

**HIV Consortium Meeting
October 6, 2011
Summary Minutes**

Keith Callahan, Chair, called the meeting to order. While he continues to recuperate from a recent illness, Keith asked David Hoover, Vice Chair to preside at the meeting.

ANNOUNCEMENTS

On Nov. 10, a clinical conference with a co-morbidities focus will be sponsored by Inova at the Springfield training center.

NOVAM's 2011 Christmas ornament is available for \$15. With the departure of Carol Jameson from NOVAM, Jane Beddoe will serve as Interim Executive Director.

Wallace Corbett, former chair, DC Planning Council is seeking Virginia participation for planning related to the upcoming International AIDS Conference to be held in Washington, DC.

Hugo Delgado is involved with a new group called NoVaSalud focused on prevention and testing for Latinos.

The *100 Homes for 100 Homeless Arlingtonians by 2013* initiative kicks off on October 17, with the annual homeless count.

ARE's bookkeeper Kristie Anderson has passed away.

A PLWH-focused quality training, *Making Patient Self-Management Work*, will occur on October 18th at NVRC.

The next Learning Session for the DC Cross Part Quality Collaborative will be October 24-25 in Washington, DC.

David Hoover/VDH/NOVAM/Tim Agar are working on developing the NRI RISE Curriculum, a holistically focused prevention/emotional health strategy for gay men.

The deadline for voter registration for this year's elections in October 17.

World AIDS Day Activities

1. Stigma Conference at Howard University
2. Community viewing of *The Other City* at Alexandria Inova Hospital + exhibitors.
Registration required.

OPEN MIKE

There were not comments for Open Mike.

APPROVAL OF THE MINUTES

The minutes of September 2011 were approved as submitted.

NATIONAL AIDS STRATEGY:

Tim Agar walked participants through a PowerPoint presentation prepared by Elaine Martin summarizing the National AIDS Strategy, the nation's first ever comprehensive coordinated HIV/AIDS plan.

The Strategy seeks to achieve a more coordinated response to HIV/AIDS by focusing on the following: (1) reducing new HIV infections, (2) increasing access to care/improving health outcomes among PLWH, and (3) reducing HIV-related health disparities. The Strategy seeks to focus services in areas with significant populations of HIV+.

- Anticipated results of the Strategy include:
Lowering annual number of new infections by 25%,
- Increasing the proportion of PLWH who know their HIV status by about 10%
- Increasing the proportion of newly diagnosed PLWH linked to care w/in 3 months by about 20%
- Increasing the proportion of Ryan White clients who are in continuous care (do not drop out of care)
- Increasing the proportion of gay/bisexual men, Black, and Latinos PLWHs, with undetectable viral loads by 20%.

Grantees report progress toward these and other goals in their annual applications to HRSA. David Hoover shared the Philadelphia list of 25 actions to support the Strategy.

Amelia Khalil reported to the group about a wide variety of activities underway in federal departments (Labor, Veterans Affairs, Housing & Urban Development, Social Security, Justice and HHS) to implement the Strategy. They include:

- reducing stigma
- enforcing Americans with Disabilities Act provisions
- de-criminalizing HIV status in those areas that have taken this approach to bring them more in line with public health views.
- increasing the number of PLWH who know their HIV status, CD4 counts and viral loads.
- developing employment standards for community health workers; income supports for people on disability; job training
- physician/health worker training, not just in HIV care settings

She also stressed the Strategy requires good reporting with quality data, services that are linked to health outcomes. All federal project officers will receive HAB HIV training. Bob asked whether mental health and/or substance abuse still preclude a disability determination. Perhaps the laws/regulations haven't yet caught up to the Strategy.

Ron commented on the new Alabama laws that might force people underground.

Sue encouraged folks to be clear when they talk with legislators that Northern Virginia (part of metro Washington for Ryan White) is not part of “Washington, DC” on the 12 Cities initiative. We don’t have access to lots of funds for HIV testing.

Sue also told the group that the HIV community has never managed to integrate itself well with the greater disability community in Virginia, an activity that could help us in advocating for state dollars. Ron asked Sue to provide a list of such disability groups in Virginia that we would need to develop relationships with.

CHILDREN’S NATIONAL MEDICAL CENTER (CNMC)

Donna Marschall briefed participants on the programs/activities of CNMC. CNMC is located in DC, has one clinic to serve infants to children under 13 and another for adolescents through age 24, and primarily serves persons of color, about one-half of whom were infected perinatally. (Statistics within the handouts reference the total Children’s caseload of kids/young adults from DC, MD and VA.)

Donna discussed how treatment compliance is better among the younger age group, than for adolescents/young adults. She indicated this population suffers from medication fatigue, and that caregivers assume teens can manage the disease by themselves, which is really very difficult.

Geri asked why the perinatal infection rate seemed so high. Donna suggested it may be due to a large proportion of foreign born families within the CNMC caseload.

In response to a question about transitioning young adults to the adult care system, Donna mentioned the availability of a social worker to help young PLWH to navigate adult care sites. They would follow the CNMC-graduate to a few visits to ensure a good fit/maintenance in care.

PLANNING COUNCIL REPORT

Planning Council:

- Has agreed to fund EIS (with a strong peer component) and support groups off the top, as well as some EMA-wide LPAP money.
- Moved FOAC, CSCS, and Needs Assessment committee meetings to different days this month

COMMITTEE UPDATES

No committees reported

VDH UPDATES

- Darren Whitfield assured the group that VDH is aware that No. Va. is not part of the 12 Cities initiative.
- He explained that the state’s shortfall for Part B funds has been reduced to less than \$500,000. Under-spent services areas are in the process of being phased out.
- Statewide there are 1,010 people on the ADAP waitlist. With the availability of additional ADAP emergency funds, VDH staff is looking at trying to triage the waitlist to provide

