

CHAPTER 6

Recommendations and Conclusions



RECOMMENDATIONS AND CONCLUSIONS

This HIV Comprehensive Plan outlines a strategy to respond appropriately to the epidemic and reduce risk behaviors among those at greatest risk for HIV infection. One-year objectives consistent with this plan are established annually in the IDPH HIV/AIDS Programs' operating plan and application for federal funding from the Centers for Disease Control and Prevention.

This Plan identifies HIV prevention and care needs and unmet needs, and a multitude of resources that presently address unmet HIV prevention and care needs, or could in the future. The Plan identifies characteristics of effective interventions. The Plan also highlights areas in which the Iowa Department of Public Health, specifically the HIV/AIDS Program, should take the lead in supporting technical assistance; enhancing statewide coordination, communication and planning between agencies; and where possible, enhancing funding. The Plan's overall goal is to maximize the use of local, state, and federal resources to strengthen prevention and care efforts.

The Plan guides the HIV/AIDS Program to maintain and strengthen partnerships with units of state government and other entities serving populations at increased risk of HIV infection, to stimulate and facilitate effective prevention interventions, and to link affected individuals to appropriate resources for care.

HIV PREVENTION GOALS FOR DEFINED TARGET POPULATIONS

HIV prevention activities will contribute to achieving the following objectives. Activities and strategies outlined in the sections that follow focus on reinforcing the infrastructure necessary for supporting prevention interventions, refining activities to effectively address unmet priority needs among defined populations, and focusing resources on activities most likely to reduce new HIV infections.

Counseling, Testing, Referral, and Partner Counseling and Referral Services (CTRPCRS)

Counseling Testing Referral (CTR)

The major functions of CTR programs are to provide clients with:

- a convenient opportunity to learn their current HIV serostatus;
- a means to receive counseling to help initiate behavior change to avoid infection or if already infected, to prevent transmission to others; and
- referrals to additional prevention, medical care, and other needed services.

For the years 2004-2006, Iowa will strive for greater uniformity of service delivery among all IDPH-contracted CTR sites.

- 1.1 Counselors conducting HIV risk reduction counseling and testing at HIV prevention funded sites will have attended the IDPH-sponsored *Fundamentals of HIV Prevention Counseling* Workshop.
- 1.2 CTR sites will target those clients prioritized in Chapter 3.
 - HIV Positive Persons
 - Men Who Have Sex with Men
 - Injecting Drug Users
 - High-Risk Heterosexuals
 - Incarcerated persons
 - High-Risk Youth
- 1.3 CTR sites will target clients who are foreign-born and from high-incidence areas of the world.
- 1.4 All clients tested at CTR sites will receive information about the benefits of returning for HIV test results.
- 1.5 IDPH will phase in rapid testing to reach those at highest risk for HIV.

Partner Counseling and Referral Services

The major functions of PCRS programs are to:

- confidentially inform sex and needle-sharing partners of their possible exposure to HIV;
- provide partners with client-centered prevention counseling that assists and supports them in efforts to reduce HIV risk or, if infected, of transmitting HIV infection; and
- minimize or delay disease progression by identifying HIV-infected partners as early as possible in the course of infection and assisting them in obtaining appropriate preventive, medical, and other support services.

For the years 2004-2006, Iowa will strive for greater uniformity of service delivery of PCRS.

- 1.6 PCRS counselors will have attended the IDPH-sponsored HIV PCRS Workshop.
- 1.7 IDPH will assure that 100 percent of those individuals receiving HIV positive test results through CTR sites are offered public health agency assistance for partner counseling and referral.
- 1.8 IDPH will attempt to notify 100% of named partners.
- 1.9 IDPH will assure that 100 percent of the individuals with newly identified HIV infection in publicly-funded sites receive, either directly or through referral, access to appropriate primary and secondary prevention services.

Health Education/Risk Reduction (HERR)

The following interventions are recommended to help defined target populations reduce the risk of becoming HIV-infected or, if already infected, of transmitting the virus to others.

2.1 HE/RR activities will target populations identified as high-priority by the CPG for 2004-2006.

- HIV Positive Persons
- Men Who Have Sex with Men
- Injecting Drug Users
- High-Risk Heterosexuals
- Incarcerated persons
- High-Risk Youth

2.2 Funding targeting African American and Hispanic persons must be proportional to the epidemic.

The following intervention sets were identified for the target populations.

Persons Living With HIV

Evidence Based Interventions to Be Used in Iowa

Name of Intervention	Type of Intervention
Community Promises	Multiple Intervention Program <ul style="list-style-type: none"> • Individual Level Intervention • Group Level Intervention • Community Level Intervention • Outreach • Structural Level
Healthy Relationships	Group Level Intervention
Learning Immune Function Enhancement (LIFE)	Prevention Counseling
Partner Counseling Referral Services	Partner Counseling Referral Services (IDPH)
Prevention Case Management	Prevention Case Management

Emerging Interventions That Have Been Used in Iowa

Name of Intervention	Type of Intervention	Comments
Phone-Eze (Iowa)	Group Level Intervention	
Retreats – Conference	Health Communications/Public Information	Multiple topics offered over consecutive days
Retreats - Curriculum	Group Level Intervention	Curriculum based activity offered over 1-2 days
Internet	Health Communications/Public Information	Need to assure participants have access to internet Need to assess whether useable as information sharing or for 'hooking up'

Men Who Have Sex With Men

Evidence Based Interventions to Be Used in Iowa

Name of Intervention	Type of Intervention
Brother to Brother	Group Level Intervention
Community Promises	Multiple Intervention Program <ul style="list-style-type: none"> • Individual Level Intervention • Group Level Intervention • Community Level Intervention • Outreach • Structural Level
MPowerment	Multiple Intervention Program <ul style="list-style-type: none"> • Group Level Intervention • Counseling Testing Referral
Partners in Prevention, Men's Edition	Group Level Intervention
Popular Opinion Leader	Multiple Intervention Programs <ul style="list-style-type: none"> • Group Level Intervention • Community Level Intervention • Outreach
Real AIDS Prevention Project (RAPP)	Group Level Intervention

Emerging Interventions That Have Been Used in Iowa

Name of Intervention	Type of Intervention	Comments
Retreats – Conference	Health Communications/Public Information	Multiple topics offered over consecutive days
Retreats - Curriculum	Group Level Intervention	Curriculum based activity offered over 1-2 days
Internet	Health Communications/Public Information	Need to assure participants have access to internet Need to assess whether useable as information sharing or for 'hooking up'

Injecting Drug Users

Evidence Based Interventions to Be Used in Iowa

Name of Intervention	Type of Intervention
AIDS Education for Male Adolescents Drug Users in Jail	Group Level Intervention
Community Promises	Multiple Intervention Program <ul style="list-style-type: none"> • Individual Level Intervention • Group Level Intervention • Community Level Intervention • Outreach • Structural Level
Point for Point: Syringe and Needle Exchange	Structural
Project Smart - Enhanced	Group Level Intervention
Prevention Case Management	Prevention Case Management
Real AIDS Prevention Project (RAPP)	Group Level Intervention
Safety Counts (Safety Point)	Multiple Intervention Program <ul style="list-style-type: none"> • Individual Level Intervention • Group Level Intervention • Health Communication/Public Information • Outreach • Counseling Testing Referral
Sniffer	Group Level Intervention
Turning Point	Multiple Intervention Program <ul style="list-style-type: none"> • Group Level Intervention • Counseling Testing Referral

Emerging Interventions That Have Been Used in Iowa

Name of Intervention	Type of Intervention
Healthy Choices, Healthy Lives	Group Level Intervention
Needle Disposal	Structural

Heterosexuals

Evidence Based Interventions to Be Used in Iowa

Name of Intervention	Type of Intervention
Community Promises	Multiple Intervention Program <ul style="list-style-type: none"> • Individual Level Intervention • Group Level Intervention • Community Level Intervention • Outreach • Structural Level
Enhancing Motivation to Reduce the Risk of HIV Infection for Economically Disadvantaged Urban Women	Group Level Intervention
Nosotras Viviremos	Group Level Intervention
Partners in Prevention: Women's Edition	Group Level Intervention
Project S.A.F.E.	Group Level Intervention
Real AIDS Prevention Project (RAPP)	Multiple Intervention Program Outreach Community Mobilization Small Groups
SISTA	Group Level Intervention
Voices/Voces	Individual Level Intervention

Emerging Interventions That Have Been Used in Iowa

Name of Intervention	Type of Intervention	Comments
Retreats – Conference	Health Communications/Public Information	Multiple topics offered over consecutive days
Retreats - Curriculum	Group Level Intervention	Curriculum based activity offered over 1-2 days

Incarcerated Individuals

Evidence Based Interventions to Be Used in Iowa

Name of Intervention	Type of Intervention
HIV Prevention for Women With Incarcerated Partners	Health Communication/Public Information
Intensive AIDS Education in Jail	Group Level Intervention
Peer-Lead Health Orientation Class for Incoming Information	Health Communication/Public Information
Pre-Release HIV Risk Reduction Program	Individual Level Intervention
Prevention Case Management	Prevention Case Management
Reach One Teach One	Multiple Intervention Program <ul style="list-style-type: none"> • Outreach • Group Level Intervention

High-Risk Youth

Evidence Based Interventions to Be Used in Iowa

Name of Intervention	Type of Intervention
ACT Smart	Group Level Intervention
Becoming a Responsible Teen	Group Level Intervention
Be Proud Be Responsible	Group Level Intervention
Community Promises	Group Level Intervention
Focus on Kids	Group Level Intervention
Get Real About AIDS	Group Level Intervention
Intensive AIDS Education in Jail	Group Level Intervention
Making a Difference	Group Level Intervention
Making Proud Choices	Group Level Intervention
Power Moves	Group Level Intervention
Reducing the Risk	Group Level Intervention
SISTA	Group Level Intervention
Street Smart	Group Level Intervention
Survive Outside	Group Level Intervention

Public Information Programs

- 3.1 Provide general support for safe behaviors, dispel myths about transmission, and support efforts for personal risk reduction.
- 3.2 Inform persons at risk for HIV infection about how to obtain prevention, care, and treatment services, including CTRPCRS and STD screening and treatment.
- 3.3 IDPH will maintain its web site.

Systems Capacity and Capacity Building

- 4.1 Maintain expertise and capacity within the HIV/AIDS Program to assure:
 - (1) HIV/AIDS surveillance activities to monitor the epidemic and identify areas for intervention and control;
 - (2) policy guidance;
 - (3) capability (medical, scientific, legal, etc.) to identify and address existing and emerging issues;
 - (4) engagement of state and other entities in activities to address HIV-related needs;
 - (5) provision of capacity-building, technical assistance, and training support;
 - (6) promotion of effective HIV prevention and care strategies;
 - (7) activities to acquire resources to address current and emerging needs;
 - (8) capability to develop and oversee necessary state grants and contracts for HIV-related activities; and
 - (9) facilitation and participation in HIV Community Planning Group activities to develop and implement effective prevention strategies.
- 4.2 Develop an annual plan to provide opportunities for HIV prevention and care providers to receive training or technical assistance in selected areas, according to needs. Current needs include cultural competence, program evaluation, and designing effective prevention programs in rural communities.
- 4.3 Strengthen activities to evaluate HIV prevention activities in community-based and governmental organizations, and conduct annual (process) evaluations of all HIV prevention interventions funded by the HIV/AIDS Program.
- 4.4 Increase the number of community-based organizations offering research-based “effective curriculum” on HIV prevention.

Community Planning

- 5.1 Maintain activities to further define prevention needs and prioritize interventions for target populations. Conduct special studies, as feasible, to evaluate aspects of the HIV prevention program, or to investigate other factors which will help guide prevention interventions.
- 5.2 Actively support the community planning process to identify high priority unmet HIV prevention needs, and apply SPICE principles to assist in the evaluation of interventions proposed for HIV prevention funding.
- 5.3 Ensure that the HIV Community Planning Group will be actively involved in promoting and supporting HIV prevention strategies in communities around the state.

Technical Assistance/Training

- 6.1 Continue to develop existing community-based and local government organizations' capabilities to respond to high-priority HIV needs in all areas of Iowa.
- 6.2 Support the availability of HIV testing and counseling services accessible to target populations.

Recommendations for HIV Prevention Program Coordination

The overall purpose of coordination and linkage is to facilitate the accomplishment of state and local HIV prevention goals through enhanced communication and planning between regions, agencies, and individuals. Iowa is an agricultural state, with a land area of 55,875 square miles. Iowa is comprised of 99 counties, with an estimated 1999 population of 2,869,413, ranking it 30th in the nation (Statistical Abstract of the United States, 1999). Five of these counties (Dubuque, Johnson, Pottawattamie, Story, and Woodbury) have between 60,000 and 120,000 people, and four counties (Black Hawk, Linn, Polk, and Scott) have more than 120,000 people. Iowa's population has shifted over the past ten years from rural to urban centers, with the most significant growth occurring in and around the capital of Des Moines and in the Interstate-380 corridor between Iowa City and Cedar Rapids. The state population is expected to reach 2.9 million by the year 2000 and exceed 3 million by 2020 (Statistical Abstract of the United States, 1999).

Health jurisdictions and communities throughout the state organize and plan HIV prevention and early intervention activities based on their local resources (including skills, fiscal, and personnel) and culture. Coordination recommendations, therefore, are intended to maximize the use of local and state resources to strengthen prevention efforts and stop the spread of HIV in Iowa.

Forming linkages between programs facilitates coordination and relates to sharing information materials, or referrals. Coordination is an active process intended to enhance group efforts toward a common goal or purpose, in doing so:

- It blends, integrates, and maximizes resources.
- It facilitates complementary and supplementary programs.
- It leads to a system in which the whole is greater than the sum of its parts.

The benefits of coordination are compelling and beneficial to the public. The major benefits of coordination are listed below.

- standardized and consistent prevention and early intervention messages
- reduced duplication of effort
- maximized use of often-limited resources
- increased access to funding opportunities and other resources
- increased capacity and improved quality of services to individuals and communities because of shared knowledge and improved planning abilities
- expanded technical assistance opportunities for participating communities, agencies, and individuals through interaction with others who might provide complementary skills, knowledge, or other resources

Despite all the reasons to promote coordination, many providers experience or perceive disadvantages or threats related to participation. The strongest disincentives to coordination include:

- increased competition for limited dollars or resources;

- concern by individuals or agencies that a coordinated process might result in their loss of control over programs or resources;
- a perceived change in equity or standing within the power structure; and
- time constraints of participants.

1. Linkage of Primary and Secondary Prevention Services

The following mechanisms for coordination between primary and secondary prevention services currently exist within IDPH and will continue into the year 2006 (see Table #1, Page 438).

Ryan White CARE Act and ADAP

With the allocation of funds from the Ryan White CARE Act of 1996, IDPH has developed a system of medical and essential support services for persons living with HIV. The AIDS Drug Assistance Program (ADAP) is administered by IDPH through one contracted centralized pharmacy that distributes drugs to clients statewide. Assistance is provided for 37 HIV medications to individuals whose income does not exceed 200 percent of the federal poverty level. In 2002, 295 individuals received ADAP assistance. The AIDS/HIV Health Insurance Premium Payment Program (HIPP), administered by the Iowa Department of Human Services (DHS) provides assistance in the payment of premiums for HIV infected persons who are no longer employed. The AIDS/HIV Medicaid waiver, administered by DHS to eligible clients, provides assistance including counseling, home health aide, homemaker, nursing care, respite care, and home-delivered meals.

HIV Care Consortia

In cooperation with designated lead agencies, the HIV/AIDS Program has established four HIV Care Consortia (eleven providers) that encompass all 99 counties of the state. These consortia provide essential health and support services such as case management, emergency financial assistance, food bank, housing assistance, and counseling to financially eligible Medicaid clients living with HIV. In 2002, 550 clients received services. The services are widely publicized to providers of health care and HIV support services throughout the state. An HIV/AIDS Access Directory has been developed to include both prevention and care providers. It is distributed to CTR sites, prevention and care providers, clients, and the general public. One important linkage to these services is provided through the State's CTRPCRS program. Using federal funds, IDPH supports counseling, testing, referral, and partner counseling and referral services at eleven confidential sites and eight satellite sites. In 2002, 9,844 tests were completed through these sites, and 42 seropositive tests were identified.

Although distinct, both care and prevention planning have common characteristics. Both are based on the principle of inclusive participation, and each conducts planning tasks such as preparation of epidemiological profiles and needs assessments. Iowa has undertaken specific steps to link HIV care and prevention planning activities. Initially efforts ranged from information-sharing facilitated by shared membership between planning groups, to more formal linkages that included preparation of a single epidemiological profile, combined resource inventory, and conducting joint needs assessment activities. In 1999, a workgroup for *Healthy Iowans 2010 Chapter 19* was formed, including members of both planning bodies. The task of

the workgroup was to develop *Healthy Iowans 2010* goals and objectives for the STD/HIV chapter. In 2002, the planning bodies were officially linked to become one.

Many members of the CPG are involved with delivering services to persons with HIV, and the CPG includes members who are HIV positive and advocate for the needs of their community. HIV prevention interventions targeting those who are HIV positive encourage barrier use during sex, the use of clean needles, and other behaviors that reduce the transmission of HIV. These behaviors prevent persons with HIV from being infected with an STD, or re-infected with HIV, two factors that can contribute to HIV progression. HIV prevention case management, by encouraging a holistic approach to an individual's health and well-being, will assist in efforts to increase compliance with complex combination treatments.

Annual HIV/AIDS Conferences (sponsored by IDPH, IDE, and the CPG) include workshops that specifically address care issues. They will provide an update on care issues for prevention providers, update care providers on prevention issues, demonstrate the linkage between care and prevention activities, and provide a networking opportunity for care and prevention providers. This capacity building conference was first identified as a priority by the CPG in 1998.

Iowa's collaboration between prevention and care offers multiple benefits. One outcome is the establishment of better linkages between prevention counseling/testing programs and care's early intervention services. Collaboration links HIV positive clients being served through the Ryan White system into primary and secondary prevention services while, at the same time, establishing referral linkages to assure that HIV positive clients have access to primary care and social support services.

CD4 and Viral Load Testing

CD4 and viral load testing has been made available to Ryan White eligible clients. Specimens are sent to the University of Iowa Hygienic Laboratory for processing.

Statewide Coordinated Statement of Need (SCSN)

The Ryan White CARE Act of 1996 requires all CARE grantees to participate in a representative process called the Statewide Coordinated Statement of Need. The purposes of the SCSN are to provide a mechanism to collaborate in identifying and addressing significant HIV care issues related to the needs of people living with HIV disease (PLWH) and to maximize coordination, integration, and effective linkages.

In November 1997, Iowa initiated a SCSN process to identify epidemiological trends, common needs and barriers for persons living with HIV/AIDS, emerging needs and over-arching issues within Iowa. The SCSN was updated in 2002. The CPG collaborated in both processes. The SCSN used epidemiological information and needs assessment data compiled in the HIV Comprehensive Plan.

2. Coordination among HIV/AIDS, STD and TB Services

The HIV/AIDS (Surveillance, Prevention and Care), and STD and TB Programs of the IDPH are located in the Division of Community Health, Bureau of Disease Prevention and Immunization.

The programs work closely in day-to-day activities. Program staff have joint meetings with field staff.

Many persons initially seeking HIV testing are also at risk for STDs. Often, persons seeking HIV testing are at relatively low risk for HIV, but at very high risk for STDs. Since the establishment of HIV counseling and testing in 1985, the HIV and STD programs have collaborated to provide CTRPCRS services, and CTRPCRS is offered in all funded CTR sites. STD and HIV CTRPCRS staff is cross-trained by both the HIV and STD programs so that counselors are familiar with STD and HIV issues and protocols.

The current CTRPCRS manual was prepared jointly by the HIV and STD programs to ensure that quality services, with defined protocols, are provided consistently in both settings. An assessment of HIV services is conducted during routine quality assurance site visits at the CTR sites.

The Tuberculosis (TB) and Refugee Health Programs are also located in the Bureau of Disease Prevention and Immunization. This organizational structure provides flexibility within the bureau and eliminates most barriers to program operations. The primary areas of collaboration between the HIV and TB programs are referral of seropositive clients for TB testing and a match of the AIDS and TB registries to monitor the co-incidence of the two diseases. All seropositive clients of publicly supported counseling and testing sites are referred follow-up skin testing as a routine part of post-test counseling. In some areas, the local TB and HIV programs work together to provide follow-up skin testing at the HIV CTRPCRS site.

The HIV/AIDS, STD and TB sections operate distinct surveillance systems and prepare and distribute program-specific statistical reports. Data is shared among the three programs and each program provides data upon request. STD prevalence data were fully incorporated in the Iowa Epidemiological Profile of HIV/AIDS and STD (Chapter 2). Data from all three programs are used by the communities to plan local programs and prioritize resources.

3. Coordination/Linkages to Reproductive Health Care Services

Reproductive health care services are health care services provided in a hospital, clinic, physician's office, or other facility, and include medical, surgical, counseling or referral services relating to the human reproductive system, including services relating to pregnancy or its termination . As these services deal directly with sexual intercourse and its potential results, there is a very strong parallel between HIV prevention interventions and reproductive health care interventions.

While HIV care, substance abuse and STD testing and treatment are performed in a relatively limited number of settings, reproductive health care services are conducted by a much wider variety of public and private health clinics, community based organizations, educational facilities and local government-funded programs. Some programs are coordinated by Iowa's Title X Family Planning Program within the Iowa Department of Public Health and the Family Planning Council of Iowa. These programs are required to counsel clients on STD/HIV risk and prevention.

Private providers or agencies such as Planned Parenthood provide the majority of services. Because of this, most linkages to reproductive health care services occur at the local level, and the role of this Comprehensive Plan is to encourage and lead local providers to propose HIV prevention activities that are linked to local reproductive health services.

4. Coordination with Substance Abuse Prevention and Treatment Programs

The HIV/AIDS and STD Programs collaborate with the IDPH Division of Health Promotion, Prevention and Addictive Behaviors. Substance abuse counselors are encouraged to attend the IDPH-sponsored "Fundamentals of HIV Prevention Counseling Workshop." Continuing education credits are offered as an incentive to attend the workshop. The annual HIV/AIDS Conference has a specific track dealing with substance abuse/HIV issues. Funded HIV prevention projects targeting IDUs work closely with their local substance abuse facilities.

5. Coordination Between Public and Non-Governmental Programs

The department works with various public and non-governmental agencies to provide coordinated HIV prevention programs to both at-risk populations and the population at large.

The department has established and maintains liaison with HIV/AIDS Prevention Projects and HIV Care Consortia in all areas of the state. The prevention projects and consortia work in their communities to coordinate and provide HIV prevention programs and services for infected persons . The membership of prevention and care projects includes representatives from the community and units of local government. Many of the projects have developed resource guides, and activity is monitored by site visits, telephone contact and review of quarterly project reports.

Iowa Department of Education (IDE)

IDPH and the HIV Community Planning Group recognize that the primary responsibility for prevention activities for school age children in Iowa lies with the Department of Education and the CDC funding it receives for that purpose. HIV/AIDS prevention education in all Iowa school districts continues to be necessary in achieving this objective.

The IDPH HIV/AIDS Program and the IDE have a long-standing collaborative relationship that includes:

- providing training on curricula designated by CDC as “A Program That Works” to health educators in both public and private educational systems and youth-serving organizations ;
- joint funding and support of peer education programs in juvenile detention centers;
- in 1998 the IDPH and IDE Educational Materials Review Committee merged into one committee;
- the IDE HIV project coordinator is a CPG member;
- joint sponsoring of the Young Adult Roundtables; and
- the IDE is a co-sponsor of the IDPH’s annual HIV Conference.

Iowa Department of Corrections (IDOC) Program Activities

The HIV/AIDS Programs collaborate with IDOC in various ways.

- IDOC counselors/nurses are encouraged to attend the Fundamentals of HIV Prevention Counseling workshop.
- Development of discharge coordination between Corrections Medical Services staff, and Ryan White (RW) case managers. (includes pre-release linkages of positive clients to RW case managers, ADAP and other sources),
- An IDOC nurse is a CPG member.
- Specific workshops concerning HIV in correctional facilities is provided at the annual HIV/AIDS Conference.
- In 2000-2003, IDPH entered into an agreement with IDOC for the following activities to occur within the correctional setting.
 - 1) the administration of a peer education program which includes recruitment, training and monitoring of HIV peer educators.
 - 2) the development of a pre-release HIV prevention program for inmates to include behavioral interventions and post-release plans.

These activities continue to expand.

Midwest AIDS Training and Education Center (MATEC)

MATEC is affiliated with the National AIDS Education and Training Centers Program which is a network of 17 regional centers with more than 70 local performance sites throughout the nation. MATEC is one of these regional centers and serves Illinois, Indiana, Missouri, Iowa, Minnesota, and Wisconsin. MATEC’s mission is the provision of training designed to increase

the number of health care providers effectively educated and motivated to counsel, diagnose, treat and manage individuals who are HIV+ and to assist in the prevention of high-risk behaviors that may lead to infection. The Iowa Department of Public Health HIV/AIDS Program maintains contact with the Iowa site of this program, located at the University of Iowa College of Medicine. The HIV/AIDS Program Manager is a member of MATEC's Advisory Committee.

Local Health Department Programs

Each of the 99 counties has a board of health and in each county there is some degree of health care service provided at the local level. However, there are only 12 sizable local health departments in the state, and of those, only Black Hawk County (Waterloo), Polk County (Des Moines), Scott County (Davenport), Linn County (Cedar Rapids), Cerro Gordo County (Mason City), and Woodbury County (Sioux City) have health department-operated STD/CTR clinics. All STD/CTR clinics in Iowa offer HIV prevention counseling and testing. Pottawattamie County (Council Bluffs), and Des Moines County (Burlington) provide STD/HIV clinical services under contractual arrangement with private physicians. Black Hawk County Health Department (Waterloo), Polk County Health Department (Des Moines), Linn County Health Department (Cedar Rapids), and Scott County Health Department (Davenport), employ STD/HIV prevention personnel in addition to the state assignee.

Public Information

The Iowa *Facts About HIV/AIDS*, *HIV/AIDS Access Directory*, *What is HIV Testing?*, and *Important News for Pregnant Women* continue to be the most popular AIDS information brochures. The brochures were revised and translated into Spanish in 1999. Over 45,000 brochures have been distributed to agencies, schools, physicians, and clinics and, during programs, handed out by providers and program personnel in 2002. The National Prevention Information Network brochures and information are also distributed. The HIV/AIDS Program maintains a video lending library through the State Medical Library. Videos were updated in December 2001. Videos are available to requesting organizations, agencies, and individuals. The HIV/AIDS Program maintains a list of Program Review Panel-approved audiovisuals and printed materials. These lists are maintained on the IDPH website at www.idph.state.ia.us/ch/hiv_aids.asp. Other resources and links are also located on this web site.

Table #1: Shared Information and Collaborative Efforts

Programs	Div or Bureau within IDPH	Membership on Planning Bodies	Epi. Profile	Needs Assessment	Trng & Curr. Dev.*	Outreach Efforts	IDPH or Joint Funding of Programs	Resource Inventory
1. Primary & Secondary Prevention Services								
• CARE Act and ADAP	X	X	X	X		X		X
• HIV CARE Consortia		X	X	X		X		X
• CD4 Testing							X	
• Viral Load Testing							X	
• Statewide Coordinated Statement of Need		X	X	X				X
2. HIV/AIDS, STD, TB	X	X	X	X	X	X	X	X
3. Reproductive Health Services	X	X	X	X	X	X	X	X
4. Substance Abuse	X	X		X	X			
5. Public and Non-governmental programs								
• Iowa Dept. of Education		X	X	X	X		X	X
• Iowa Dept. of Corrections		X	X	X	X		X	X
• MATEC		X	X	X	X			
• Public Information							X	

*Curriculum Development

Recommendations for Assistance and Support Activities

Data collection and information management are foundations of the state HIV/AIDS and STD Programs, with active input from local health departments, the state laboratory, various private laboratories, and the HIV/AIDS and STD Programs active surveillance systems. In July 1998, Iowa law was changed to include requiring positive HIV tests be reported by name. The HIV/AIDS Surveillance Coordinator is responsible for investigations of all reported HIV and AIDS cases with no identified risks. When the investigation is complete, information is added to the computerized case report and the interview form is sent to CDC. Case counts are entered into the HIV/AIDS Reporting System for monthly, quarterly and yearly reports (See Chapter 2, Epidemiological Profile). These reports, resulting from surveillance activities, have assisted the department and the CPG in judging how the allocation of prevention resources should be balanced between those who are currently infected and those who will be infected in the future. The data have also been useful to the CPG in identifying populations in need of prevention and care services.

The IDPH has consistently measured the ability of its HIV and other prevention programs to meet goals and objectives by assessing program participation, service levels, and dissemination activities. Program evaluation, training, and quality assurance activities are conducted for prevention programs funded by IDPH through the HIV/AIDS Program.

Technical Assistance

From 1997-2003, technical assistance has been received from the Centers for Disease Control and Prevention (CDC), Academy for Educational Development (AED), the National Alliance of State and Territorial AIDS Directors (NASTAD) and local service providers. Topics have included priority setting, social marketing, evaluation, behavioral interventions and social learning theories, community planning for the long haul, combining qualitative and quantitative data, methamphetamine use in Iowa, training to improve cultural competence, prevention for HIV positive persons, priority setting, youth participation in the CPG process and “Developing an HIV Prevention Comprehensive Approach for Injecting Drug Users”.

1998-2003 HIV/AIDS Conference

An annual HIV/AIDS Prevention Conference has been held in Des Moines, Iowa starting in November 1998. The IDPH, IPE and CPG co-sponsor the conference. The conferences serve as a means to provide technical assistance to HIV prevention and care providers. Technical assistance needs were identified through the CPG process and from feedback from providers and information received from the STD/HIV/AIDS Provider Resource Survey. Workshop speakers have addressed such topics as behavioral change theory, cultural diversity, treatment and care issues, HIV testing including rapid testing technology, interventions targeting high-risk populations, social marketing, community collaboration, linking prevention and care, and emerging issues and challenges for the future.

RECOMMENDATIONS AND CONCLUSIONS HIV CARE PLANNING, GOALS AND IMPLEMENTATION

HIV care activities will contribute to achieving the following objectives. Activities and strategies outlined in the sections that follow focus on reinforcing the infrastructure necessary for collaboration, planning, assessing unmet need, implementation, and quality management.

Collaboration

Care linkages with Prevention:

As this plan has indicated, Iowa has undertaken specific steps to link HIV care and prevention planning activities. The HIV/AIDS Program recognizes that in a state with relatively low incidence of HIV infection such as Iowa, the linkage of prevention and care services is critical to preventing further spread of HIV infection. The populations increasingly at risk for HIV infection need to be reached in creative ways, particularly in the rural parts of the state where people at risk are widely scattered. These individuals and others at continuing risk are often alienated from or suspicious of traditional medical, psychological, and social services. Efforts for linking prevention and care range from information sharing, which is facilitated by having one planning group with both prevention and care experts as members, to more formal linkages such as collaboration on an HIV/AIDS/STD Provider Services Survey, conducting a joint needs assessment and preparation of a single epidemiological profile (which now includes a complete care section) (see Chapters 2 and 3 of this plan).

Many of the funded Title II lead agencies and subcontractors also have contracts to complete HIV prevention interventions. Many members of the CPG are involved in delivering services to persons with HIV, and the CPG includes members who are HIV positive and advocate for the needs of their community. HIV prevention interventions targeting those who are HIV positive encourage barrier use during sex, the use of clean needles, and other behaviors that reduce the transmission of HIV. HIV prevention case management, by encouraging a holistic approach to an individual's health and well-being, will assist in efforts to increase compliance with complex combination treatments.

The annual HIV/AIDS Prevention Conference is now the Prevention and Care Conference and includes workshops that specifically address care issues. Workshops provide an update on care issues for prevention providers, update care providers on prevention issues, demonstrate the linkage between care and prevention activities, and provide a networking opportunity for care and prevention providers.

Iowa's collaboration between prevention and care offers multiple benefits. One outcome is the establishment of better linkages between prevention counseling/testing programs and care's early intervention services. Collaboration links HIV positive clients being served through the Ryan White system into primary and secondary prevention services while, at the same time,

establishing referral linkages to assure that HIV positive clients have access to primary care and social support services.

The table on page__ indicates mechanisms for coordination between primary and secondary prevention services that currently exist within IDPH and will continue into 2004.

An HIV/AIDS Access Directory has been developed to include both prevention and care providers. It is distributed to Counseling Testing and Referral (CTR) sites, prevention and care providers, clients, and the general public. One important linkage to these services is provided through the state's Counseling and Testing Referral and Partner Counseling and Referral Services Program.

Linkages between Ryan White Titles:

Title II Consortia are asked to include representatives from Title III programs on their boards and all three consortia with Title III programs in their service areas have a Title III representative on their boards. In addition, members on the CPG include representatives from both Title II and III programs. Two of the four Title III programs in Iowa receive Title II funds as consortia subcontractors. At least three of the five community health centers in Iowa are already active members of our Title II consortia boards. The Midwest AIDS Training and Education Center (MATEC), at the University of Iowa offers training statewide for health care professionals on HIV treatment and care issues. MATEC and the IDPH's HIV/AIDS Program hold annual statewide conferences on prevention and treatment issues. IDPH staff attends the regional MATEC meeting in Chicago annually.

Linkages with other Federal Programs:

All Title II providers have received a Title II Provider Manual that details the eligibility criteria, contacts, and phone numbers for the various components of Medicaid, Medicare, other patient drug assistance programs, the Iowa HAWK-I (CHIP) program, SSI, SSDI, and the Iowa Comprehensive Insurance Association. Information about additional programs continues to be added to the manual, which also includes CDC and IDPH data on trends in the HIV epidemic, a state HIV/AIDS resources directory, the Statewide Coordinated Statement of Need, and a list of the assurances and deliverables for which each consortium is responsible. Training by those knowledgeable in the programs mentioned is routinely provided to Title II providers. The Housing Opportunities for People Living with AIDS (HOPWA) program was first implemented this year through a competitive grant. Six agencies throughout the state applied for and received the grant. It is being administered through the Iowa Finance Authority. Many of the Ryan White providers are either HOPWA recipients and/or on the HOPWA Advisory Committee, as is the Ryan White Title II coordinator for the state.

Planning and Assessing Unmet Need

Consortia and their roles in Planning:

Currently, consortia in Iowa are planning bodies for their regions. All consortia must go through a planning process that identifies needs of the community, current and potential services in place, and various statistics related to numbers of reported HIV and AIDS cases. Both providers and clients are asked to assess client needs through questionnaires, interviews, or focus group discussions.

The Iowa Department of Public Health is responsible for awarding Title II CARE contracts to HIV consortia. The IDPH contracted with four consortia to provide services in Iowa's 99 counties.

- Central Iowa HIV CARE Consortium (CIA) provides services to clients living in 35 central counties. Mid-Iowa Community Action Agency (MICA) in Marshalltown, Iowa is the fiscal agent. They also provide Title II services out of their Ames, Iowa office to 6 counties. MICA subcontracts with two agencies, AIDS Project of Central Iowa (APCI) (14 counties) and the Ft. Dodge AIDS Coalition (15 counties) to provide case management and other Title II services.
- Northeast Iowa HIV CARE Consortium (NEIA) provides services to clients living in 17 northeast counties. Cedar Valley Hospice in Waterloo is the fiscal agent and subcontracts for services to be provided through the Cedar AIDS Support System in Waterloo (serving 10 counties), Rapids AIDS Project in Cedar Rapids (serving five counties) and the Dubuque Regional AIDS Coalition in Dubuque (serving two counties).
- Southeast Iowa HIV CARE Consortium (SEIA) provides services to clients living in 21 southeast Iowa counties. Johnson County Health Department in Iowa City is the fiscal agent, and subcontracts for case management services through the AIDS Project Quad Cities in Davenport, University of Iowa Hospitals and Clinics, and I CARE in Iowa City. These subcontractors can serve clients from any county in the SE Consortium service area.
- The Western Iowa HIV CARE Consortium (WIA) provides services to clients living in 26 western counties. Siouxland Community Health Center in Sioux City is the fiscal agent. It also provides services for 15 counties. Siouxland subcontracts with the Nebraska AIDS Project in Omaha, Nebraska (serving 11 southwest Iowa counties).

Currently, needs assessments are required of each Title II Consortia. They are to be reviewed and updated annually. The survey will be done in conjunction with the Title II consortia, as well

as Title III's, private doctor's offices, CTR sites, prevention sites, and county jails. The needs assessment will be used to determine barriers and gaps to care services in Iowa, and needs of individuals who know they are HIV positive and are not receiving medical care. This needs assessment will aid in the development of the next Statewide Coordinated Statement of Need, due in May 2005.

The care community will also use the provider survey discussed in this plan (Chapter 3) for planning purposes. This 2002 survey, developed and distributed by the NARC Committee, included a care section that explored care provider's perspectives about services offered across the state.

Implementation and Quality Management

- Ensure that all persons with HIV disease, and those affected by HIV disease, are served by a care system that provides a comprehensive continuum of primary care and supportive services that facilitate access to existing and emerging HIV/AIDS treatments.
- Ensure that women and children receive services funded by Ryan White Title II proportionate to their HIV/AIDS prevalence in the state.
- Ensure that racial/ethnic minorities will receive services proportionate to their representation as indicated in the prevalence data.
- Ensure that the needs of emerging populations are addressed and that services and outreach efforts are designed to encourage early intervention and participation in HIV medical care and therapy by these populations.
- Ensure that services will be provided to all PLWHA generally in proportion to the HIV prevalence.
- Ensure and document the impact of services on improving access to quality care and treatment.

Quality Management Activities:

Current quality management is conducted using a piloted protocol for intake, assessment, referral, monitoring and reevaluation of clients. Title II providers are accountable for the case management funds they spend. Through the monitoring of CAREWare reports, the IDPH and Title II providers are better able to evaluate the quality and appropriateness of services provided. Site visits to all providers occurred in August and September 2003. Site visits have been used to determine current needs and issues concerning the implementation of case management standards, and to provide oversight to the administration of Title II funds. During the site visits, current quality management practices at the provider and lead agency level are assessed. A Case Management Task Force was formed to establish standards for Iowa. The task force worked in conjunction with the CPG's Care Committee to establish case management standards. Based on the finalized version of these standards, a quality management program using data and measurable outcomes to determine progress toward to-be-determined benchmarks will be

developed. The quality management program will use the current practice of our consortia lead agencies, monitoring compliance with all of their Title II subcontractors through regular site visits and chart reviews. Criteria for these reviews will be standardized. With technical assistance the HIV/AIDS Program will develop outcome indicators for Ryan White service categories.

Technical Assistance Plan for 2004-2006

The Workplan/Evaluation/Technical Assistance Committee compiled information and informally surveyed providers for needs. The Technical Assistance Plan for 2004-2006 follows.

2004- 2006 HIV Prevention Community Planning Technical Assistance (TA) Plan

T. A. NEED	ACTIVITIES	COMPLETION DATE
1. Team Building and Strategic Planning	1. The CPG co-chairs will request TA from AED.	January 2004
2. How to evaluate programs for effectiveness.	1. The HIV/AIDS Prevention Program Evaluation Coordinator, CPG members, and providers will meet to discuss current progress on how to effectively evaluate programs.	January 2004 January 2005 January 2006
3. Interventions that meet the needs for target populations based on behavior and social science theory.	1. SPICE Committee will continue to research interventions on an ongoing basis and present to the CPG. 2. Researched interventions will be presented at an annual HIV/AIDS Conference.	October 2004-2006
4. Cultural Competence	1. Presented at annual HIV/AIDS Conference	October 2004-2006
5. On-going TA needs as identified through monthly meeting "check-outs."	1. The co-chairs and Workplan/Evaluation/TA Committee review checkouts after each meeting to identify TA needs. 2. Needs are discussed at a meeting and follow-up request will be completed as identified.	Ongoing
6. Identifying and meeting needs of the Hispanic population	1. The HIV/AIDS Program Manager will contact CDC and AED.	April 2004
7. Ryan White Care Act	2. The HIV/AIDS Program Manager and RW Title II Coordinator will give an overview of the Care Act.	May 2004

2004-2006 HIV Prevention Provider Technical Assistance (TA) Plan

T. A. NEED	ACTIVITIES	COMPLETION DATE
1. How to evaluate programs for effectiveness.	1. The HIV/AIDS Prevention Program Evaluation Coordinator, CPG members, and providers will meet to discuss current progress on effectively evaluating the program	March 2001
2. Implementing programs that work in rural communities	1. IDPH will research, provide curriculum and skills building training as identified through quarterly provider reports. 2. Specific provider TA needs will be identified through the contract oversight document, site visits and an individual TA plan will be developed by the HIV/AIDS Program Manager and prevention project. 3. The HIV/AIDS Program Manager will facilitate two annual provider meetings to address TA needs and to promote sharing and networking among Iowa providers. 4. IDPH will co-sponsor a skills-building prevention conference focusing on identified technical assistance needs to include strategies to reach high-risk population.	Ongoing Ongoing February - October (2004-2006) Annual HIV/AIDS Conference Annual HIV/AIDS Conference
3. Cultural Competence	2. Presented at the annual HIV/AIDS Conference	October 2004-2006
4. Identifying and meeting needs of the Hispanic population	3. The HIV/AIDS Program Manager will contact CDC and AED.	April 2004

Evaluation of the Planning Process

The Workplan/Evaluation/Technical Assistance Committee is responsible for the evaluation of the community planning process. The purpose of the evaluation is to document and describe the process, outcomes, and impact of Iowa's HIV Community Planning Process. This evaluation is completed in the following ways.

- Completed on an ongoing basis.

- Feedback is given to the CPG and a facilitated discussion is held around issues identified.
- Each committee is given a portion of the plan to review and complete.
- The Workplan/Timeline in and of itself is an evaluation tool that monitors and reflects CPG process objective goals and committee work. The Workplan/Timeline is included with every agenda mailing.

A “Meeting Check-out” is completed at the closure of every meeting. Questions have included:

- Was the information presented useful/helpful?
- Are you comfortable with decisions made? Yes ___ No ___ Why?/Why Not?
- Did you leave the meeting with any concerns?
- What changes would make the CPG more effective?
- Did you feel your input was respected and encouraged?
- What training/technical assistance needs have you identified that would assist you in participating as a CPG member and in the CPG process?
- Any technical assistance needs?
- Future agenda topics

A review of the summary of the meeting “check-outs” is completed by an assigned Workplan/Evaluation/Technical Assistance Committee member. The Co-Chairs and entire CPG membership are informed of any comments/topics that need attention. The summary is reviewed at each CPG meeting, with discussion and resolution plans developed.

A CPG exit survey is used to solicit feedback from any member who can no longer serve on the CPG. Upon resignation of CPG membership, a survey is mailed to the individual to assess:

1. involvement on the CPG, a negative/positive experience,
2. orientation,
3. strengths and weaknesses of the process, and
4. personal gains.

In July 2003, the 52 Community Planning attributes of the CPG member survey from CDC were used to evaluate Community Planning.