



Bureau of HIV, STD, & Hepatitis

Newsletter (2) :: September 2011

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A NOTE FROM RANDY MAYER

We've just completed our first grant application to the Centers for Disease Control and Prevention for HIV prevention in the era of the National HIV/AIDS Strategy. As expected, we will lose approximately half of our federal funds for HIV prevention over the next five years, as money is moved to areas of the country with more HIV infection. Areas with less HIV, like Iowa, will be expected to focus prevention efforts mostly on persons who are already infected.

Our core prevention efforts will now center on HIV testing, linking newly positive persons to care, re-engaging people in care, providing partner services, distributing condoms widely, and addressing policies that hinder these prevention efforts (e.g., criminal transmission and parental notification of positive minors). We also submitted two applications under the competitive section, one focusing on prevention with positives and one focusing on negative MSM.

In November, there will be a [forum](#) in Des Moines to discuss what these strategies will look like in Iowa and other low-morbidity states, and how we will contribute to goals set forth in the [National HIV/AIDS Strategy](#). I hope you will consider joining us for this discussion with the federal partners from the Office of National AIDS Policy in the White House. It promises to be an interesting and very important discussion on the future of HIV prevention and care in Iowa.

Randy Mayer, *Bureau Chief*

[HIV Prevention Program](#)

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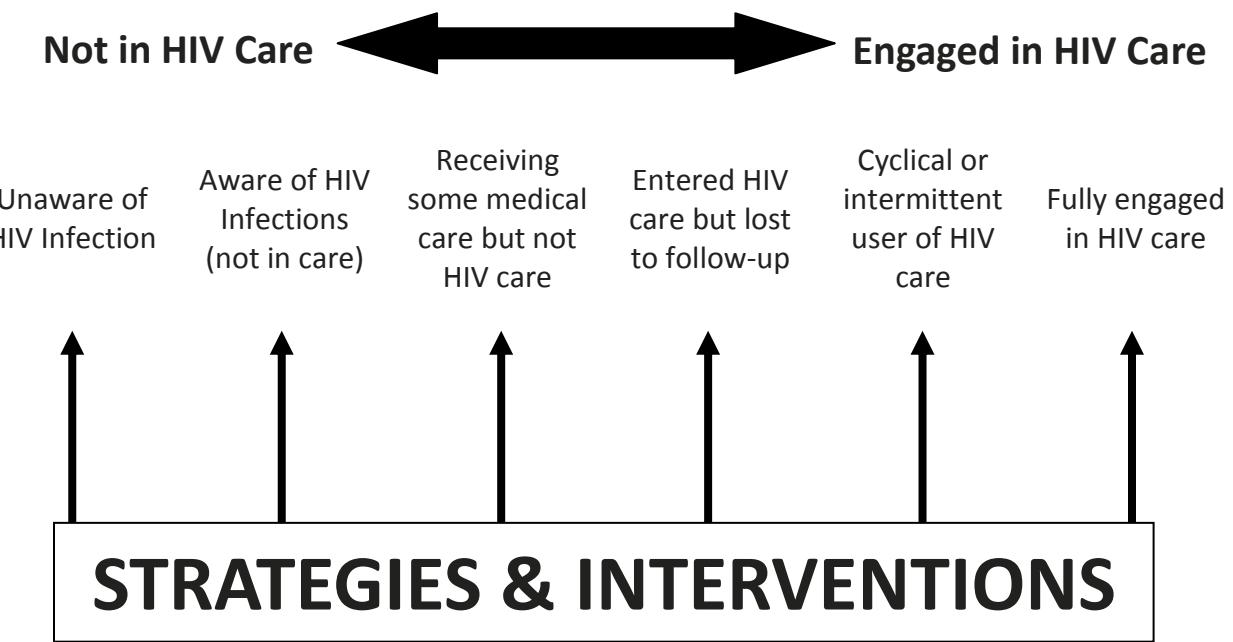
Karen Quinn, *Contracts & Fiscal*

Laura Pimlott, *Program Assistant*

The Spectrum of Engagement in HIV Care: HIV Prevention According to Gardner

Randy Mayer, Bureau Chief

If you haven't read a copy of the article by Edward Gardner entitled, [The Spectrum of Engagement in HIV Care and its Relevance to Test-and-Treat Strategies for Prevention of HIV Infection](#), you will probably hear about it soon. It describes a "cascade" of prevention and care that stretches from being unaware of an infection and continues until a person achieves viral suppression (i.e., the amount of virus is too low to be detected by tests). This will form the framework for how states like Iowa will organize our prevention and care programs in the future; this is the essence of Prevention with Positives.



At each step along the cascade, we will work to design strategies to help HIV-positive persons remain engaged in care. The ultimate goal is to have each HIV-positive person achieve an undetectable viral load, and to sustain that undetectable viral load over the course of his or her life. In doing so, we can reduce transmissions of HIV to those who are uninfected. At the same time, we will improve health outcomes and life spans for those who are HIV positive.

HIV/AIDS Iowa Surveillance

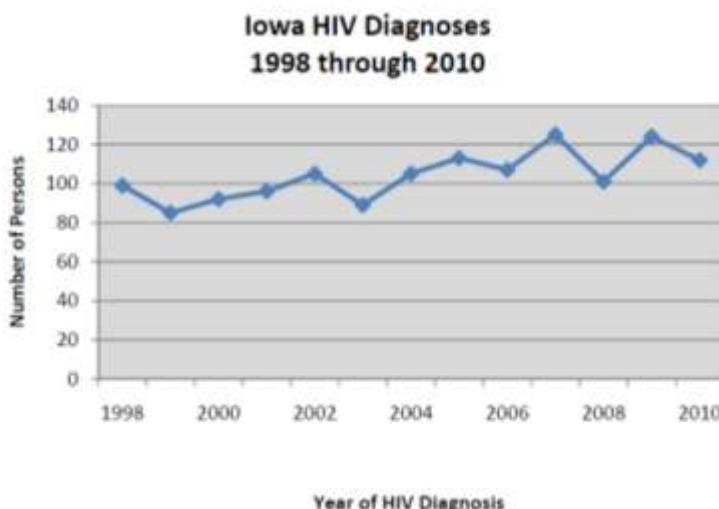
Jerry Harms, *HIV Surveillance Coordinator* and
Al Jatta, *HIV Surveillance Officer*

The HIV Surveillance Program recently released the 2010 State of Iowa HIV and AIDS End-of-Year Surveillance Report. Here are a few points of interest drawn from the 2010 data:

- There were 112 HIV diagnoses in 2010, down 12 (10%) from the 124 reported in 2009, but consistent with the average of 114 for the past five years.

Figure 2.1

- HIV diagnoses, on average, have been increasing at the rate of 3.5 per year since 2000, although there is some variability from year to year.
- In 2010, diagnoses dropped to 112 from 124 in 2009, near the 5 year average of 114 for 2004 through 2009.



- **Diagnoses remained high among young men who have sex with men.** For the second year in a row, there were more than 20 diagnoses among persons 15 to 24 years of age. Of the 22 diagnoses in this age group, 20 (91%) were among males. Of the 20 males, sex with another male was the HIV exposure category for 17 (85%).
- **African Americans and Hispanics continue to be over-represented** among persons with HIV diagnoses when compared to the sizes of their populations in Iowa. While African Americans made up about 3 percent of Iowa's population in 2010, they accounted for 26 percent of new HIV diagnoses. While making up about 5 percent of Iowa's population, Hispanics accounted for 8 percent of new HIV diagnoses. Regardless of these disparities, it is important to keep in mind that non-Hispanic whites accounted for over 60% of new HIV diagnoses and persons living with HIV/AIDS.
- **Males account for 84% of new diagnoses.** Since 2006, diagnoses among females have remained stable, averaging slightly more than 19 per year. Thus, recent year-to-year variations in total diagnoses are reflections of diagnoses among males. Since 2007 there have been about five male diagnoses for every female diagnosis. This is a change from 2003 through 2006, when there were three males diagnosed for every female diagnosed.
- **Most diagnoses occur among persons 25 to 44 years of age.** Despite increases over time among those 13 to 24 years of age and those 45 years and older, persons 25 to 44 years of age still accounted for half of all diagnoses in 2010.
- **The number of persons living with HIV/AIDS (HIV/AIDS prevalence) continues to increase.** As of December 31, 2010, there were 1,828 persons living with HIV or AIDS who were Iowa residents at time of diagnosis, a prevalence of 60 per 100,000 people. This compares to 1,733 persons living with HIV or AIDS on the same date in 2009, a prevalence of 58 per 100,000.

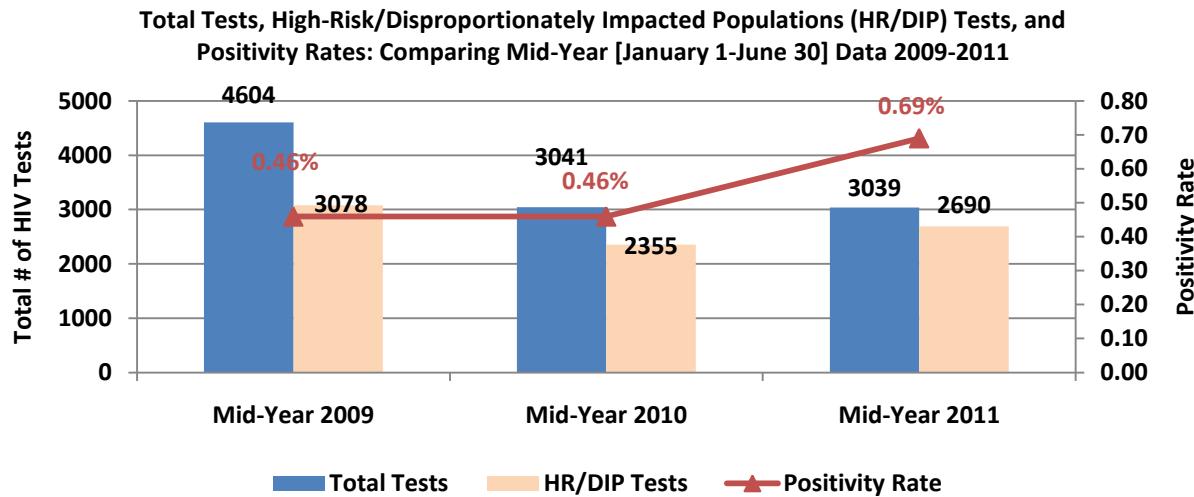


See http://www.idph.state.ia.us/adper/hiv_aids_programs.asp#surveillance
for the complete report and a 2010 slide set.

HIV Counseling, Testing, & Referral (CTR) 2nd Quarter, April 1—June 30, 2011

Patresa Hartman, HIV Prevention Program Evaluation Coordinator

Success. Collectively, our contracted CTR agencies are continuing to identify new HIV-positive individuals at a higher rate than in previous years. From January 1, 2011 to June 30, 2011, agencies administered 3,039 tests and identified 21 new positive persons (0.69%). This compares to 3,041 tests and 14 new positives (0.46%) in 2010 and 4,604 and 21 new positives (0.46%) in 2009. The increase in positivity rate also comes with an increase in the percent of total tests administered to members of high-risk and disproportionately impacted populations (i.e., men who have sex with men, high-risk heterosexuals, injection drug users, Black/African-Americans, and Hispanic/Latinos). This increase may be an indication that agencies are better able to target testing to priority populations, find undiagnosed individuals, and link them to critical services.



Many agencies had a busy 2nd quarter providing education and testing at events for PRIDE, Juneteenth, and National Testing Day. Betty Krones at Cerro Gordo County Department of Public Health published an article in the Mason City Globe Gazette for National HIV Testing Day. That article has been archived [[HERE](#)]. AIDS Project of Central Iowa (APCI) and Polk County Health Department partnered with Planned Parenthood of the Heartland and Venus Family Planning to provide free testing at four different Des Moines locations using Des Moines University's Mobile Testing Clinic.



Front Row (left to right): Missie Smith-Larsen (Venus Family Planning), Virginia Thraen (Polk County Health), Taz Clayburn (APCI), Karen Siemers (APCI), Rhonda Ruby (Planned Parenthood of the Heartland), Lorrie Yingst (Venus Family Planning), Kurt Berke

Many agencies continue to forge new partnerships with community groups. For example, Black Hawk County will start testing at the Salvation Army's transitional housing facility; Hillcrest Family Services in Dubuque is forming connections with the area LGBTQ community; Linn County Public Health has connected with a local MSM social group; and APCi has established a relationship with the Black Ministerial Alliance.

Some agencies are discovering in-roads with particular social networks that have increased testing. For instance, because of her previous work with MSM in the area, Betty at Cerro Gordo is seeing an increase in the number of MSM who come in for testing. Siouxland Community Health Center (SCHC) has seen more MSM accessing testing due to increased participation of MSM in a behavioral intervention program as well as SCHC's increased presence at area gay bars.

Challenge. In the second quarter, a few CTR sites saw an increase in the number of previous positives who came in for a repeat HIV test—either because the client doubted the initial diagnosis or believed they had been cured. This may present an opportunity to educate clients and private service providers in the area about the nature of HIV. If the client is eligible, he or she may also benefit from a “Prevention for Positives” program, such as CLEAR or the Healthy Relationships retreat.



If you drove west through the viaduct at Gordon Drive in Sioux City this summer, you may have seen this billboard from Darla Peterson's team at Siouxland Community Health Center.

Iowa Infertility Prevention Project (IIPP)

Colleen Bornmueller, IIPP Coordinator

On August 22nd, the American Congress of Obstetricians and Gynecologists (ACOG) released a recommendation encouraging practitioners to use “Expedited Partner Therapy” or EPT. EPT is the practice of prescribing or providing antibiotics to the male partners of the female patient originally diagnosed with Chlamydia or gonorrhea, when the partner is either unlikely or unable to go to the practitioner

to be tested and treated. According to the Centers for Disease Control and Prevention (CDC), recommendations from organizations such as ACOG will assist in establishing EPT as a standard of care. Diane F. Merritt, MD, chair of ACOG’s Committee on Adolescent Health, said, “Of course, it’s preferable that a physician examine a patient in person before prescribing medication, but the benefits of EPT among individuals whose partners are otherwise unlikely to seek care in preventing *Chlamydia* and gonorrhea re-infections outweigh the risks to the partners.”

EPT has been permissible in Iowa since July 2008. The Iowa Infertility Prevention Project (IIPP) strongly encourages their providers to practice EPT. Iowa’s rates of chlamydial infection continue to climb. In 2010, there were 10,542 cases (350/100,000) of chlamydial infection statewide. This represents a 71% increase in the rate from 2000 when 5,976 cases were reported (205/100,000) [*Iowa Department of Public Health 2010 STD Surveillance Data*]. IIPP clinics found approximately 44% of Iowa’s reported cases last year, the rest were identified by private providers. It is unclear if more cases are identified through better test technology, better reporting and surveillance, or if there is a real increase in infection. No matter what the cause, identifying infections provides a chance to provide treatment and reach partners. *Chlamydia* and gonorrhea infections usually do not cause symptoms. Most individuals will not seek care because they do not know they are infected; therefore, they will pass it on to their partners. Some studies have shown that re-infection rates may be as high as 26% among adolescents and young women.

For more information regarding the proper use of EPT, the Iowa Department of Public Health’s STD Prevention Program has developed recommendations to help agencies with EPT. You may find them here:

http://www.idph.state.ia.us/adper/common/pdf/disease_prevention_immunization/partner_therapy.pdf

This guide is reviewed and updated every year and contains current CDC Treatment Guidelines and tools for obtaining partner information and creating “partner packs.” You may also contact Colleen Bornmueller, IIPP Coordinator, at 515-288-9028 or cbornmueller@fpcouncil.com for more assistance.

Ryan White Part B Update

Holly Hanson, Ryan White Part B Program Manager



Part B Class of 2011 Front row, left to right: Carolyn McIntyre, TPQC; Nicole Baker-Jones ADRCLC; Jennifer Keeler, UI; Jamie Thompson, SCHC; Carly Chouteau, MICA. Back row, left to right: Marie Birdsley, APCI; Casey Smith, APCI; Courtney McCrellias, SCHC; Samantha Willey, NAP.

On August 4th the Ryan White Part B Program hosted the annual “Ryan White 101” training. Anyone who started their positions with a contracted agency since the last 101 training was invited to attend. Topics included overviews of HIV from a disease perspective and the *Ryan White HIV/AIDS Treatment Extension Act*, including HRSA’s priority issues and corresponding programs or “parts.” In addition, a broad perspective of the relationship between HIV prevention and care, statewide planning, and quality management was reviewed. Detailed examination of CAREWare, the AIDS Drug Assistance Program, and case management standards were also reviewed. Please take the time to welcome this fantastic group of Ryan White case managers and administrators!

Community Resources Uniting for Sexual Health (CRUSH)

Kaitlin Emrich, Black Hawk County Health Department Disease Surveillance Program Manager

Since 2007, Black Hawk County has the highest combined Sexually Transmitted Infection (STI) rate (syphilis, *Chlamydia*, and gonorrhea) in the State of Iowa. Lowering STI rates has been identified by the county health department’s director, Bruce Meisinger, and in the 2011 Community Health Needs Assessment and Health Improvement Plan (CHNA HIP) as an area to address in 2011-2015.

On October 13, 2011, the Black Hawk County Health Department will partner with Allen Women’s Health’s [Together for Youth](#) to host the CRUSH (Community Resources Uniting for Sexual Health) Summit for health educators and providers, school educators and administrators, faith communities, and other community agencies, to begin developing a long-term plan for lowering STIs in the county. This event will be the first time agencies in Black Hawk County have congregated to address lowering sexually transmitted infection rates, and will be the start of an ongoing initiative.

The Summit (1 to 5 pm) will feature keynote speaker Randy Mayer, Chief of the Bureau of HIV, STD, and Hepatitis at the Iowa Department of Public Health, panel presentations from local health educators, and roundtable discussion. The evening session (5 to 8 pm) will feature the documentary, *Let’s Talk About Sex*, which was aired on TLC and covers sexual health views across the world.

For more information, please contact the Black Hawk County Health Department Disease Surveillance Program Manager, Kaitlin Emrich at kemrich@co.black-hawk.ia.us or by phone at 319-291-2413.

During the second quarter, CTR agencies tested 257 high-risk individuals for HCV. **Twenty-five (25) individuals (10%) were identified as being positive.** Second quarter reports show an increase in outreach activities, particularly with injection drug users. As the graph below displays, agencies have tested 221 IDUs and identified 23 positives.

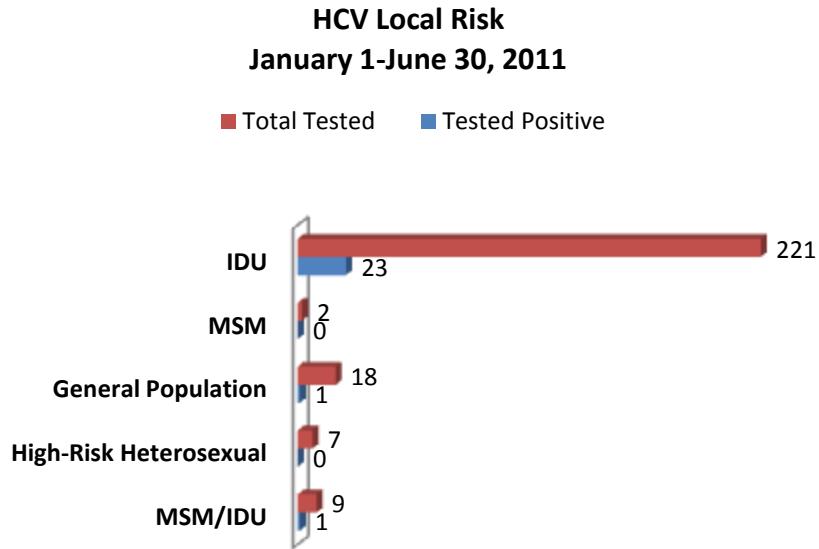
During the second quarter, IRIS data indicated that 70 doses of hepatitis A, 12 doses of hepatitis B, and 1,129 doses of combination hepatitis A and B were administered to at-risk individuals.

Many agencies have expressed concern about the increasing difficulty in reaching high-risk clients; however, progress is still being made. Agencies have tested 230 IDUs for hepatitis C this year. That makes up 89% of all the clients tested. Of these, 24 IDUs were identified as HCV-positive. That means 96% of our positives were IDUs. Monthly reports indicate agencies have increased the percentage of high-risk clients being offered HCV testing and adult hepatitis A/B immunizations. Please refer to the criteria listed below.

Hepatitis CTR Program

2nd Quarter Summary, April 1-June 30, 2011

Shane Scharer, Adult Viral Hepatitis Prevention Program Coordinator



HCV CTR Priority Populations

- Persons who have ever injected drugs;
- Injection drug users who have ever shared needles or other equipment;
- Persons who received blood, blood products, or organ transplants prior to 1992; and
- Persons ever on long-term hemodialysis.

Hepatitis A and B Immunizations Priority Populations

- Persons who have ever injected drugs;
- Non-injection drug users;
- Men who have sex with men;
- Persons who were diagnosed with an STD within the last year;
- HIV and/or HCV-infected persons; and
- Sexual partners of persons infected with HIV, hepatitis A (HAV), and/or hepatitis B (HBV).

For questions about these Hepatitis data, please contact Shane Scharer (shane.scharer@idph.iowa.gov).

Disease Prevention Specialists (DPS): Your Regional Contact for Reportable STDs

LaShaina Woods, Disease Prevention Specialist, IDPH

Disease Prevention Specialists (DPS) are regional contacts for the Iowa Department of Public Health. The DPS work out of regional field offices and assist in public, community, and municipal needs related to disease prevention and control, education, counseling, and case management/referral services. While DPS primarily work with issues related to *Chlamydia*, gonorrhea, syphilis, HIV/AIDS, and hepatitis C, they also network with and can provide referrals to providers within other parts of the public health system.

More specifically, the DPS:

1. Develop partnerships and make referrals to community resources addressing broad social issues that influence sexual health. These community resources include substance abuse treatment providers, family planning agencies, domestic violence shelters, case management agencies, and mental health services.

2. Serve as a liaison to other health partners, including private health care providers, hospital emergency departments and infection control practitioners, managed-care organizations, community-based organizations, and local public health departments.

3. Develop and offer education and technical assistance to community members, at-risk populations, public and private health professionals, school officials, community-based organizations, laboratory personnel, and correctional facilities on issues related to:

- Testing and treatment guidelines;
- Iowa laws and rules pertaining to communicable disease control and reporting;
- Program collaboration and service integration; and
- National and local disease trends and epidemiology.

4. Ensure patients and their at-risk partners receive timely and low-to-no-cost access to STD/HIV testing and treatment, prevention counseling, and case management services.

5. Conduct outreach screening and targeted testing in partnership with clinic locations throughout their assigned regions.

6. Work with local public health departments and other state health department employees to respond to emergencies and disasters and to contain outbreaks of communicable infectious diseases.



IDPH Regional Disease Prevention Specialists (Left to Right): Jodie Liebe (Sioux City), Linda McQuinn (Council Bluffs), LaShaina Woods (Des Moines), Gina Mallett (Waterloo), Mary Costello (Davenport), Shannon Wood (Iowa City)

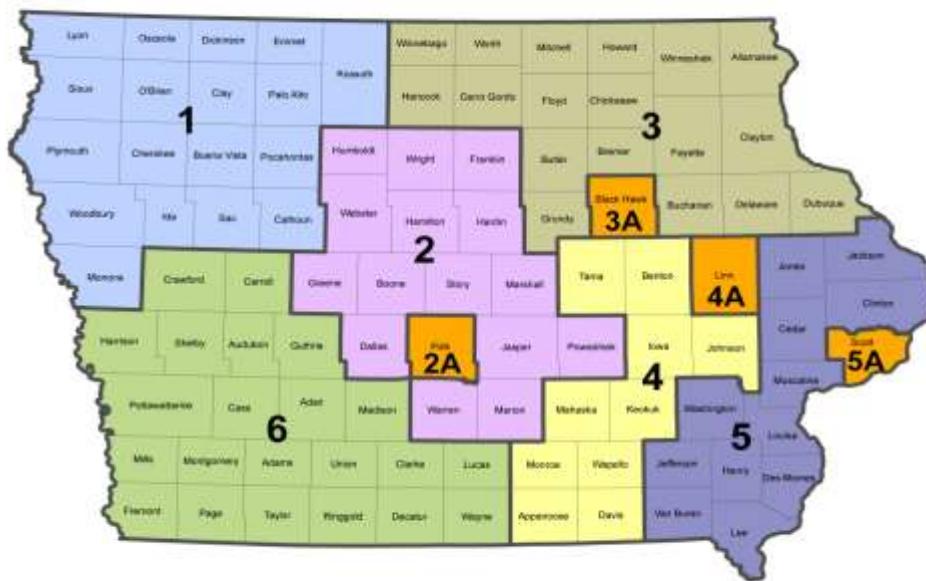
How can you assist the DPS?

- Be an advocate for Partner Services.
- Tell the client the DPS will be contacting them.
- Give the client the DPS' name and phone number.
- Give the client the DPS handout. This explains our role in detail.
- Report positive test results and treatment information in a timely manner.
- Test both the client and their partner(s).
- Provide partner information to the DPS.
- Invite the DPS to tour your clinic.

How can the DPS help you?

- Locate clients who do not return for positive results or those who are difficult to reach.
- Locate clients who need treatment.
- Provide assistance with HIV/STD reporting.
- Conduct in-service for clinic staff.
- Counsel clients with special circumstances.
- Perform Corrections Outreach.
- Locate resources for clients.

Contact Your Regional DPS



Area 1: Jodie Liebe

Siouxland District Health Dept

712-234-3926

jodie.liebe@idph.iowa.gov

Area 2: LaShaina Woods

Iowa Dept of Public Health

515-281-6087

lashaina.woods@idph.iowa.gov

Area 3: Gina Mallett

Black Hawk County Health Dept

319-292-2235

gina.mallett@idph.iowa.gov

Area 4: Shannon Wood

Johnson County Public Health

319-358-1834

shannon.wood@idph.iowa.gov

Area 5: Mary Costello

Scott County Health Dept

563-326-8216

mary.costello@idph.iowa.gov

Area 6: Linda McQuinn

Council Bluffs City Health Dept

712-328-3194

linda.mcquinn@idph.iowa.gov

HEALTH EDUCATION / RISK REDUCTION (HE/RR)

2ND Quarter Summary, April 1—June 30, 2011

Patresa Hartman, Prevention Program Evaluation Coordinator

Success

- Thanks to June events—PRIDE celebrations, Juneteenth, and National HIV Testing Day—this was a big quarter for community outreach. Agencies set up booths at area festivals to recruit for CTR testing and HE/RR programming, distribute condoms and safe sex kits, and raise awareness about risk and protection.
- Some agencies have modernized and updated curricula and materials. For instance, Cody and Zach at Johnson County turned the *Mpowerment* project script into a contemporary DVD.
- Agencies are still making progress in working with faith communities for outreach. Black Hawk County and Allen Women's Health continue to implement SiHLE in local African-American churches. The same churches have also requested outreach HIV testing for African-American women.
- AIDS Project of Central Iowa is making strides to serve serodiscordant couples, recently facilitating a workshop called *Serodiscordant Love* at PITCH's Wellness Summit. Facilitators hear a lot of positive feedback from participants.
- Great personal success stories from CLEAR, SISTA, SiHLE, Healthy Relationships, and Reach One Teach One.

Challenge

- Several agencies reported trouble recruiting for HE/RR programs—especially active IDUs, HIV+ clients, and Black/African-American MSM. Some have also reported some trouble retaining participants in multi-session interventions. Overall, there seems to be a general and consistent trend in which agencies are forced to compete with participant concerns: e.g., transportation, childcare, finances, legal issues, work and school schedules, priorities, and belief systems (e.g., is it okay to talk about sex?). Agencies are encouraged to carefully examine what they bring to the table and how what they offer rank against (or satisfy) the list of client needs and concerns. How closely are incentives matched to what clients need and want? How closely does the actual *structure* of the program (e.g., time, place, location, childcare, transportation) reflect what the clients need and want?
- Some community partnerships have either been slow to form or slow to produce, as agencies report unexpected resistance to programming and/or disappointing outcomes from initial collaborations.



For questions regarding these data, contact Patresa Hartman (patresa.hartman@idph.iowa.gov) or Patricia Young (patricia.young@idph.iowa.gov). For descriptions of HE/RR interventions, visit www.effectiveinterventions.org. For a list of HE/RR projects around the state, [click here](#).

PROJECT SPOTLIGHT

**SiHLE: Sisters Informing, Healing,
Living, & Empowering**
Allen Women's Health, Waterloo



Heather Roby, Individual Health and Pregnancy Prevention Counselor, Youth of Color Coordinator @ Allen Women's Health, Waterloo

As Youth of Color Coordinator, I facilitate a program for African American girls entitled *SiHLE*. SiHLE is a HIV prevention/ pregnancy prevention program for African American girls ages 14-18. SiHLE stands for *Sisters Informing, Healing, Living, and Empowering*.

In SiHLE, we use culturally relevant materials and promote sisterhood while also empowering the girls to become advocates for their own sexual health. The reason for culturally based curriculum reflects that of national statistics on HIV/AIDS/STDS. African Americans have highly disproportionate rates of disease all across the board but especially when it comes to STDS.



The SiHLE curriculum is divided into four sessions. The first session is called *My Sistas, My Girls*. During this time, we explore what it means not just to be a woman, but an African American as well. In the second session, *It's My Body*, we discuss STD/HIV/AIDS, goals, futures, and how an STD or unplanned pregnancy can affect the future. The third session is called *SiHLE Skills*. In this session, we learn about communication skills and correct safer sex methods. Session three tends to be the girls favorite unit because they get a chance to practice what they have learned with role play and demonstration.

The fourth and final session is *Relationships and Power*, and we discuss healthy/unhealthy relationships and local community resources. The session is then wrapped up as the girls teach back what they learned. We also have a graduation party where the girls are given a certificate of completion and gift card.

After sessions are completed, participants have the opportunity to apply as a near peer, collaborating with Amberai Pancratz, our other adult facilitator, or me in future SiHLE sessions. The near peer position is paid and also gives the girls practice on the importance of job responsibility.

Since the first day I was introduced to the program, I've enjoyed the time and work I spend presenting SiHLE. The SiHLE program is wonderful. Not only am I empowering younger African American girls, but I'm also building confidence in myself and showing that stereotypes can be broken. Personally, SiHLE has boosted my self-esteem and how I look at myself. As an African American girl growing up in Iowa, I questioned myself, my beauty, my intelligence, and my sense of worth and dignity. Over the past two years, I have taken the SiHLE curriculum to heart. I'm thankful for the opportunity given to me, the people I work with and have worked with, and most of all, the wonderful girls I have met.

For more information about SiHLE, [[click here](#)] or contact Heather Roby (RobyHA@ihs.org).

Project Connect:

Integrated Response to Intimate Partner Violence and Reproductive Coercion

Binnie LeHew

Office of Disability, Injury & Violence Prevention

IDPH is beginning Year 3 of Project Connect in partnership with [Futures without Violence](#) and nine other national sites. This project supports our efforts to better identify and respond to people at community public health clinics who are experiencing interpersonal violence. Studies link the impact of that violence on clients' abilities to receive routine care, to follow-up on treatment regimens, and to have control over their own sexual health.

In December 2010, regional DPS staff and several local health departments participated in a one-day Project Connect training session. One of the pilot sites was Blackhawk County Health Department, which trained its entire staff, reviewed and updated its client assessment form to include Intimate Partner Violence (IPV) and Sexual Violence (SV), and offered educational materials to clients regarding partner abuse and reproductive coercion. Staff commented to IDPH that before the training, they had not been able to make the connection between IPV/SV and the failure of some clients to get treatment or to take health precautions. Now they see the impact that being in a controlling relationship can have on people's "choices."

During the remainder of this project, there are posters, educational materials, and training resources available for free. If you are interested in more information or in obtaining some of these resources, please contact Binnie LeHew at (515) 281-5032 or vivian.lehew@idph.iowa.gov.

CALENDAR

Oct 7	Interdisciplinary HIV Conference Midwest AIDS Training & Education Center (MATEC) Iowa City [Click for more information.]
Oct 13 1:00-8:00 p.m.	Community Resources Uniting for Sexual Health (CRUSH) Allen College, McBride Auditorium 1825 Logan Ave, Waterloo <i>RSVP required by Oct 7</i> Contact: Kaitlin Emrich kemrich@co.black-hawk.ia.us 319-291-2413
Oct 18-20	Fundamentals of HIV, Hepatitis, & STD Prevention Counseling Des Moines Contact: Shane Scharer shane.scharer@idph.iowa.gov [Click to register.]
Early Nov	National HIV/AIDS Strategy Dialogue: <i>Maximizing Impact in Low-Prevalence Jurisdictions</i> Des Moines Date, Time, Location to be announced [Click for more information.]
Nov 17	Community Planning Group (CPG) bi-monthly meeting Des Moines Contact: Pat Young patricia.young@idph.iowa.gov