



## Meeting Report August 28, 2007

A quorum equals 9 people. A quorum was present at this meeting.

### Attendance

#### Present

Bobby Edelen  
Gary Fowler  
Aunsha Hall  
Charlie Kessinger  
Michael Logsdon  
Theresa Mayfield  
Tim McAdoo  
Bruce Mullan  
Kathleen O'Malley  
Robert Stone  
Paul Trickle  
Deborah Wade  
Krista Wood

#### Representatives

Terry Stallion (Dr. LeBuhn)

#### KDPH Staff

David Clark  
Michael Hambrick  
Sigga Jagne  
Greg Lee  
Beverly Mitchell  
Stephen Ulrich

#### Guests

Paige McGuire  
Renée White

#### Absent

Beth Harrison Prado

#### Excused

Monica Smith

### Meeting Overview

David Clark, State Co-Chair welcomed everyone to the meeting. Robbie Stone, Community Co-Chair read the KHPAC ground rules.

#### Introduction of Guests

Tim McAdoo welcomed and introduced Paige McGuire to the meeting. Paige is the Deputy Warden of Mental Health Support at the Kentucky State Reformatory located in LaGrange. She does not represent the Department of Corrections, but does represent her Reformatory. They have 2004 inmates, 798 psych patients, and 46 known HIV positive inmates. Inmate ages are from 18 – 93, with an average of 37 or 38 years.

Deborah Wade welcomed and introduced Sylvia Ijoma – a social work masters student at the Wings Clinic for the academic year.

#### Update on KHPAC Position

Sigga Jagne said that interviews for the KHPAC position have been completed and taken to personnel. Kentucky is still under a hiring freeze, but we'll fill this position

hopefully by 9-16-2007. Robbie Stone asked if other Branch vacancies would be filled. Sigga said that she has written justifications to fill these, but no action has been taken.

### Year End Report – Part 1

Paul Trickel distributed a red-lined copy of the Year End Report for all to review, and gave an overview of the draft. Paul asked for any deletions. Sigga recommended dropping the KADAP request. Paul agreed that they have no wait list and cannot justify additional increases this year.

Krista Wood suggested that we add a section to the Year End Report on accomplishments for us to “thank” the legislators. Tim agreed to this idea. Robbie reminded the group that we were wanting to expand the KADAP formulary beyond HAART. Paul agreed, but said that they had never discussed it further. He said that the formulary has been broadened a little in the past few years (meds for opportunistic infections or “OIs”). Trista Chapman added that we don’t have all the allowable possibilities in the formulary (such as mental health). Covering all OIs would include Hepatitis C, which will require an additional \$500,000 per month to cover treatment. Following PHS guidelines, we need to cover Hepatitis C drugs. Currently people needing HCV treatment are getting it through patient assistance programs.

Gary Fowler said that he’s afraid to not have KADAP in the Year End Report, and suggested including HCV treatment. Trista recommended prioritizing KHPAC’s requests for funding. Paul listed these funding requests:

- Support HIV and HCV programs for correctional facilities.
- Surveillance program.
- HIV testing of inmates.
- Condom accessibility for corrections.

Trista added that thankfully we have drug rebates coming in that help, too. She would prefer the emphasis this year to go toward surveillance. The Branch is understaffed, even without the hiring freeze. We need to get our doctors reporting up to par. Otherwise, money will begin to go to other states.

Sigga added that 2008 is a new cycle for the surveillance grant. The state needs to kick in funding. We are working from several angles to increase surveillance activities since everything is driven by case numbers.

Bobby Edelen said that he wants to keep the guardianship issue a priority in the Year End Report. It’s not necessarily a “top” priority, but it should be up there (and it does not cost anything).

Paul asked the members vote to prioritize. Each member gets three votes, and should use them on their top three recommendations for the Year End Report. Here is the result of the voting:

Year End Report Priorities

Rank	Votes	Item
1	17	Funding of HIV Surveillance Activities
2	13	HIV Testing of Inmates
3	9	Support of HIV and HCV Initiatives for Correctional Facilities
4	8 (tie)	Guardianship of Minor Children
5	8 (tie)	Media Campaign
6	5	KADAP Funding
7	4	Condom Accessibility
8	3 (tie)	Harm Reduction
9	3 (tie)	HIV/AIDS Continuing Education for Health Professionals

The KHPAC members voted (10) to accept the priorities just made.

Paul worked on editing the KADAP piece to cover HCV treatment at \$6 million (6<sup>th</sup> priority). Robbie moved to accept this KADAP change. Motion passed.

Next Paul reviewed the Condom Accessibility recommendation. Sigga asked how such recommendations might be taken at correctional facilities. Paige said that since her facility is a medical one, they would be in favor of it. But she could not speak for others. Many in corrections would rather not recognize that there is more risk in jail than they care to admit. Sigga said that Vermont and Mississippi have made condoms available via agreements between public health and the department of corrections. Paige said that condoms would not be accepted without also a big push for education. If you want uniform policy across the state, you will have to legislate it. Most rapes in correctional facilities are reported, but most sex is actually consensual. Requesting an HIV test is seen by the inmates as an admission to breaking rules. Paul said that we need to get state administrators to make the next moves toward working together with the DOC. Tim suggested we identify a warden who supports the public health efforts that we've outlined. Paige said that Larry Chandler is her warden. Sigga said that it is already legislated that DPH and DOC work together, and that she has asked to meet with the DOC. Theresa Mayfield asked whether or not we were shooting ourselves in the foot by not asking for condom funds before expecting them to be distributed. Paul said this was done by CBOs in other states.

The American Correctional Association is responsible for training for the DOC. Educational information could be added for wardens.

KHPAC continued to meet during lunch.

Paul said there was no way that we have enough time to make any big changes in the Year End Report, but asked what other significant changes were needed. Dr. Mayfield said that money for condoms came from other agencies. The members voted to accept the condom distribution wording.

Bobby moved to deal with re-entry programs next year since we didn't get any update to this piece. Robbie wants to leave it in because it is so important. Deborah Wade said that they could really use some help with re-entry issues at their clinic. The members voted on the motion, which failed. The re-entry piece will stay in the Year End Report.

Robbie moved to keep the guardianship section as changed (with date change and minor edits done today). Motion passed.

The discussion on the Year End Report was suspended so that Dr. Jeff Jones could report on the needs assessment surveys.

#### Needs Assessment

David introduced Dr. Jeff Jones and Sharmi Ray of UK. Jeff began by explaining that they completed two surveys in one for the needs assessment; one for prevention and the other for care. 13 different sites were involved with the surveys. Jeff reviewed data from both surveys. He offered SPSS files on the data (e-mail him if interested). Comments on the needs assessment survey are due back to David by September 4.

Bruce Mullan asked how sincere the answers were on the surveys. Jeff noted that this is not a survey that is validated by re-surveying later. Generally, error rates are between 2% and 4%. These respondents are more used to being surveyed on sex and drugs, so they are probably more honest than most.

David said that the Branch would review Jeff's report within the next day or two. It will be due to the state on September 4 (before going to the CDC), so give any input to David before then.

#### Review of HIV Prevention Grant

Stephen Ulrich led the review of the Prevention Grant. Copies were mailed out to all with a request for questions or concerns to be directed to Stephen. There were none. We are at the end of a 5-year cycle, and are expecting level funding. We hope to see an increase in funding for next year. Sigga asked the group again for questions, comments or concerns. There were none.

Gary Fowler hoped that the recommended interventions will be more consistent with our prioritized populations (ie., 65% of prevention surveys were amongst heterosexuals, although MSM are a higher risk population).

#### Grievance Policy Update

Tim handed out a draft of a grievance policy and reviewed its points. Some timeframes were changed. Tim will bring an updated draft back to the next meeting. Robbie called for a consensus to accept the grievance policy with changes. Bobby wants to see finished document before agreeing. Robbie tabled the call for consensus.

### Technical Assistance on Reviewing HRSA Grant

David asked that members take note of the 4 guiding principles on the 2<sup>nd</sup> page of the Ryan White grant. The rest of the grant should be read with this focus in mind. David reviewed the grant guidance, budget, budget narrative and the program narrative.

Bruce asked whether the state saw this budget as adjustable or not. David said that we can move up to 25% without problems. David is still waiting for the final guidance. Once it is out, quick changes may need to be made. Therefore, KHPAC may have only a few days to review. David suggested that KHPAC members become familiar with the guidance and the documents that he provided today, in preparation for a short final turnaround time. Paul suggested also reviewing last year's documents before our next meeting. There is no need to wait on the guidance to get familiar with what was done last year.

### Year End Report – Part 2

Paul resumed reviewing the Year End Report. We still have no text on CDC's recommendation for routine testing. Sigga did get clarification on Kentucky law. The language that applies to those who "hold themselves out as a testing site" would exclude primary care physicians. In other words, there is no statute preventing routine testing as long as patient consent is gained. Paul said that KHPAC was going to write a positions paper for routine testing. Sigga said that a change in KRS would be needed.

Deborah Wade moved to strike routine testing from the Year End Report. The group had consensus.

The group also reached a consensus to use the rest of the Year End Report as is.

### "Parking Lot"

Tim stated that the new Medicaid Director should also be present at this meeting.

Tim also said that he was not going to be going to USCA, but will go to the CDC conference instead. Another member has asked if KHPAC could send them to USCA. This may be a closed issue, but we also don't know if we'll have enough funds to send them to USCA. We will look into these and get back to the requesting party.

Bruce asked for resolve on his concerns over the membership application. It has taken 10 months. David, Bruce and Robbie will talk after the meeting and plan a conference call for the three of them.

Robbie asked if there was any action taken on the Health and Welfare Committee report. Sigga said that we are currently waiting for the Year End Report to be submitted, and hopefully that staffing vacancies will be filled. Paul said that we normally need to get an agenda within the next month. Sigga will e-mail Charlie Kendall requesting a time.

Bruce asked if there have been any changes made to the KHPAC conference allocations. Sigga said that she still needs to look at the budget, and will do so. She will have information available at the next meeting.

Bruce asked if Greg Lee had any information on school curricula on HIV. Greg replied that he only deals with curricula for health care professionals, not high-school or middle-school students.

Bruce asked if Sigga had gotten with Dr. Humbaugh to clarify the definition of testing "sites." She had (see first item under Year End Report part 2).

Robbie asked why was HCV not included in the needs assessment survey. David said that this was an oversight. The survey was already very long, and HCV was not mentioned in all the input opportunities.

Robbie asked if Aunsha had reported any difference in the Lexington Resources. No.

Robbie asked when the prevention contracts would be up for renewal. The year 2008.

Robbie asked Paul if we came up with any way to increase physician participation in KHPAC. Paul said "no" but that it was being discussed by the Executive Committee, and that it is an ongoing conversation.

Was Terry Carl contacted to be a gate keeper? Yes.

Did Greg get the web stats? Yes. Here they are (all links should begin with <http://chfs.ky.gov> in front of the link shown)

**Weekly requests:**

32.99 days from 06/29/07 at 11:01PM to 08/01/07 at 10:59PM - Calculated 08/07/07 at 03:46PM

Page	Hits	30-Jul	23-Jul	16-Jul	9-Jul	2-Jul	25-Jun	18-Jun
<a href="#">/dph/epi/hiv aids.htm</a>	1,296	166	215	361	250	259	45	0
<a href="#">/dph/epi/hiv-aids+professional+education.htm</a>	944	118	219	177	212	194	24	0
<a href="#">/dph/epi/khpac.htm</a>	180	22	74	27	19	27	11	0
<a href="#">/dph/epi/hiv-aids+reporting+and+statistics.htm</a>	161	28	38	40	30	20	5	0
<a href="#">/dph/epi/hiv-aids+conference.htm</a>	159	14	27	52	30	32	4	0
<a href="#">/dph/epi/aahl+conference.htm</a>	77	17	16	19	12	12	1	0
<a href="#">/dph/epi/hiv+prevention.htm</a>	59	11	20	13	6	8	1	0

**Visit Entry Point (Where did visitors enter the site?)**

32.99 days from 06/29/07 at 11:01PM to 08/01/07 at 10:59PM - Calculated 08/07/07 at 03:46PM

Enters	Exits	1 page visits	Hits	Page
78	90	142	<b>1,298</b>	<a href="#">/dph/epi/hiv aids.htm</a>
18	67	246	<b>944</b>	<a href="#">/dph/epi/hiv-aids+professional+education.htm</a>
10	16	24	<b>163</b>	<a href="#">/dph/epi/hiv-aids+reporting+and+statistics.htm</a>
5	32	36	<b>161</b>	<a href="#">/dph/epi/hiv-aids+conference.htm</a>
4	2	50	<b>182</b>	<a href="#">/dph/epi/khpac.htm</a>
2	1	12	<b>61</b>	<a href="#">/dph/epi/hiv+prevention.htm</a>
1	4	24	<b>79</b>	<a href="#">/dph/epi/aahl+conference.htm</a>

Greg reported that he has not found how they define their headings for the “Visit Entry Point” stats, but here is what he believes the terms mean:

“Enters” shows the number of visitors who went directly to the page shown (not linked from another internal page).

“Exits” shows the number of visitors who left our site from the page shown (presuming their search for information ended on this page)

“1 page visits” means exactly that ... they went directly to the one page then exited.

“Hits” totals all visits (including duplicates)

Where is the Kentucky law regarding school sex education? After the meeting, Renée White provided the following:

Go to this link →

<http://www.education.ky.gov/KDE/Instructional+Resources/Curriculum+Documents+and+Resources/Program+of+Studies/default.htm>

“Program of Studies” is what is required by law that be taught. This includes all subject areas. Once at the links, click on the high school PDF file. Go to page 60 which is the practical living section. Pages 60-62 are what is required to be taught in high school. Middle school is almost exactly the same. See below (highlighted items):

## **Big Idea: Personal Wellness (Health Education)**

Wellness is maximum well-being or total health. Personal wellness is a combination of physical, mental, emotional, spiritual and social well-being. It involves making behavioral choices and decisions each day that promote an individual’s physical well-being, the prevention of illnesses and diseases and the ability to remain, physically, mentally, spiritually, socially and emotionally healthy.

### **Academic Expectations**

- 2.29** Students demonstrate skills that promote individual well-being and healthy family relationships.
- 2.31** Students demonstrate the knowledge and skills they need to remain physically healthy and to accept responsibility for their own physical well-being.
- 2.32** Students demonstrate strategies for becoming and remaining mentally and emotionally healthy.
- 3.2** Students demonstrate the ability to maintain a healthy lifestyle.
- 4.1** Students effectively use interpersonal skills.
- 4.4** Students demonstrate the ability to accept the rights and responsibilities for self and others.
- 5.1** Students use critical thinking skills such as analyzing, prioritizing, categorizing, evaluating and comparing to solve a variety of problems in real-life situations.
- 5.4** Students use a decision-making process to make informed decisions among options.

### **High School Enduring Knowledge – Understandings**

*Students will understand that*

- individuals have a responsibility to advocate for personal, family and community health.
- inter and intrapersonal communication skills are needed to enhance individual well-being and healthy relationships.
- physical, social, emotional and mental changes occur during adolescence and throughout life.
- decisions regarding sexuality have short and long term consequences and responsibilities.
- the environment, lifestyle, family history, peers and other factors impact physical, social, mental and emotional health.
- culture, values (e.g., individual, family and community) media and use of technology (e.g., television, computers, MP3 Players, electronic/arcade games) can influence personal behavioral choices.

- behavioral choices affect physical, mental, emotional and social well-being and can have positive or negative consequences on one's health.
- positive health habits can help prevent injuries and spreading of diseases to self and others.
- self-management and coping strategies can enhance mental and emotional health.
- a variety of resources are available to inform, treat and counsel individuals with physical, mental, social and emotional health needs.

## Big Idea: Personal Wellness (Health Education) – Continued

### High School Skills and Concepts – Personal and Physical Health

#### *Students will*

- understand the importance of assuming responsibility for personal health behaviors by:
  - predicting how decisions regarding health behaviors have consequences for self and others
  - explaining how body system functions can be maintained and improved (e.g., exercise, nutrition, safety)
  - explaining how decision-making relates to responsible sexual behavior (e.g., abstinence, preventing pregnancy, preventing HIV/STDs), impacts physical, mental and social well being of an individual
- apply goal-setting and decision-making skills in developing, implementing and evaluating a personal wellness plan
- evaluate the effectiveness of communication methods for expressing accurate health information and ideas
- evaluate how an individual's behaviors and choices of diet, exercise and rest affect the body

### High School Skills and Concepts – Growth and Development

#### *Students will*

- explain basic structures and functions of the reproductive system as it relates to the human life cycle (e.g., conception, birth, childhood, adolescence, adulthood)

### High School Skills and Concepts – Social, Mental and Emotional Health

#### *Students will*

- demonstrate social interaction skills by:
  - identifying and utilizing management techniques needed for dealing with intrapersonal and interpersonal relationships throughout life
  - using and explaining the importance of effective social interaction skills (e.g., respect, self-advocacy, cooperation, communication, identifying different perspectives and points of view, empathy, friendship)
  - recommending and justifying effective strategies (e.g., problem solving, decision making, refusal skills, anger management, conflict resolution) for responding to stress, conflict, peer pressure and bullying
  - identifying and explaining changes in roles, responsibilities and skills needed to effectively work in groups throughout life (e.g., setting realistic goals, time and task management, planning, decision-making process, perseverance)
- recommend and justify effective self-management and coping strategies (e.g., setting realistic goals, time, task and stress management, decision making, learning style preference, perseverance) for maintaining mental and emotional health
- demonstrate the ability to use various strategies when making decisions related to health needs and risks of young adults
- demonstrate refusal, negotiation and collaboration skills to use in avoiding potential harmful situations

## Big Idea: Personal Wellness (Health Education) – Continued

### High School Skills and Concepts – Family and Community Health

#### *Students will*

- access and use a variety of resources from home, school and community that provide valid health information
- understand and analyze how personal, family and community health can be influenced and challenged by:
  - family traditions/values
  - peer pressure
  - technology and media messages
  - cultural beliefs and diversity
  - interrelationships between environmental factors and community health
- use print and non-print sources to:
  - analyze how the prevention and the control of health problems are influenced by research and medical advances
  - investigate the role of health care providers in disease prevention
  - analyze how public health policies and government regulations influence health promotion and disease prevention

### High School Skills and Concepts – Communicable, Non-Communicable and Chronic Diseases Prevention

#### *Students will*

- demonstrate an understanding of diseases by:
  - describing symptoms, causes, patterns of transmission, prevention and treatments of communicable diseases (colds, flu, mononucleosis, hepatitis, HIV/STD, tuberculosis)
  - describing symptoms, causes, patterns of transmission, prevention and treatments of non-communicable diseases (cancer, cardiovascular disease, diabetes, obesity, asthma, emphysema)
- explore family history, environment, lifestyle and other risk factors related to the cause or prevention of disease and other health problems
- demonstrate an understanding of how to maintain a healthy body by:
  - analyzing the impact of personal health behaviors on the functioning of body systems
  - analyzing how behavior can impact health maintenance and disease prevention during adolescence and adulthood

### High School Skills and Concepts – Alcohol, Tobacco and Other Drugs

#### *Students will*

- demonstrate an understanding of the use and misuse of alcohol, tobacco and other drugs by:
  - distinguishing between legal (e.g., over the counter, prescription drugs) and illegal drugs (e.g., inhalants, marijuana, stimulants, depressants) and describing how their usage affects the body systems
  - predicting the immediate/long-term effects of alcohol, tobacco and illegal drug usage and analyzing the impact on an individual's health
  - recommending interventions (e.g., cease enabling activities), treatments (e.g., AA, outpatient therapy, group therapy) and other strategies (e.g., enhancing self esteem, building skills for success) as forms of help for negative behaviors or addictions (e.g., drug addictions, eating disorders)

## Big Idea: Unity and Diversity (Biological Science) – Continued

### High School Skills and Concepts

#### *Students will*

- analyze the parts within a cell responsible for particular processes and create analogous models for those processes
- identify a variety of specialized cell types and describe how these differentiated cells contribute to the function of an individual organism as a whole
- investigate the role of genes/chromosomes in the passing of information from one generation to another (heredity)
- graphically represent (e.g., pedigrees, punnet squares) and predict the outcomes of a variety of genetic combinations
- investigate the roles of genetic mutation and variability in contributing to the survival of offspring
- describe the structure of DNA and explain its role in protein synthesis, cell replication and reproduction
- describe and classify a variety of chemical reactions required for cell functions
- describe the processes by which cells maintain their internal environments within acceptable limits
- compare internal, external and metabolic characteristics of organisms in order to classify them into groups using taxonomic nomenclature to describe and justify these classifications
- compare the structures and functions of viruses to cells and describe the role of viruses in causing a variety of diseases or conditions (e.g., AIDS, common cold, smallpox, warts)
- identify and investigate areas of current research/innovation in biological science. Make inferences/predictions of the effects of this research on society and/or the environment and support or defend these predictions with scientific data

Tim added that he has shared KHPAC information and membership applications to a large e-mail list, and has spoken with several potentials for membership.

David said that we have several memberships that are still awaiting the governor's office approval. We also have several other applications, but all is held up until the governor's office has cleared the way.

Meeting adjourned.