

**COMMUNITY ENGAGEMENT AND EDUCATION
 COMMITTEE (CEEC)
 MEETING MINUTES**

THURSDAY, OCTOBER 18, 2018 – 5:00PM TO 7:00PM

DC HEALTH – HAHSTA – 899 N. CAPITOL ST. NE; 4TH FLOOR; WASHINGTON, DC 20002

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	COMMISSIONERS	PRESENT	ABSENT
Blocker, Lakisa	X				
Carney, Misty	CC				
Coker, Sharon	X				
Cox, Derrick (Strawberry)	X				
Fonseca, Julio	X				
Ford, Jasmine	X				
Forman, Lynn	X				
Massie, Jenne		X			
Morse, Kaleef	X				
Torre, Andrew	X				
Washington, Antonio		X			
ADMINISTRATIVE AGENT REPRESENTATIVES	PRESENT	ABSENT	ADMINISTRATIVE AGENT REPRESENTATIVES	PRESENT	ABSENT
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION STAFF	PRESENT	ABSENT
Allston, Adam	X		Bailey, Patrice	X	
Doshi, Rupali	X		Clark, Lamont	X	
Flemming, Toni	X				
James, Matthew	X				
Saafir-Callaway, Brittani	X				

HIGHLIGHTS

AGENDA

Item	Discussion
Call to Order	Kaleef Morse called the meeting to order at 5:10 pm, followed by a moment of silence and introductions.



<p>Review and Approval of the Agenda</p>	<p>N/A</p>
<p>Review and Approval of the Minutes</p>	<p>N/A</p>
<p>Special Presentation</p>	<p>Kaleef M. described the CEEC Committee as a committee that “Seeks” or looks to lead efforts to identify people in the community, stakeholders and others in the service system, to engage in a participatory, comprehensive engagement process. Additionally, CEEC will link the overall Planning Commission to people living with HIV and people who are likely to acquire and transmit HIV by educating, training and engaging community members about issues and recruiting potential members for the commission.</p> <p>Kaleef introduced Dr. Brittani Saafir-Callaway, HAHSTA Epidemiologist and Molecular Surveillance Coordinator, to present on Molecular HIV Surveillance – A Community Conversation and Overview.</p> <p>Brittani S.C. began her presentation with the mission statement of the Strategic Information Division. She defined what HIV Surveillance is, what it collects and how. She described what a Disease Intervention Specialist (DIS) is and talked about Partner Services and how information is collected. She also defined what Molecular HIV Surveillance is, what a transmission network is, how it can help, what it doesn’t tell us and how the information is protected. Finally, she discussed what the next steps might be.</p> <p><i>Group Discussion</i></p> <p>Brittani discussed some of the questions around molecular surveillance. She indicated that the goal is to collaborate with providers and community members to improve transparency and trust by developing a communication strategy for molecular HIV surveillance, re-engagement in care and PrEP and PEP activities. Brittani posed three (3) topics for discussion: Transparency and Trust, Collaboration and Communication.</p> <p>Based on the participants conversation, Brittani indicated that maybe the surveillance should be discussed in terms of two (2) tiers instead of three (3), starting with the molecular network, bypassing the transmission network and go to the integrated risk network with named partners to simplify the information. Brittani further indicated that the first effort of this project is for re-engagement of PLWH that are out of care or not virally suppressed Figuring out a strategy for PrEP and PEP and retesting for people that may be in that network is subsequent to that.</p> <p>Brittani asked how people should be informed that they are part of a network. What does being identified as part of a network mean? How should we be talking about disease intervention? Are people aware of the reporting requirements?</p>



	<p>The response to those questions indicated that people’s response will largely be influenced by how the questions are framed. It was mutually agreed that using words like surveillance and network would be perceived as derogatory. It was suggested that taking advantage of the trainings given by prevention on giving diagnosis and interviewing skills and insuring that there are resources and linkages, (including behavioral health) available would be helpful. There were other recommendations about what a client could see or what information can be shared, prior to receiving notification about their inclusion in a network.</p> <p>Attendees expressed a strong interest in continuing the presentation at another meeting and Kaleef thanked them all for their input.</p>
Announcements	
HANDOUTS	
<ul style="list-style-type: none"> • Community Engagement and Education Committee (CEEC) Meeting Agenda, Thursday October 18, 2018 • Molecular HIV Surveillance Overview Presentation 	

MEETING ADJOURNED	7:05 PM
NEXT MEETING	Thursday, November 15, 2018 5PM – 7PM DC Health – HAHSTA 899 N. Capitol St., NE; 4 th Floor Washington, DC 20002



The Washington, D.C. Regional Planning Commission on Health and HIV (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.

**COMMUNITY ENGAGEMENT AND EDUCATION
 COMMITTEE (CEEC)
 MEETING AGENDA**

THURSDAY OCTOBER 18, 2018 – 5:00PM TO 7:00PM

DC HEALTH HEADQUARTERS - HAHSTA

899 N. CAPITOL ST., NE; 4TH FLOOR; WASHINGTON, DC 20002

Note: all times are approximate

5:05 pm	<ol style="list-style-type: none"> 1. Call To Order and Moment of Silence 2. Welcome and Introductions
5:10 pm	<ol style="list-style-type: none"> 3. Special Presentation: Molecular HIV Surveillance – A Community Conversation and Overview <ul style="list-style-type: none"> • <i>Brittani Saafir-Callaway, PhD, MPH</i> Molecular HIV Surveillance Coordinator, DC Health
6:55 pm	<ol style="list-style-type: none"> 4. Announcements and Adjournment
<p><u>NEXT COMMUNITY ENGAGEMENT AND EDUCATION (CEEC) MEETING:</u></p>	
<p>THURSDAY NOVEMBER 15, 2018 5PM TO 7PM DC HEALTH – HAHSTA 899 N. CAPITOL ST. NE; 4TH FLOOR WASHINGTON, DC 20002</p>	

CONFERENCE CALL INFORMATION:

Dial In #: 1-866-809-0886

Participant Code: 8289221#

Molecular HIV Surveillance Overview

BRITTANI SAAFIR-CALLAWAY, PHD, MPH

DC Health Mission Statement

The District of Columbia Department of Health promotes health, wellness and equity across the District, and protects the safety of residents, visitors and those doing business in our nation's Capital.

HAHSTA Mission Statement

Optimizing health, wellness and lifelong success through innovation for people living with or at risk of HIV, hepatitis, STDs, and TB

Strategic Information Division Mission Statement

Collect, monitor, evaluate, disseminate and act to promote and protect public health

What does surveillance collect?

- **Personal Identified Information**
 - Name
 - DOB
 - SSN
 - Residence
- **Demographics**
 - Sex at Birth
 - Current Gender
 - Race
 - Ethnicity
 - Pregnancy Status
- **Personal Health Information**
 - **Diagnosis Information**
 - Diagnoses Date
 - Diagnosing Residence
 - Diagnosing Facility
 - **Lab Results**
 - Diagnosing Tests
 - CD4
 - Viral Loads
 - Genotype Sequences

How is it collected?

Two main legislative documents that provide the authority for public health departments to collect personal identifying information on persons with communicable diseases

- **HIPAA – Health Insurance Portability and Accountability Act of Privacy and Security Rules**
 - Exempts public health departments from informed consent on the basis of public health purpose
- **DCMR – District of Columbia Municipal Regulations**
 - Reporting requirements from providers, physicians, laboratories

For the Case Reporting Form: <https://redcap.doh.dc.gov/surveys/index.php/surveys/?s=AAMF93CEY7>

What is a DIS?

Disease Intervention Specialists

Trained Health Professionals who practice interventions with:

Patients

Sex and/or
needle
sharing
partners

Others
suspected of
having
STIs/HIV

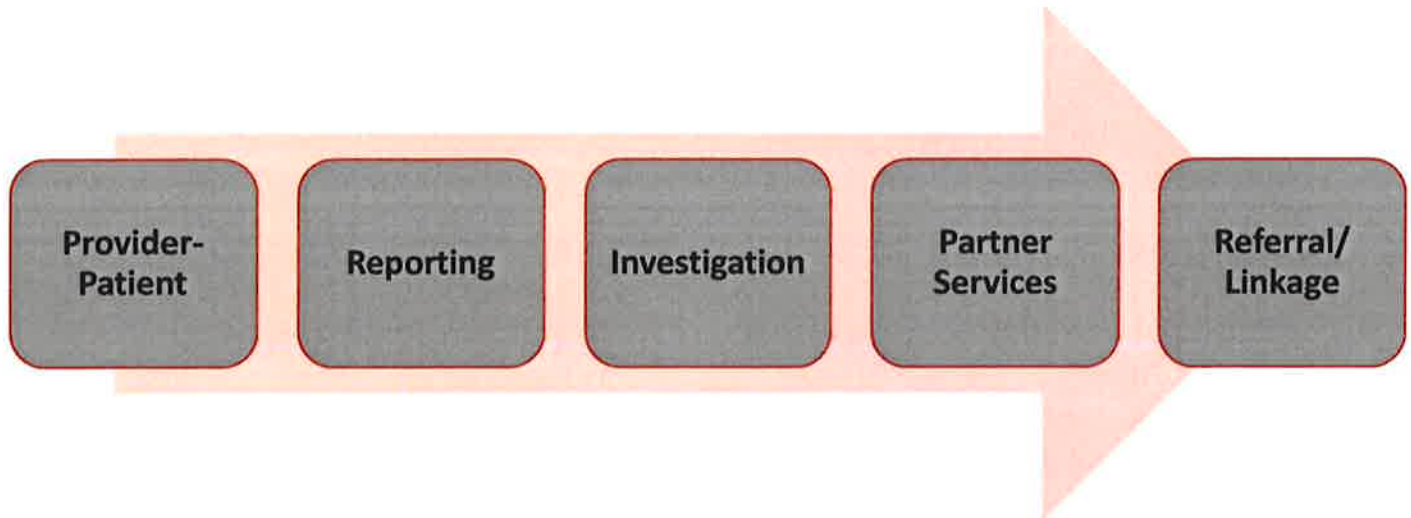
Providers

Other Health
Departments

Two Major Responsibilities

1. To interview patients infected with STIs/HIV, for partner services and HIV Linkage to Care
2. To perform investigative activities to locate and refer for examination and/or treatment people who are exposed or suspected of having STIs/HIV

How is it collected?

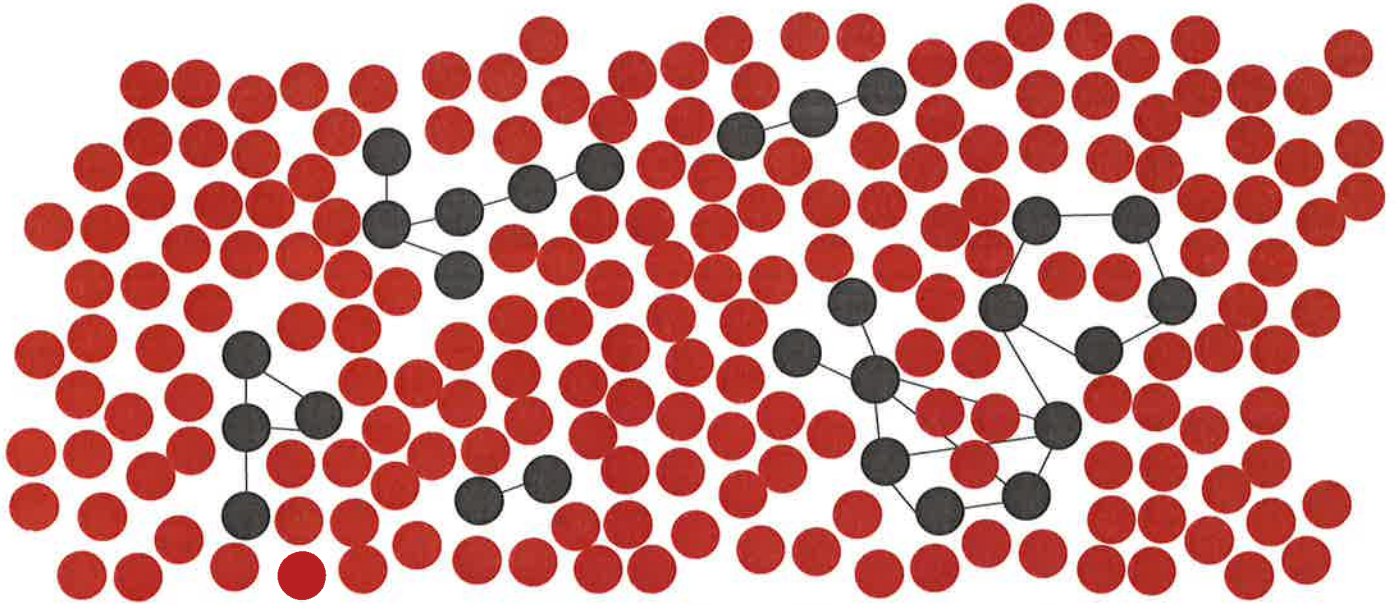


Surveillance Toolkit

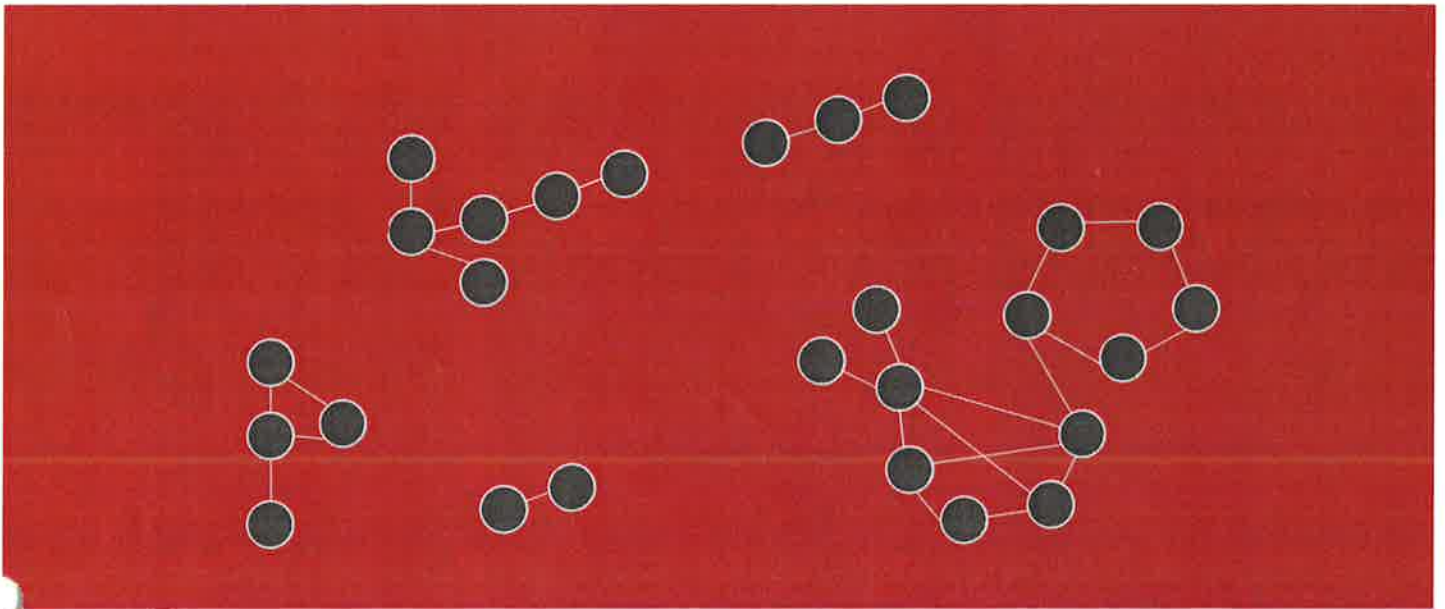
- Case Reports
- Chart Abstractions
- Field Interviews
- Laboratory Reports
- **Molecular Surveillance**
- Perinatal Surveillance



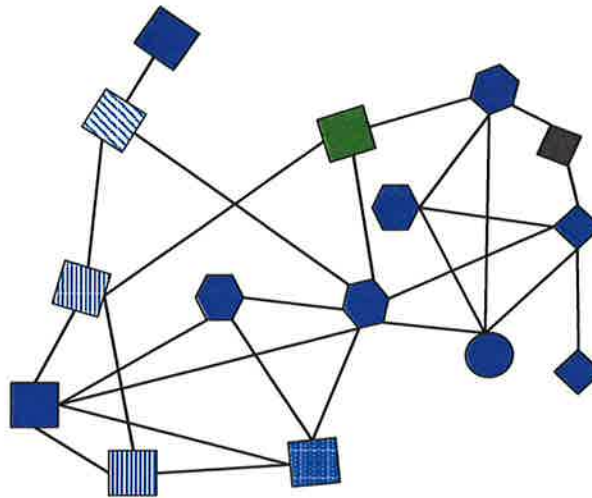
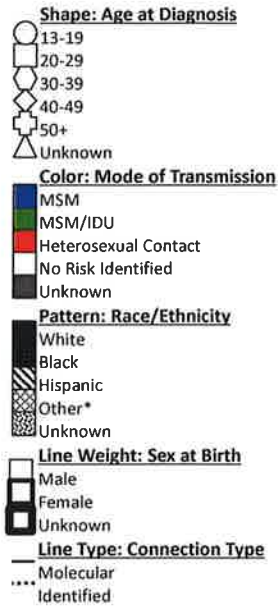
How can it help?



How can it help?

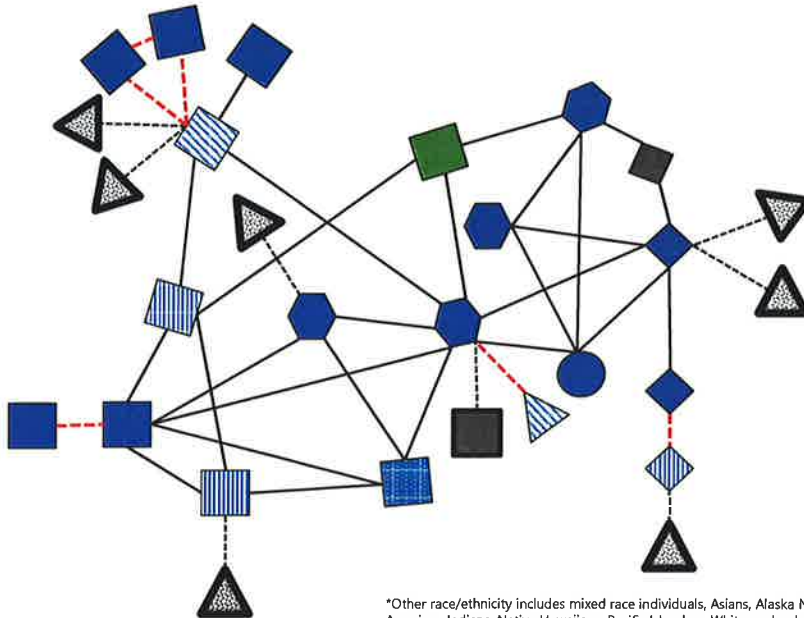
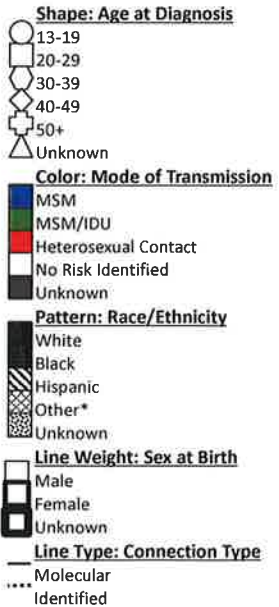


Molecular Network



*Other race/ethnicity includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiians, Pacific Islanders, White, and unknown.

Integrated Risk Network

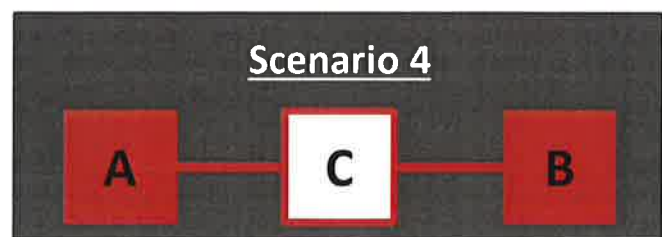
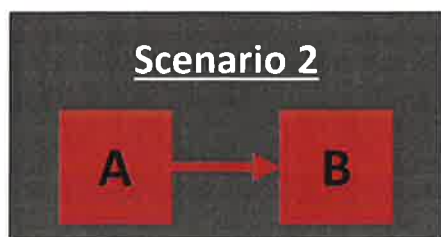
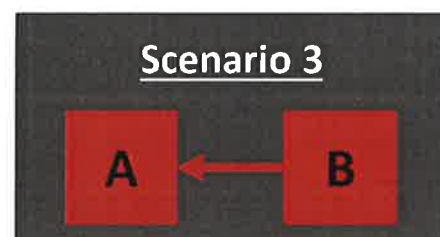
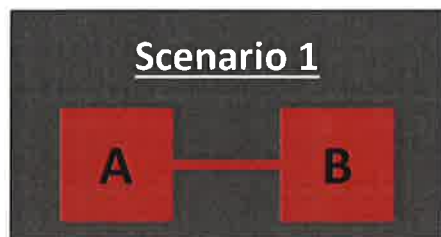


*Other race/ethnicity includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiians, Pacific Islanders, White, and unknown.

What doesn't it tell us?

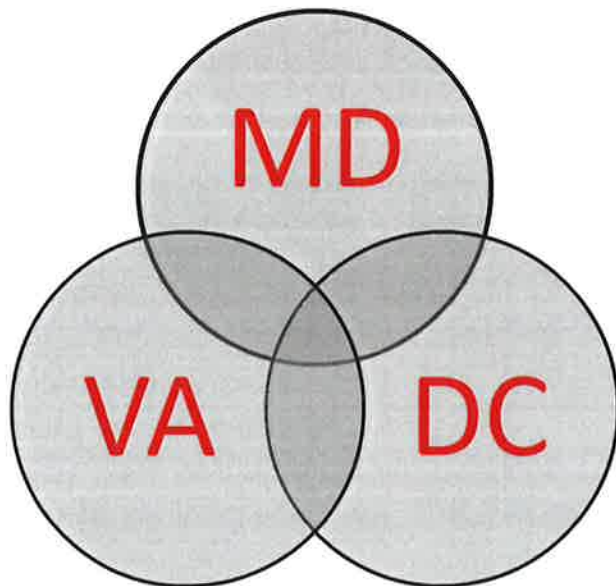
- Collection of patient DNA
 - Genotype sequences reflect the DNA of the virus and not the person
- Know who had sex with whom
 - Can not assess directionality or disease transmission
 - All connections are probable and dependent on the availability of sequences

Possible Transmission Scenarios



Data Sharing and Release Policies

- STD 3.1:** • Limit sharing of confidential information to those with a justifiable public health need
- STD 3.2** • Assess the risks and benefits of sharing data for purposes not covered by existing policies.
- STD 3.3** • Ensure that any public health program where PHI data are shared has data security standards equivalent to those in this document.
- STD 3.4** • Ensure that PHI is released only for purposes related to public health, except where required by law.
- STD 3.5** • Establish procedures for determining whether to grant requests for aggregate data not covered by existing data-release policies.
- STD 3.6** • Disseminate non-identifiable summary data to stakeholders as soon as possible after data are collected.
- STD 3.7** • Assess data quality before disseminating data.
- STD 3.8** • Ensure that policies define purposes for which the data can be used and provisions to prevent public access to indirectly identifying information.



DMV Regional Data Exchange

- People move fluidly throughout the region which creates gaps in data
 - People who are not out of care may appear out of care
 - People previously diagnosed may appear as new
- Formal data sharing agreements between jurisdictions
- Quarterly surveillance data exchange between DC, MD, VA

Surveillance Summary

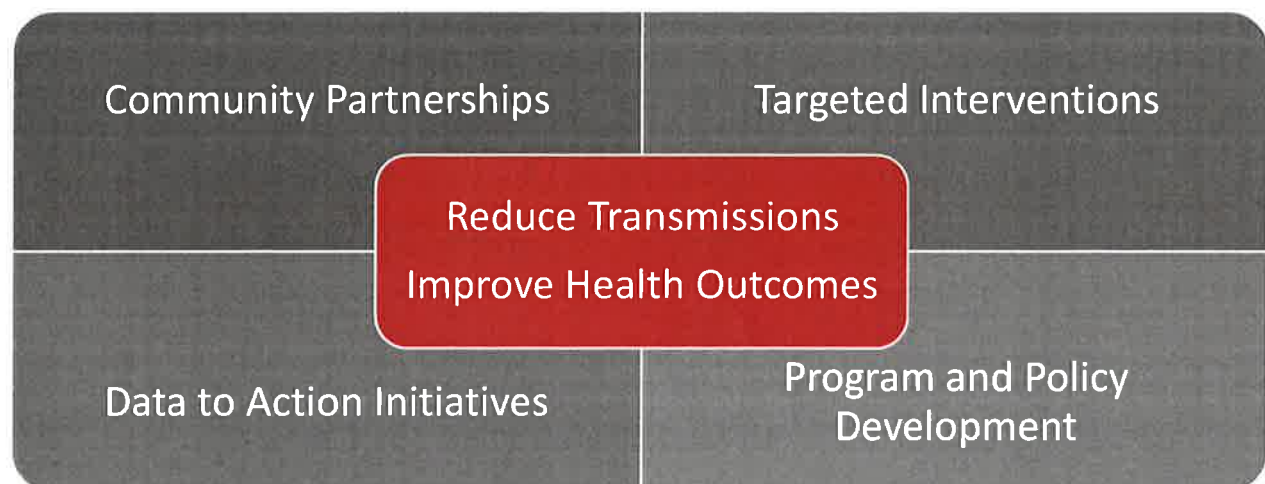
What Surveillance Does

- Explores the distribution of disease in a population and/or geographic region
- Assesses health outcomes among people diagnosed in DC/regionally
- Provide information to support program planning and development

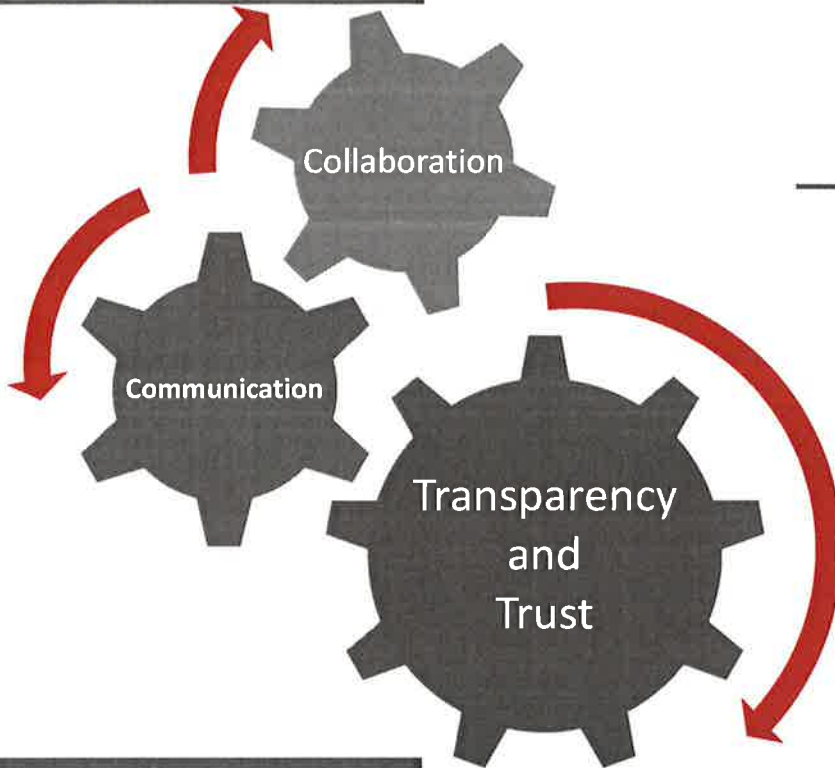
What Surveillance Does NOT Do

- Share identified information without a formal agreement
- Does not use data outside of public health purposes

Next Steps



Strategy



- Audiences
 - Providers/CBOs
 - Network Members
 - Community Members
- Types
 - Educational Materials
 - Re-engagement in Care
 - Testing and PrEP/PEP

37

Transparency and Trust

- What pieces of this information are the most confusing?
- What pieces generate the most concern?
- What language can we use to best explain MHS?
- Is there any specific language for use in guidance documents?
- How can we ensure the materials distributed about MHS are widely understood?
- How should people be informed they are part of a network?
- What does being identified as part of a network mean?
- How should we be talking about disease intervention with community members?
- Are patients aware of HIV/STD reporting requirements?

Thank You!

Questions?

BRITTANI SAAFIR-CALLAWAY
MOLECULAR HIV SURVEILLANCE COORDINATOR
BRITTANI.SAAFIR@DC.GOV
202-671-5002