



**HIV PREVENTION COMMUNITY PLANNING GROUP**  
**Tuesday, January 15, 2013**  
**Indiana State Department of Health, Rice Auditorium**  
**Indianapolis, Indiana 46204**

**MINUTES**

Meeting Started at: 10:10 am

There was a quorum with 13 voting members present

**10:00 a.m. – 10:10 a.m.**

**Welcome:** Latorya Green, CPG Co-Chair welcomed the CPG members to the meeting.

**Self-Introductions:** Members introduced themselves and stated the region/population they represented.

**Mission:** Andrea Perez read the CPG Mission.

**Ground Rules:** Cena Bain, ISDH TA read the CPG Ground Rules.

**Review of Agenda:** Latorya Greene, CPG Co-Chair reviewed the agenda.

**10:10 a.m. – 10:30 a.m.**

**Approval of November 28, 2012 CPG Minutes -** There was a consensus to accept the minutes

**Review of Group Assessment Form**

A presentation of the Year-End Survey was done by Latorya Greene, CPG Co-Chair. Some of the comments on the Group Assessment Form correlated with the Year-End Assessment.

**Question 2 -** there was a need for a budget plan. The Executive Committee will go over the budget to discuss the funds that are left over at the end of the year.

**Question 4 -** Members are asked to give specific suggestions to address this question.

**Question 10 –** Members are asked to be more specific regarding request and/or suggestions so that this question can be addressed appropriately.

**Other questions –** Executive Committee discussed having a cultural sensitivity training. A CBA request will be made. The entire CPG will be included in making training decisions –this will be discussed more during new business. A comment was made about perception; from a committee structure it is the work of the committees to address the areas within their scope so that the work is done within the committee. In answering the questions and making suggestions, please be as specific as possible so that the suggestions and comments can be appropriately addressed.

**Review of Year End Assessment Form –**

Questions 6, 7, 8, 9, 12, 15, 16, 17, 18, 21, 22, 24, 27, 28, 29, 30 and 31 were reviewed by Latorya Green, CPG Co-Chair.

**Question 6 and 28 –** We can sometimes tend to be too involved in focusing on process rather than outcomes. The CPG doesn't follow through with implementing plans. The CPG is comprised of individuals who take what CPG does away to their communities and to other entities, when members come back to the CPG there has to be a way to report what has been done. The attendance policy is an example of being more process focused than outcome focused.

**Question 7** – Only one state staff has a vote on CPG, the State Co-chair. There are certain Division specific things where there is no vote process and the decision is made by the State but CPG related things are voted on by the CPG.

**Question 8** – CPG members need to take ownership of the CPG, making sure their voices are heard. There are 13 members and these 13 members need to contribute to the conversations and participate during the meetings as we move forward. How do we include those who don't take part, what needs to happen? The silence is not always that there is no voice in the member but a filtering process. Perhaps by focusing on the outcome rather than the process, members will have more to contribute.

**Question 9** – Some members were not aware of which members are affiliated with agencies receive funding from ISDH. This means that the members who are from funded agencies are not here representing their agencies but the populations and regions they were appointed to represent.

**Question 12** – How do you measure the more? Members should represent the population they represent more. CPG agenda is, “how do we address it all”. We all represent our populations and regions so that is why we are here; it is expected for each member to have their own agenda. Members need to be able to see the broad picture of the CPG, focusing on the entire CPG.

**Questions 16, 17, 18, 21, 22, 24, 27, 28, 30 and 31** – There were no comments

**Question 29** – The town hall meeting process needs to be reviewed. There is confusion on what State dollars can be used on. How do we make our process a process that is doable?

#### **Review of Attendance Sheet:**

A CPG member has resigned leaving the CPG membership at 13 members. No changes were made regarding the attendance sheet.

#### **Review of Expenses:**

There were no questions regarding the Expense Report. The remaining balance \$6,968.00 went towards the payment of safer sex products: condoms; male and female, lube and dental dams.

#### **10:30 a.m. – 10:40 a.m.**

##### **Executive Committee Report - Latorya Greene, Community Co-Chair**

During all future meetings all action items will be pulled out and addressed under new business. The attendance policy will be reviewed as an action item under new business. For request for funds, please send your request to Susan M. Newton, CPG Liaison and she will forward the request to the CPG Executive Committee for review and approval. A form will be drafted and presented to the Executive Committee (Using the ISDH form for Special Project funding).

#### **11:00 a.m. – 12:00 p.m.**

##### **Epidemiology Report Presentation - Dan Hillman, ISDH TA**

Handouts of the Presentation were given to each CPG member. There was four ISDH staff that came to view the presentation – Patrick Sweany, Andrea Allen, Jeremy Roseberry and Michelle Amar (CDC)

#### **Action Items:**

- Verify definition of MSM/Heterosexual
- List NIR as a definition and remove it from the footnote
- What was the age/percentage of first diagnosis of AIDS at the CTR sites
- Add more information to state why the CTR numbers dropped over a period of years/change how the footnote on slide 40 reads, also state that testing methods have changed to testing only when there are risk factors. More clarification is needed.
- Include number of positives on slides # 43 and 44

**12:45 p.m. – 1:45 p.m.**  
**LUNCH**

**1:50 p.m. – 2: 40p.m.**

There was a quorum with 11 voting members present

Proxies: Tony Gillespie was Angela Goode's proxy for the remainder of the CPG meeting.

**Division Report/ISDH - Andrea Perez, ISDH Co-Chair**  
**Prevention**

Notice of Grant Award has been received for Prevention along with a technical review from CDC. The budget was a 3.7% increase for Category A. Category B remained stable with no decrease or increase expected to occur over the 5 year course. Technical Review: For all testing that occurred for the reporting period January 2012 thru June of 2012 race and ethnicity for health care settings there were 34 people out of 4825 total who fell into the unknown race or ethnicity; for non health care setting 186 out of 3676 were unknown or other. ISDH has been asked by CDC to explain this. The revised answers are currently being reviewed. The answers are due to CDC by the end of this week. ISDH's explanation is that 84% of those in other race were ethnically Hispanic. The issue may be that Hispanic people don't understand "Hispanic" to be a race; they don't want to be affiliated with any other race so they choose other. It is not known if other states have had this same problem. At the next CTR meeting ISDH will go over this issue with the sites. Contracts have been written for all funded sites; however, the sites have not received their contracts. The consultants have switched up sides of the states to allow them to get a different perspective of the sites and vice versa.

**Services**

The Ryan White grant has been submitted. There is a new staff person in Services, Patrick Sweany, Care Coordination Specialist. The staff member who was the CHSPAC Liaison resigned. There is no waiting list for ADAP. Services is trying to figure out how the AFCA will affect all those receiving assistance from the State. The Feds and State will create some high risk pools together. Clients have been able to access dental benefits. Under-insured persons should be referred to Satin Hill.

**Perinatal Hepatitis**

The Perinatal Hepatitis staff has spoken with Dan Hillman about testing numbers among pregnant women; how they were represented on the Epidemiology report. The staff will have a sit down with Dan Hillman to see what needs to be done to see some improvement.

**ISDH News**

Dr. Larkin's last day was Friday, January 11, 2013. As of yesterday, Dr. VanNess was appointed as ISDH Health Commissioner. Sean Keefer, Chief of Staff, will be leaving to assume responsibilities as the Commissioner of Labor.

It was brought to the full body as to whether there is a need for ad-Hoc committee time during today's meeting. With the limited time given for committees to meet, it was decided to cut the ad-hoc committee time for this meeting.

**2:30 p.m. – 3:00 p.m.**

**Committee Reports**

**1. Needs Assessment**

The committee discussed the role of female service providers in data collection; there is a huge disparity in this area. IU School of Public Health has asked for additional information on emergency department testing. The committee discussed incorporating national HIV/AIDS awareness days in the engagement process. The committee will work with Susan Newton to determine what Division resources are available. The social media portion has been approved; the CPG will create a face book page. The committee is still moving forward with the research project that looks at provider attitudes around HIV testing. The committee's conference calls will take place the last Wednesday of each month at 10:00 am.

**2. Membership**

The committee will hold its conference calls on 2/11, 4/8, 6/10, 8/ 12, 10/7 and 12/9 at 11:00 am. The committee discussed using the CHSPAC guide as a resource. The agency contact request form will be sent out to members to complete and return. The committee talked about meeting with the Needs Assessment Committee to work on the recruitment process and to identify stakeholders. The committee will start working on an orientation process once this is completed.

**3. Evaluation**

The committee's conference calls will be held on the 2<sup>nd</sup> Tuesday of off months of the CPG meeting at 2:00 pm. The committee will be looking at the Assessment forms to determine if changes are needed. The committee will decide if these categories should be numbers or done so that members can further explain themselves. The committee will also decide if it is at the point where the committee needs to start evaluating the CPG. The first meeting is scheduled to take place on Tuesday, February, 12<sup>th</sup> at 2 pm.

**4. STD**

The STD committee plans on bringing in a CDC representative to give a presentation. CPG members have been asked to give their suggestions for STD to the committee. Clay Koher retired in January. Michelle Amar is the Surveillance Coordinator. Dawn Rekas is responsible for the training that occurs. Request can be sent to Susan Newton or to Andrea Allen, ISDH STD Program Manager. Meeting dates have not been set at this time.

**5. Policy and Procedures**

Did not meet, no meeting dates set at this time.

**6. Advocacy**

Did not meet, no meeting dates set at this time. A list of advocacy issues will be put together and presented to the full body to vote on.

**7. EPI**

The committee will work with Dan Hillman to add to what was presented today by Dan Hillman. There were no specific dates set for the committee to meet. The committee will meet on an as needed basis with meeting times set accordingly.

**8. Intervention**

Based on the new objectives the committee will meet to decide if there is a need for the committee. The committee will then present their findings to the full CPG body for their vote on whether there should be an Intervention committee.

**3:10 p.m. – 3:30 p.m.**

**Old Business**

There are currently 7 members on the Executive Committee with there being only 13 members on the full CPG body, is this something that we need to discuss? The Executive Committee will discuss this on the next Executive Committee conference call. Tony Gillespie has removed himself from the committee because he is a chair of an ad-hoc committee.

The new membership form by regions should be sent out replacing the membership form by population.

Members requested a new in color region map.

**New Business**

A projected budget was done for 2013 factoring 14 members for regular membership expenses; it came to approximately \$14,453.34. The last 3 year's budgets were looked at and based on the findings, the CPG budget was cut \$5,000.00 leaving the CPG budget amount at \$25,000.00. If it is found that more funds are needed, the funds can be replaced. Latorya Greene and Susan Newton will develop line items for the funds that will be left over after regular membership cost for CPG meetings has been paid out. A CBA request will be made for cultural sensitivity training. Members are asked to submit their suggestions and comments regarding the request to Susan Newton by January 28, 2013.

**3:40p.m. – 3:45 p.m.**

**Public Comment** - There were no public comments

**3:35 p.m. – 3:45 p.m.**

Larry Pasco, former CPG member had a stroke and has resigned from the Marion County Health Department. Valjin Harvell will get Larry's contact information so that the CPG can send him something.

**Adjourned at 3:40 pm**

***\*Next Meeting – March 19, 2013 at 10 A.M. Promptly\****