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Bureau of HIV, STD, & Hepatitis

Quarterly Newsletter (1) :: January—March 2011

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From Randy Mayer, Bureau Chief

Hello, and welcome to the first newsletter of the Bureau of HIV, STD, and Hepatitis. The idea of the newsletter was to improve communication between the bureau and those who are delivering HIV, STD, and hepatitis prevention, surveillance, and care programs across the state. More specifically, we would like to use the newsletter as a vehicle through which we can improve prevention and care services in Iowa. We will try to do this by describing the services and programs we fund, and by reflecting on data that we collect to help prevention and care providers make decisions on policies, unmet needs, and service gaps in the state. At the same time, we will try to keep you abreast of new programs, resources, and policies that may affect the work that you do and the lives of those living with or affected by HIV, STDs, and viral hepatitis.

The *Patient Protection and Affordable Care Act* and the *National HIV/AIDS Strategy* are two recent national developments that will shape the work of all of us for the next few years. As we learn more about these two monumental forces, we are sure that there will be significant changes in our programming. Planning for these changes is beginning now.

Pat Young, our HIV Prevention Program Manager, discusses some of the implications of the *National HIV/AIDS Strategy* for Iowa in this newsletter. In future newsletters, we'll discuss the implications of the *Patient Protection and Affordable Care Act*. Many of these details are still being worked out as the law is beginning to be implemented.

I hope you find the information presented here helpful. Let us know what other information you would find useful, and we'll try to present it to you in the next newsletter. Thanks for all you do to promote and protect the health of Iowans.

Randy Mayer, *Bureau Chief*

HIV Prevention Program
Pat Young, *Program Manager*
Patresa Hartman, *Program Evaluation*

HIV Surveillance
Jerry Harms, *Surveillance Coordinator*
Al Jatta, *Surveillance Officer*
Anna Herring, *Surveillance Assistant*

Ryan White Part B Care & Support Services
Holly Hanson, *Ryan White Part B Manager*
Amy Wadlington, *Client Services*
Karen Quinn, *ADAP, Contracts, & Fiscal*
Kelsey McGarvey, *Program Assistant*

STD Prevention
Anna Bode, *Data Coordinator*
Colleen Bornmueller, *IPP Coordinator*
Pat Goodmanson, *STD Program Assistant*

Adult Viral Hepatitis Prevention Program
Shane Scharer, *Program Coordinator*

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Gina Mallett, *Waterloo*
Linda McQuinn, *Council Bluffs*
Shannon Wood, *Iowa City*
LaShaina Woods, *Des Moines*

Cross-Program Support Staff
Valerie Emberton, *Administrative Assistant*
Karen Quinn, *Contracts & Fiscal*
Laura Pimlott, *Program Assistant*

Implications of NHAS on Iowa's HIV Prevention Programs

- HIV prevention funding will move to *formula funding*, with redistribution of funds to highest incidence areas; and funding will be tied to *performance*.
- CDC will establish new standards for reviewing state and local prevention plans.
- States will need to develop statewide HIV/AIDS plans – to enhance coordination between *planning* and *resource allocation*.
- Emphasis will be on interventions that are scalable, that target high risk individuals, and that focus on HIV-positive individuals.
- States will measure and utilize ***community viral loads*** to focus the intensity of prevention.
- We must use the best "mix" of prevention programming using modeling.
- New guidance on "Prevention with Positives" will be provided.
- States will be encouraged to use structural interventions (e.g., condom distribution, screening policies, and access to needles).

National HIV/AIDS Strategy (NHAS)

Patricia Young, HIV Prevention Program Manager

On July 13, 2010, the White House released the National HIV/AIDS Strategy (NHAS). This ambitious plan is the nation's first-ever comprehensive coordinated HIV/AIDS road map with clear and measurable targets to be achieved by 2015. The vision for the strategy is that *the United States will become a place where new HIV infections are rare, and when they do occur, every person regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high-quality, life-extending care, free from stigma and discrimination*. (Read the Strategy at: http://www.whitehouse.gov/administration/eop/onap/).

The Strategy is a road map that sets goals and defines metrics. It is not a comprehensive list of all activities but is a concise plan that identifies a set of priorities and strategic action steps tied to measurable outcomes.

The three primary goals are to:

1. Reduce new HIV infections;
2. Increase access to care and improve health outcomes for People Living With HIV/AIDS; and
3. Reduce HIV-related disparities and health inequities.

The plan has a separate Federal Implementation Plan that contains specific steps to be taken by various federal agencies to support the high-level priorities outlined in the Strategy.

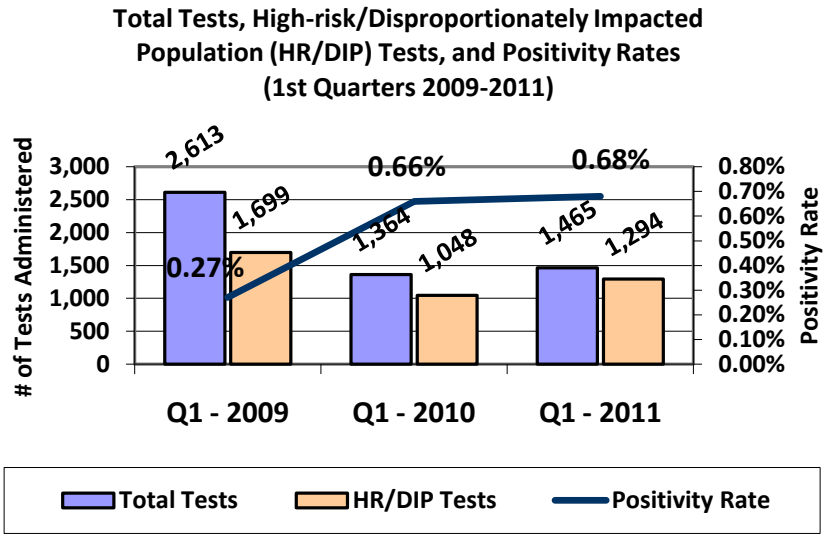
IDPH will be asked to respond to the various components of the strategy through our new HIV Prevention Funding Opportunity Announcement (FOA) which will be released in June and will start in January 2012.

Once we receive the new FOA, we will have a better understanding of the CDC's expectations. We have heard that any funding changes will be phased in over three years. Stay tuned…..

HIV Counseling, Testing, & Referral (CTR): 1st Quarter, January 1-March 31, 2011

Patresa Hartman, Prevention Program Evaluation Coordinator

Success. Many of our CTR agencies are well on-track to meet annual goals for testing. Collectively, **88%** of CTR tests have been administered to individuals from high-risk and/or disproportionately impacted populations (HR/DIP), which is *outstanding*. Staff is thoughtful about screening clients and how they manage the 20% "lower risk" allowance—for those clients whom counselors sense are not disclosing everything, for clients exceptionally fretful, and for free testing at special events. These successes are reflected in both the positivity rate (.68%), and the raw number of positives identified (10), which are the highest 1st quarter figures our CTR program has seen in at least 5 years. This does not necessarily mean more individuals are becoming infected; it's a better measurement of our ability to find these individuals and offer them and their partners care and risk reduction strategies.



Agencies exhibit a willingness to work together. Polk County and AIDS Project Central Iowa (APCI) continue strong partnerships, including a recent event in Des Moines, *I'll Make Me a World in Iowa*, which celebrates African-American culture and contributions. Betty Krones at Cerro Gordo County Health and Rachel Stolz at Council Bluffs City Health recently met to discuss best practices in jail testing. Johnson County Health collaborates with ICARE/MECCA, a Health Education and Risk Reduction (HE/RR) provider, for testing and educational events. Siouxland District Health and Jackson Recovery (another HE/RR provider) also collaborate for testing. Siouxland Community Health Center and APCI are working together on directly-funded CDC projects that aim to increase services for Iowa's Men Who Have Sex With Men (MSM).

ABOUT CTR SERVICES

IDPH funds 11 agencies throughout Iowa to conduct HIV Counseling, Testing, & Referral (CTR) activities. IDPH holds Memoranda of Agreement with 2 additional agencies, and supports 6 state-sponsored Disease Prevention Specialists (DPS) who, among several other duties, conduct HIV testing through Partner Services.

The test counseling session centers on discussion of risk behaviors—what behaviors the client discloses that contributed to an increased risk for HIV infection and what new behaviors the client may adopt in order to prevent future infection.

Our CTR contractors are involved in their communities. Hillcrest Family Health spread the prevention message to approximately 2,200 individuals in Dubuque County via presentations and participation in several health fairs. Linn County Health is participating in *The Sexual Health Alliance* to better serve Linn and Johnson Counties and helped plan *Get Yourself Tested (GYT)* activities at local colleges and universities. Jen Wuebker at Webster County Health has forged a relationship with a local minority youth mentor. Betty Krones at Cerro Gordo is collaborating with PFLAG and a local high school.

Challenge. Some agencies voice concerns about reducing the number of tests administered, due to more restrictive eligibility requirements. However, Tyler Brock at Siouxland District Health made an important observation in that although the increased screening has reduced the numbers of tests administered, it's given counselors more time with individuals to improve the quality of the test counseling session. This is an excellent reminder that although we measure much of our progress quantitatively, the *quality* of the interaction between counselor and client is critical to changing risk behavior. A thousand individuals may be tested, but if the true connection to risk reduction is never made, they may continue to engage in unsafe practices.

Resources for Contractors. All agencies should have received new resources in the first quarter: 1) a **CTR Measurement Guide** that describes how to find the data for each HIV and Hepatitis CTR goal, including which Reflexx reports to run and which figures to record; and 2) **CTR Risk Assessment Training Materials**, including annotated forms and a transcript of a sample test counseling session exercise. Darla Peterson at Siouxland Community Health used this creatively for skill development, introducing it at a staff meeting and inviting counselors to role play. Agencies may choose to write some of their own (if so, feel free to share!). If any CTR agency needs any of these materials, please contact Patresa Hartman, Program Evaluation Coordinator (patresa.hartman@idph.iowa.gov). For a list of CTR agencies, click here.

HIV/AIDS Iowa Surveillance

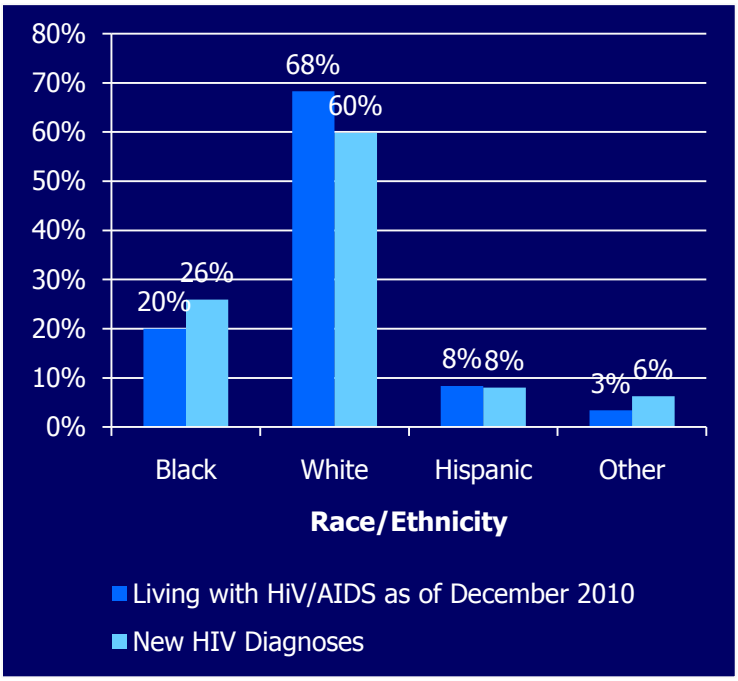
Jerry Harms, HIV Surveillance Coordinator and Al Jatta, HIV Surveillance Officer

Iowa's HIV Surveillance Program reports the following trends in new and existing HIV/AIDS diagnoses in Iowa. For more details, stay tuned for the soon-to-be-released *2010 End-of-Year HIV/AIDS Surveillance Report*.

DEMOGRAPHIC TRENDS

- As of December 31, 2010, there were 1,828 Iowans living with HIV/AIDS: 1,248 persons were white, non-Hispanic; 365 black, non-Hispanic; 153 Hispanic, and 62 were of other race/ethnicity, non-Hispanic.
- There were 112 new HIV/AIDS diagnoses in 2010; 12 fewer than in 2009, but in line with the five-year average of 114. Of these, 67 persons were white, non-Hispanic; 29 black, non-Hispanic; 9 Hispanic; and 7 were of other race/ethnicity, non-Hispanic.
- As shown in the chart, white persons were 68% of those living with HIV/AIDS, but only 60% of new diagnoses. In contrast, black persons were 20% of persons living with HIV/AIDS, but 26% of new diagnoses in 2010. This is consistent with the finding that black, non-Hispanic persons were 14 times more likely to be diagnosed with HIV in 2010 than were white, non-Hispanic persons.

Percentage Distribution by Race/Ethnicity: Persons Newly Diagnosed with HIV in 2010 compared to Persons Living with HIV/AIDS as of December 31, 2010

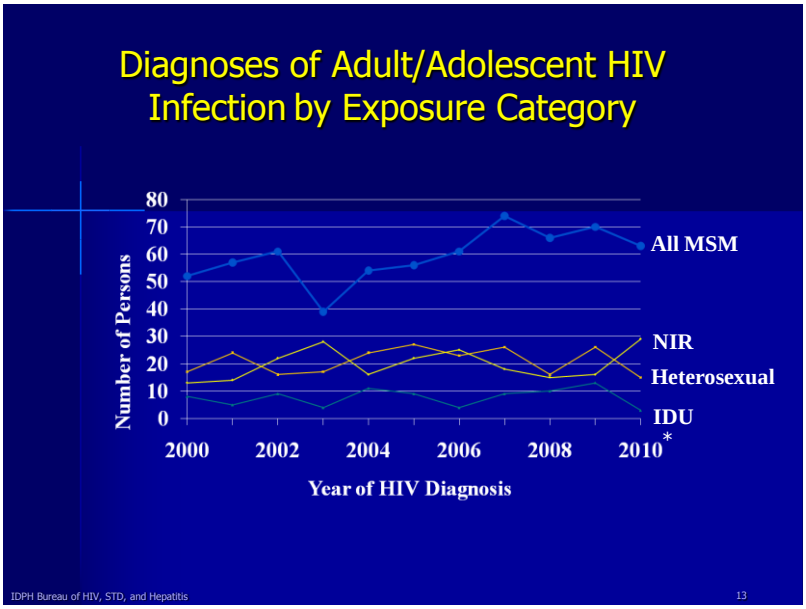


EXPOSURE CATEGORY / RISK BEHAVIOR TRENDS

- Men who have sex with men (MSM) continued to account for more than half (54%) of all exposures to HIV. A decrease in the no identified risk (NIR) category for 2010 is expected pending the processing of partner services interviews.

- MSM accounted for almost two-thirds (64%) of all male exposures to HIV. The proportion of MSM was even greater among males 15 to 24 years of age. Of the 20 males in this age group, 17 (85%) reported MSM as their mode of exposure.

Diagnoses of Adult/Adolescent HIV Infection by Exposure Category January 1, 2000—December 31, 2010



RYAN WHITE PART B UPDATE *Holly Hanson, Ryan White Part B Manager*

Holly Hanson, Amy Wadlington, and Karen Quinn have hit the Iowa roads this spring for annual Part B site visits. In 2011, these site visits include both supportive services and fiscal components. All contractors are doing an excellent job documenting the great work they're doing.

In FY 2010, Iowa case managers served **967** unduplicated clients. AIDS Drug Assistance Program (ADAP) 6-month recertification documentation has improved dramatically from last year, as have intake assessments and care plans. It's exciting to move into a new decade of care with such excellent skill level, common language, and passion when helping Iowans with HIV achieve better health outcomes.

To that end, Amy Wadlington attended the 2011 HIV Social Work Conference, *Medical Case Management Institute*, in Atlanta this May. Specific training modules were examined and will provide the basis for an Iowa Medical Case Management Certification program. Examples of modules include HIV 101, Ethical Issues, Care Planning, Crisis Management, and Stages of Change/Risk Reduction. The Part B Program will present several modules at the **Ryan White 101 training on August 4th, 2011** (for new Part B case managers and administrators), and at the **Annual Part B Capacity Building on September 22 and 23, 2011** (for ALL Part B case managers and administrators)**.**

In an effort to "work smarter, not harder," the IDPH Part B staff attended a 2-day HOPWA (Housing Opportunities for Persons with AIDS) training in April. IDPH Part B staff will continue to prioritize coordination and collaboration with the HOPWA program to help minimize duplication.

Also, in April, IDPH Part B staff held the annual *Iowa All-Grantee* meeting where Part B and Part C agencies discussed how the *National HIV/AIDS Strategy* and the *Affordable Care Act* might affect their work in the future. IDPH staff learned more about this topic at the annual NASTAD meeting in May. We anticipate having a session on this topic at the annual capacity building in September. Conversation and planning also occurred regarding a statewide **Quality Management** plan and measures to incorporate cross-cutting vision and goals for Parts B and C. A draft plan will be available by July 2011.

Finally, the third comprehensive **consumer needs assessment** is underway. It is an attempt to reach all Iowans living with HIV to assess how HIV has affected them, what services are needed, and what their living circumstances are. The information obtained through the survey will be critical in updating the *Statewide Coordinated Statement of Need* and *Strategic Plan*, due to the Health Resources and Services Administration in June of 2012. An online survey is available this year for the first time and is proving to be well received by many. Paper surveys are still available in both English and Spanish for those unable to access the Internet. Special thanks to all of our partners in collaborating with us on this project!

AIDS DRUG ASSISTANCE PROGRAM (ADAP)

Holly Hanson, Ryan White Part B Manager and Caitlin McSweeny, ADAP Administrator

The Iowa AIDS Drug Assistance Program (ADAP) has had an eventful year. After receiving over $650,000 in federal ADAP emergency relief funding in August 2010, the program was able to clear the waiting list in September 2010 and open the program in November 2010, after being closed to new enrollees for over 16 months.The program has enrolled 218 clients in the program since this time. In the first quarter of 2011, ADAP served 527 clients, 30 of whom were new to the program.

One of the most exciting ADAP expansions is that of assisting clients with their insurance premiums, deductibles, and co-pays. Doing so reduces expenses for the ADAP while offering our clients all of the health services provided by insurance. Please contact the ADAP office if you have a client who might be eligible for this service.

The new Ryan White fiscal year began in April 2011, but we are operating under a continuing resolution at the federal level and under continuing budget negotiations at the state level. What that means is that the program is still waiting to hear what our total funding will be for 2011 – 2012. ADAP continues to monitor funding and utilization to ensure continued viability of the program and to deliver life-saving medications to those Iowans most in need. If the program does not receive level funding, additional cost-containment strategies will likely be required.

As many know, Caitlin McSweeny has left the bureau and moved to Oregon. We thank Caitlin for her hard work and wish her all the best in her new adventure.

PREVENTION FOR POSITIVES

Did you know? Iowa Department of Public Health funds the following two Health Education/Risk Reduction (HE/RR) interventions for People Living with HIV/AIDS. To learn more and/or make referrals, contact the agencies listed to the right.

CLEAR (Choosing Life: Empowerment! Action! Results!) includes *at least* 5 one-on-one sessions with a specially trained counselor. Discussions and skills-building exercises are individualized, and based on the specific needs of the clients. Topics may include how to disclose status, developing healthy coping strategies, adherence to medical therapy, condom negotiation with sexual partners, needle cleaning for injection drug users, and various mental health or substance abuse issues.

HEALTHY RELATIONSHIPS is an annual weekend retreat facilitated by the Siouxland Community Health Center. During the retreat, HIV-Positive individuals from all over Iowa connect with other HIV-positive individuals as they identify triggers and barriers, practice disclosing their positive status, learn healthy coping strategies, and explore risk reduction strategies. Movie clips promote discussion, and there are incentives for attending. Transportation help is available.

PLEASE CONTACT:

CLEAR
Sioux City & surrounding area
Darla Peterson
712-252-2477

Iowa City & surrounding area
Kurt Pierick or Carol Paper
319-338-2135

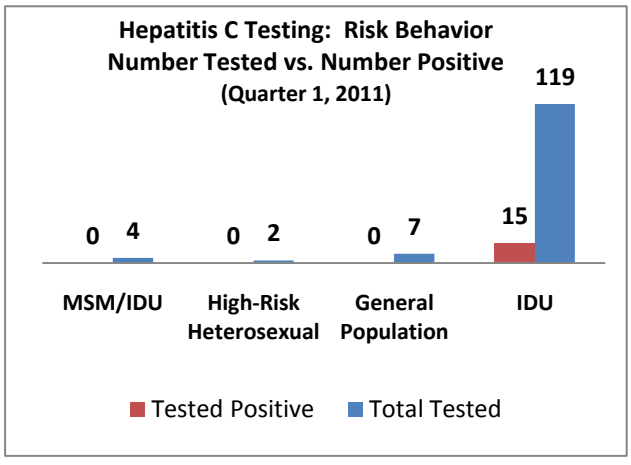
Des Moines & surrounding area
Greg Gross 515-284-0245

HEALTHY RELATIONSHIPS
State-wide
Darla Peterson
712-252-2477

Hepatitis CTR Program: 1st Quarter, January 1-March 31, 2011

Shane Scharer, Adult Viral Hepatitis Prevention Program Coordinator

During the first quarter, counseling, testing, and referral (CTR) agencies tested 132 high-risk individuals for hepatitis C. **Fifteen individuals (11%) were identified as positive.** In addition, immunization data indicated that 38 doses of hepatitis A, 3 doses of hepatitis B, and 579 doses of combination hepatitis A and B were administered to at-risk individuals.



According to quarterly reports, agencies have increased collaboration and outreach, and continue to reach large numbers of injection drug users (IDUs). As the graph displays, agencies tested 119 IDUs last quarter. All 15 individuals testing positive for HCV were IDUs.

There is concern about ensuring that at least 90% of all hepatitis A and B vaccine doses are administered to individuals who qualify as high risk. As a reminder, individuals who should be offered hepatitis A and B vaccines under the CTR grant are:

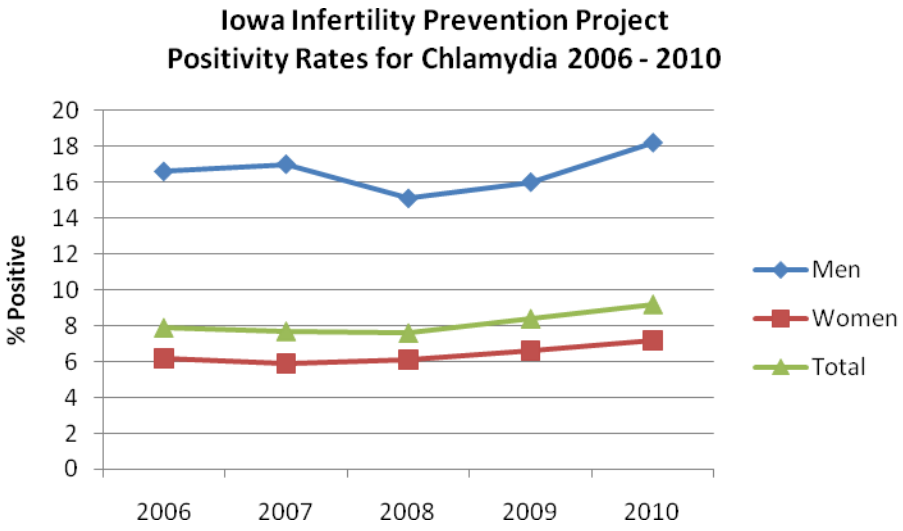
- Persons who have ever injected drugs;
- Non-injection drug users;
- Men who have sex with men;
- Persons who were diagnosed with an STD within the last year;
- HIV and/or HCV-infected persons; and
- Sexual partners of persons infected with HIV, hepatitis A (HAV), and/or hepatitis B (HBV).

Infertility Prevention Project (IPP)

Colleen Bornmueller, IPP Coordinator

IPP Data Report

Reported cases of chlamydial infection increased by 12% from 2009 to 2010. There were 9,406 cases reported in 2009 compared to 10,542 in 2010. Only 44% of the cases were reported from Iowa IPP providers; the IPP usually finds closer to 49% of the cases of *Chlamydia*. Despite the increase in cases, there was an 8% decrease in testing at IPP sites this past year. The reduction in testing may be attributed to stricter screening criteria and to enforcement of those criteria by the laboratory. It may have also been influenced by decreases in clinic hours and clinician availability in some family planning clinics. Although total tests performed were down, positivity rates for both Chlamydia (CT) and gonorrhea (GC) at IPP sites were up. CT increased from 8.4 to 9.2% and GC increased from 1.2 to 1.3%. For the first quarter of 2011, IPP providers submitted a total of 12,957 specimens for processing. There were 1,108 CT positives (8.6%) and 175 GC positives (1.4%).



Iowa IPP Update

The annual Iowa IPP Update Webinar was held Tuesday, June 7th. This training was provided in conjunction with the State Hygienic Laboratory and the Regional IPP training office, Development Systems, Inc. The focus this year was on the role of the Disease Prevention Specialist (DPS); especially as it relates to reporting STDs, partner notification, and the use of Expedited Partner Therapy (EPT). Two of the state DPS presented with the Iowa IPP Coordinator. In addition, one Family Planning provider talked about how she works with the DPS in her area and how she uses EPT in her clinic. At least one staff person from each IPP site was required to participate the day of the program. The webinar is archived at http://www.uhl.uiowa.edu/educationoutreach/conferencesevents/ipp/. Contact Colleen Bornmueller, IPP Coordinator, with questions at 515-288-9028 or cbornmueller@fpcouncil.com.

Gonorrhea Screening & Prevention Guides for Providers

LaShaina Woods, Disease Prevention Specialist

The Iowa Department of Public Health's Disease Prevention Specialists (DPS), in partnership with Family Planning Council of Iowa (FPCI) and the Infertility Prevention Project (IPP), have teamed up to create gonorrhea screening and prevention pocket guides to help providers target people at risk for gonorrhea in Iowa. The pocket guides are a follow-up to IDPH's Gonorrhea Control meeting that took place fall of 2010. Over the past ten years, diagnoses of gonorrhea have been slowly increasing in Iowa. The Bureau of HIV, STD, and Hepatitis is making a concerted effort to focus on reversing this trend.

Gonorrhea is a sexually transmitted bacterial infection caused by *Neisseria gonorrhoeae*. In Iowa, sexually active teens and young adults ages 15 to 29 account for 80% of diagnoses of gonorrhea. Highest reported rates of infection are also found among African American/Black, Latino/Hispanic, and Native American individuals. Areas within Iowa that see the highest prevalence of gonorrhea infection include Black Hawk, Des Moines, Linn, Polk, and Scott counties. Rates in these counties exceed 1 per 1,000 persons.

Marketing of the guides will primarily target these counties. It is hoped that the guide will be used as a tool for primary care providers. It will highlight state prevalence data, gonorrhea-specific diagnosis information, treatment recommendations, and partner service information.

The pocket guides will be printed and distributed this summer to private providers, community health centers, and other community programmers working with target populations and within target areas. For more information about the Gonorrhea Screening and Prevention pocket guides, please contact: Colleen Bornmueller, IPP Coordinator, Family Planning Council of Iowa, at 515-288-9028.

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PROGRAM SPOTLIGHT

Online Community PROMISE AIDS Project of Central Iowa

Greg Gross, Men's Health Services Supervisor at AIDS Project of Central Iowa

Greg Gross *(left), Program Coordinator for Online PROMISE;* **Paul Whannel** *(right), Website & Marketing Development, and Interviews for Online PROMISE*

"What's your project?" That's a question The AIDS Project of Central Iowa will be asking Iowa's community of gay, bi, and other men who use the Internet to find sex with men (MISM) through a cutting edge adaptation of Community PROMISE that's done entirely online.

PROMISE (Peers Reaching Out and Modeling Intervention Strategies Effectively) is an evidence-based intervention approved by the CDC that has been used nationally for nearly 20 years. Before an online adaptation, PROMISE with MSM in Iowa could only reach guys in urban areas who were openly gay or bi and attended the bars. All Internet-using MSM, including rural MISM, who research has shown are especially at risk of HIV, weren't being reached. With the new program, we can reach those at risk—all across Iowa, in their own homes, at any time.

Right now, we're busily collecting data with surveys, interviewing HIV service providers, making observations of online profiles, and conducting close to 100 interviews with guys throughout the state to make sure our program is exactly what Iowa MISM need and want. In the next couple months, we'll begin to identify peer advocates who will reach out to friends and acquaintances online and will provide sexual health-related information and referrals. (CTR contractors may have noticed "Online Promise" under the "Referred from" options on CTR forms. If MSM report a referral from online, check the "Online Promise" option. More details will be shared with testing sites by early fall when the program will be taken to scale.) The home base for our efforts will be a website dedicated to engagement with Iowa's online community of MSM through blogs, columns, videos of role model stories, and interactive campaigns like *What's Your Project?* The campaign will move forward with a non-judgmental, holistic approach to sexual health that invites MISM to connect with other guys and re-connect with HIV prevention in a way that respects how ready they are to reduce risk and that promotes a buffet of options. What's our project, you ask? We're reinventing the future of HIV prevention in Iowa!

For more information, contact Greg (GregG@aidsprojectci.org) or Paul (PaulW@aidsprojectci.org) at APCI (515-284-0245).

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HEALTH EDUCATION/RISK REDUCTION INTERVENTIONS (HE/RR)

1st Quarter, January 1-March 31, 2011

Patresa Hartman, Prevention Program Evaluation Coordinator

- **561** individuals participated in at least 1 session of a multi-session intervention, including CLEAR participants.
- **85%** of the individuals enrolled in multi-session interventions completed all intended sessions (This excludes CLEAR participants who may continue sessions across multiple quarters.).
- **134** individuals participated in single-session interventions.
- **870** outreach contacts were made with members of priority populations.

Success. HE/RR agencies exhibit a strong client-focus. This is reflected in focus groups, client surveys, debriefing among facilitators at the close of a program, and asking meaningful questions about what motivates individuals to participate in interventions and what prevents them. All efforts are designed to tailor programs to the unique needs of the clients served. For instance, through focus groups, APCI learned that many older MSM in the Des Moines area feel role model stories should be more directed toward younger MSM and should feature individuals exhibiting safer behaviors. ICARE/MECCA in Iowa City is in the process of modernizing their Project SMART program for injection drug users to better address current needs of their clients. Siouxland Community Health Center is asking important questions about the role of CLEAR participants' HIV-negative partners in overall progress.

Agencies are creative and thoughtful about how they market their programs and the community partnerships they initiate. Johnson County Health's Momentum team, Cody and Zach, have established a partnership with *Working Group Theater*. Allen Women's Health & Black Hawk County, implementing SiHLE with teenage Black/African-American girls, have established important relationships with school programs like IMPACT, a middle school girls' basketball team, and a local high school's behavior disorder program.

Facilitators honor participants' personal triumphs achieved through the course of their programs. A SISTA participant at Jackson Recovery said the program helped her "find her voice" A participant in ICARE/MECCA's Project SMART said he finally had the courage to get an HIV test. A CLEAR participant at Siouxland Community Health Center has started using "I" statements in several areas of life.

Challenges. Many agencies continue to look for ways to expand the reach of their programs, get "out of the box," and recruit individuals who may benefit from HE/RR interventions. It can be a struggle to find clients who will commit. To address this, agencies may reach out to organizations in the community who may directly or indirectly influence priority populations—private physicians, community health centers, neighborhood centers, schools, food pantries, art communities, etc. More specifically, agencies find ongoing challenge in serving Black/African-American MSM who may not identify with or disclose as MSM.

Resources for Contractors. All agencies should have received an **HE/RR Measurement Guide** that describes how to find data for various HE/RR goals, including which Reflexx reports to run and which figures to record. For an additional copy of this guide, please contact Patresa Hartman at patresa.hartman@idph.iowa.gov. Also remember to visit www.effectiveinterventions.org for materials designed to help monitor fidelity to core elements. A calendar of related trainings around the country is also available.

ABOUT HE/RR INTERVENTIONS

The Bureau of HIV, STD, & Hepatitis funds 9 different agencies across Iowa—including the Department of Corrections, community health centers, community-based organizations, substance abuse facilities, and local public health clinics—to implement HIV Prevention interventions. Interventions target specific populations based on a common risk factor (e.g., men who have sex with men) and/or a common demographic (e.g., young Black/African-American women ages 14-19 years). Interventions may be community-, small group-, or individual-level, and seek to change behavioral norms related to sex and/or intravenous drug use. For more information about these interventions, visit www.effectiveinterventions.org. For a list of HE/RR projects around the state, click here.

FROM IDPH BUREAU OF SUBSTANCE ABUSE

Kevin Gabbert, IDPH
Project Director, Access to Recovery

Access to Recovery - Iowa (ATR) is a four-year grant awarded to IDPH by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (SAMHSA/CSAT). The purpose of ATR is to assist individuals recovering from substance abuse by reducing barriers and obstacles often experienced in recovery. Through an electronic voucher system, some of the services ATR funds are:

- Child Care
- Housing Assistance
- Integrated Therapy
- Life Skills Coaching
- Psychotropic Medications
- Recovery Calls
- Recovery Peer Coaching
- Spiritual Counseling
- Transportation
- Wellness

ATR is a voluntary program. In order to be eligible for services, an individual must be 12 years of age or older, have an income at or below 200% of the Federal Poverty Level Guidelines, and have a positive screening for a substance disorder.

Accessing services can be done through one of ATR's 28 Care Coordination providers located across the state. Counselors with a client who may qualify are encouraged to contact a Care Coordination provider for more information. To locate a Care Coordination provider in your area, call 1-866-923-1085 or visit the ATR website at www.idph.state.ia.us/atr.

For additional information, contact Kevin Gabbert: Kevin.Gabbert@idph.iowa.gov

CALENDAR

June 14-17 **SISTA Training**
Des Moines
Contact: Pat Young
patricia.young@idph.iowa.gov

July 14 **HIV Community Planning Group Meeting**
Des Moines

July 19-21 **Fundamentals of HIV, Hepatitis, & STD Prevention Counseling** *[click to register]*
Des Moines
Contact: Shane Scharer
shane.scharer@idph.iowa.gov

Aug 4 **Ryan White 101**
Des Moines
Contact: Amy Wadlington
amy.wadlington@idph.iowa.gov

Aug 19-21 **Healthy Relationships Weekend Retreat For People Living With HIV/AIDS**
Contact: Darla Peterson, 712-202-1021
dpeterson@slandchc.com

Sept 8 **HIV Community Planning Group Meeting**
Des Moines

Sept 22-23 **Ryan White Part B Capacity Building**
Des Moines
Contact: Amy Wadlington
amy.wadlington@idph.iowa.gov

Oct 7 **Interdisciplinary HIV Conference**
Midwest AIDS Training & Education Center
Iowa City
http://www.int-med.uiowa.edu/Education/MATEC/Events.htm

Oct 18-20 **Fundamentals of HIV, Hepatitis, & STD Prevention Counseling** *[click to register]*
Des Moines
Contact: Shane Scharer
shane.scharer@idph.iowa.gov

If you have an event you would like to appear in the next newsletter, contact Patresa Hartman (patresa.hartman@idph.iowa.gov).