

## Summary of Phone Conference

### Workgroup #2 – Uses of Surveillance Data Issues

1-2 pm, Tuesday, July 15, 2008

Start time: 1:07 pm (8 conference participants had called in)

#### *Attendees*

OA: Juan Ibarra (JI), Juan Ruiz (JR), Jenni Baham (JB), Michelle Roland (MR), Teresa Lachaire (TL), Mark Damasen (MD), Valorie Eckert (VE), & Jill Harden (JH)

LA Gay & Lesbian Center: Quentin O'Brian (QO) & Matt Hamilton (MH)

Stanislaus County: Karina Cornejo (KC)

Sonoma County: Karen Gordon (KG)

CMA: Delilah Clay (DC)

SF PHD: Maree Kay (MK)

Orange County: Tamara Jones (TJ)

Marin County: Deborah Gallagher (DG)

#### *1--Introductions*

JI starts out by welcoming participants and asking for participants to introduce themselves

#### *2 – Summary of Agenda/Discussion Topics/background*

JI reviews agenda and outline and mentions that items in outline originate from the April 9<sup>th</sup> Stakeholders Meeting.

JI reviews the *background*. Mentions the call between OA and CDC's PS & Surveillance staff representatives and that OA will continue discussions with CDC regarding PS during an August OA site visit.

MR: It was her first opportunity to see how CDC dealt with partner services and services guidelines. Mentioned that there is a strong initiative to facilitate partner services using individual-level data rather than aggregate data. Shared that CDC is trying to create a common language and create lots of options. Clear with which language CDC is trying to talk us. Asked CDC to develop clear, common language for this and to come for a technical assistance meeting with OA only. Mentioned that it would be a good opportunity for OA to start thinking about whether it is feasible to consider cost, implications, and what they want us to do.

JR concurs with MR.

#### *Consideration 1.1: Use of Individual Level Data*

JI reviews consideration 1.1 followed by its challenges

QO- Last comment relates to community acceptance. Recognizes the PH importance of PS. Biggest concern whether patient population will understand LHD following up on them. Concerned that patient population may not accept this. Multiple clients on a regular basis get upset re: STD contact tracing. Believes that as community awareness grows testing will decrease.

MR- Noticing that people who attended the stakeholder's meeting are missing today during conf. call...like Peter Kerndt & Jeff Klausner. In her perspective the most important task is to lay out a timeline and design/structure a process in which to obtain stakeholders input. Mentions California's history of valuing civil issues. OA's role is to do the background work and obtain information to inform discussions. Not planning that we will do this in 6 or 12 months. Timeline is key.

(MH has joined QO in LA GLC)

MK- Realizing that attention is being paid to PCRS. Try to figure out how everyone's needs can be met. Start re-educating them about PCRS. Private doctors in SF are the best people to start with. Extra steps should be taken in educating the providers. Met with Jeff Klausner, Grant Colfax, Ling, Susan Scheer to discuss this. Suggests LA have own local meeting with Peter, etc.

MH- What is the outcome we are after? What are we going to do with private Dr's? Not sure that that traditional PS is the best way to get to folks. Suggests a public media campaign-- a poster regarding unsafe anal sex and flu like symptoms. Less politically sensitive.

DC- think that PS must be addressed, even if sensitive. CMA is committed to this. Likes the idea of a timeline.

*Consideration 1.2: Soliciting Best Practices*

JI reviews consideration and challenges.

MH-Has clarifying question. Not sure he understands partner notification. How does PS work? Why would any further info. be needed?

JB- Under scenario- does not state partner's name. Trying to get to point where we can understand who we need to follow up on.

MH- Or are we speaking of a time frame?

MK- This call is regarding how do we re-introduce the idea of PS to folks. Always voluntary-basis for person who has initially tested positive for HIV. Don't release name of partner to contacts. Incorporate partner services into HIV and utilize it more effectively in more counties. Other counties, like Fresno, have done a good job with PS. Ultimately, the purpose of PS is to prevent the spread of HIV.

VE- We are talking about locating an individual who has used PCRS and are now linked into care. This meeting is about trying to locate those individuals who have had contact with HIV patients. With surveillance and PS, it would be a one time offer, not continuous follow-up with HIV patient. It is a way to reach people who are not in care.

KK- PS is a challenge. Timing at disclosure can be difficult. Offer program at the time of disclosure and hope to offer it later (EIP program, etc. ) over 80 % of people will self-disclose. Most people will choose to self-disclose. Concern over the patients that choose not to self-disclose. Most people choose not to accept PS. This is an opportunity to re-introduce PS, especially with patients are in care.

MH- It's a huge matter. Culturally very difficult for gay men. It's a huge issue.

MK- Surprised re: the response that they receive when doing PCRS.  
Positive reinforcement. Really different from what she would have imagined.

QO- Relatively successful at LAGLC. Notion of "big brother" doing it instead of "little brother." Anonymous email may be another idea. Maybe look outside of the state. Keep in mind negative reaction from people in New York who had fallen out of care. Good-hearted endeavor taken too far.

KK- Geography is going to take precedence. People are going to give false information if they don't want to have a follow up on their partner. Tremendous increase with people that are interested in it. Encourage a well-thought out process. May work well because Stanislaus LHD staff are cross-trained.

QO: Cultural specificity of getting information from people. Goal here is to find ways to make that work will differ by cultural group. No is saying don't do this.

MH- So far the conversation has been around traditional PS methods. What about more of a community approach? Among community that doesn't know status might be more cost-effective than individual-level PS.

Mary Kay- People in SF test for HIV regularly. There are a lot of posters and health education available. A service that is already offered from all counties in CA.

#### *4 - Next Steps?*

JJ: Summarized discussion:

-well thought out process is needed

-People have suggestions on best practices that have worked in their local communities

-Next step will be to layout a timeline and process to obtain feedback from stakeholders.

Summary of teleconference will be completed and then distributed to conference participants.

#### *5 – Designation of Chair/ Co-chair*

## July 15, 2008 WG #2 Teleconference Summary

JJ: If you would like to nominate yourself or others, please let us know. We will address this issue at a later date /time.

### *6 – Schedule the next meeting*

JJ: We will schedule another meeting in one month. Will send out a couple of meeting times in the near future.

7 – Future Agenda items-case management, process and timeline for broader stakeholder input-(who, how, when)

### *Last minute comments or questions*

QO: Discuss concrete next steps in terms of individual data. Beneficial to invite someone from PCRS. (Valorie Eckart) Taking about using reported information. And then contacting the potential HIV pt.

JB – expand over individual-level data used for PS.

8 – Adjourn (1:57 pm)