) – They met in December and continued to work on the Needs Assessment tool. The next steps for the committee will be to input the tool into RedCap. Once in RedCap, the committee will need to test the survey. Leah Varga will submit it to the DC Health IRB for approval.
 - Community Education and Engagement Committee (CEEC) – CEEC did not meet in December, but will have updates in January
 - Comprehensive Planning Committee (CPC) – The CPC had a discussion around the Priority Setting and Resource Allocation process for 2022
 - Integrated Strategies committee (ISC) – The ISC continued to work with George Washington University on the Health Equity position paper. This month, they focused on Housing. Sarcia Adkins along with a colleague from Housing Counseling Services provided input on the Housing section. They will discuss Medical Care next month. They also will reach out to HRSA to get clarity around the Child Care Services Standards. The committee also created an EHE Advisory Group charter that outlines what the roles, responsibilities, and expectations of both the Advisory Group and HAHSTA are. In January, they may get EHE updates from HAHSTA and Jane Wallis (Chair) invited people to attend that meeting.
- Commission Administration Business
 - MOTA (Mayor's Office of Talent and Appointments) hired a new person who will work with COHAH to take care of the outstanding membership issues that COHAH has
- Next Meetings:

- Research and Evaluation Committee - REC works on the needs assessments
 - **Tuesday, 2/15/2022, from 3 – 5pm**
- Community Engagement and Education Committee - CEEC plans and executes community discussion meetings
 - **Thursday, 2/17/2022 from 5 - 7pm**
- Comprehensive Planning Committee - CPC works with the financials
 - **Wednesday, 2/23/2022 from 11am - 1pm**
- Integrated Strategies Committee - ISC works on Service Standards
 - **Wednesday, 2/23/2022 from 1- 3pm**
- Executive Operations Committee (EOC)
 - **Thursday, 2/24/2022 from 5 - 6pm**
- General Body Meeting
 - **Thursday, 2/24/2022 from 6 - 8pm**
- **Southwest**
 - “Making Health Happen” Community Health Screening Event
 - Held in War, WV, which borders Tazewell County in VA
 - The event recruited 43 registered vendors (38 attended) and had a total participation of 109 people
 - Provided the following services:
 - 10 HIV tests
 - 15 Hep C screenings
 - 18 COVID-19 tests
 - 21 COVID-19 vaccines/boosters/flu shots
 - 42 A1C screenings
 - 32 blood pressure checks
 - 4 clinical breast exams
 - 9 linkages to care to include
 - Breast and cervical cancer screenings
 - Primary care referrals
 - Pap smear
 - Diabetic referrals
 - The local news provided great coverage and we have been asked to provide an additional event this year
 - [Making Health Happen’ gives health care services to Southern West Virginians \(wvva.com\)](http://www.wvva.com)
 - We are currently planning three additional events, two of which will border Virginia and Kentucky. We are currently seeking funds and community resources for Virginia counties to host this event, particularly counties with high rates of people of color (Tazewell and Wythe).
- **Norfolk TGA**
 - Norfolk TGA Planning Council Updates
 - The Planning Council is relaunching their bring-one recruitment campaign in efforts to gain more members. The Planning council is in need of increased

representation of unaligned consumers, and representatives from the following membership categories to maintain compliance:

- State Medicaid Agency
 - Local Public Health Agencies
 - Title IV grantees or representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area
 - Representatives of formerly incarcerated
- The Quality Improvement & Strategic Planning committee will be finalizing the Part A service standards for the TGA and sending them to the Planning Council for approval later in February to be ready to go at the start of the 22/23 fiscal year that begins in March.
- **Northern**
 - The DC Department of Health (HAHSTA) has begun issuing their GY32 awards based on their new 'Fee-For-Value based reimbursement model'
 - Preparations are underway to complete the annual synchronization needed between DC CW and the Northern Virginia CW System hosted by the Northern Virginia Regional Commission (NVRC)
 - The new Part A grant year begins a month prior to the Part B grant year and uses a slightly different grant numbering convention. HAHASTA is naming the new grant year starting on March 1st, 2022 – GY32 counts from the beginning of the Ryan White Care Act, approved in 1990 and reauthorized a number of times since under similar names
 - VDH names the grant year to coincide with the current calendar year or GY22 beginning April 1st



Reminders

- Recruitment
- Injectable PrEP focus group after the meeting
- Next meeting Friday, March 18
- Please remember to complete the evaluation

Wrap-up