

# Toward the Elimination of Sexual HIV Transmission: Integrating Reproductive Health



October 10, 2014

# Welcome!



Gary Najarian, M.S.W.  
Manager, Capacity Building Initiatives  
SFDPH, Center for Learning and Innovation

25 Van Ness Ave, Suite 500 San Francisco, CA 94102

T: (415) 437-6226

E: [gary.najarian@sfdph.org](mailto:gary.najarian@sfdph.org)

W: [www.getSFcba.org](http://www.getSFcba.org)

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- ü Please DO NOT put the phone line on HOLD during the webinar
- ü Please be sure your audio preference is selected – PC / Phone
- ü Please feel free to type comments/questions into the chat box
- ü Q&A – Raise your hand – I will call on folks individually.

# TWEET!

- i "Hashtags"

- § #HIVLoveWins

- i Twitter handles:

- § @getSFcba

- § @LoveYou2org

- § @ChiPublicHealth

- § @AIDSChicago

- § @PACPI

# WHAT IS HIGH IMPACT HIV PREVENTION (HIP)?

## Elements of High Impact Prevention

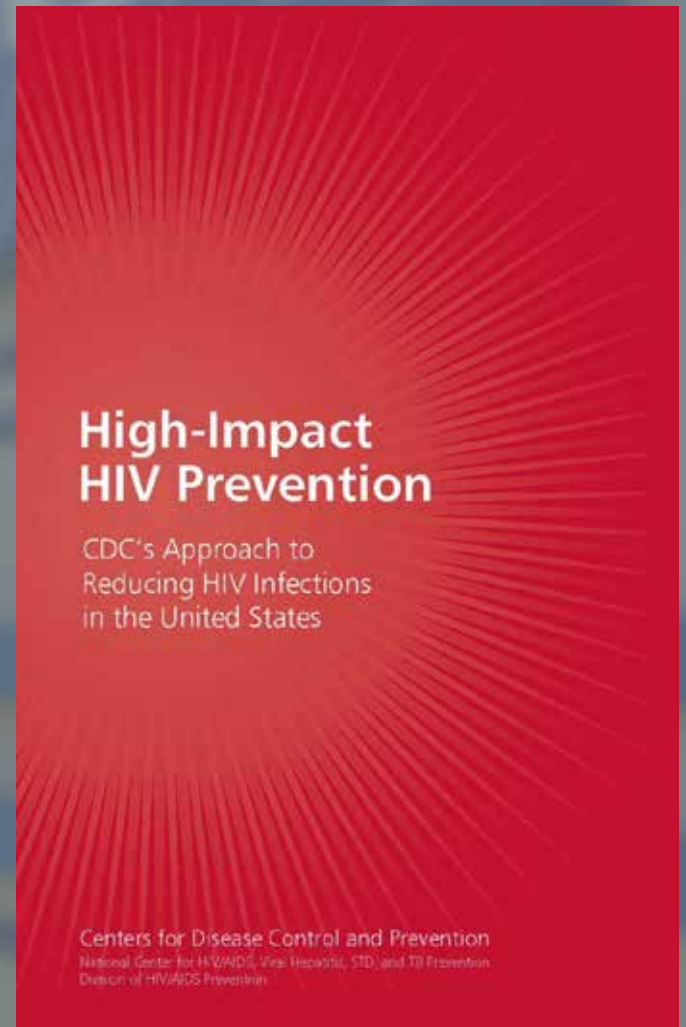
- *Evidence-based*
- *Scalable / Sustainable*
- *Cost-Effective*
- *Aligned with the National HIV/AIDS Strategy*

## Implemented by several key actors:

- Health departments
- Community Based Organizations
- Health Care Organizations

# What is Capacity Building Assistance (CBA)?

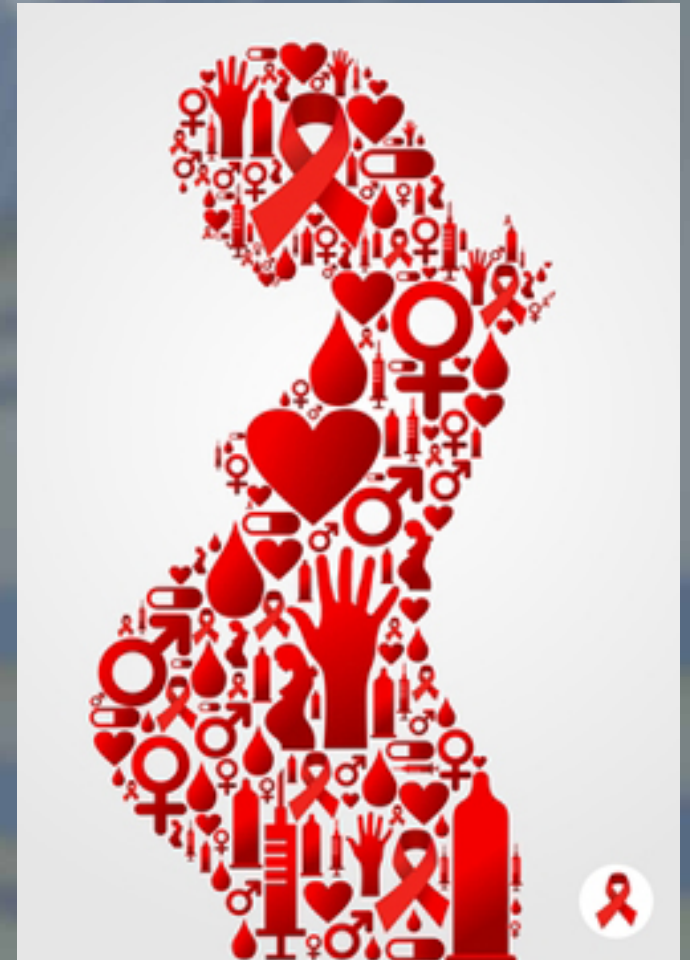
CBA attempts to provide **information, training, and technical assistance** to the HIV prevention workforce in order to increase the adoption and implementation of high impact prevention strategies



# What types of CBA are available?

CBA is available in:

- HIV testing,
- Prevention for Positives,
- Prevention for High-Risk Negatives,
- Condom Distribution,
- Organizational Development, and
- Policy/Planning



# Who provides CBA?

## Health Department CBA Providers (Category A)

- [AIDS Project Los Angeles \(APLA\)](#)
- [Asian and Pacific Islander American Health Forum \(APIAHF\)](#)
- [City and County of San Francisco](#)
- [National Alliance of State and Territorial AIDS Directors \(NASTAD\)](#)
- [New York City Department of Health and Mental Hygiene](#)
- [Public Health Foundation Enterprises Inc. \(CA PTC\)](#)
- [University of Rochester](#)
- [University of Washington](#)

## Community Based Organization CBA Providers (Category B)

- [AIDS United](#)
- [Asian and Pacific Islander American Health Forum \(APIAHF\)](#)
- [Asian and Pacific Islander Wellness Center](#)
- [ETR Associates](#)

- [JSI Research & Training Institute, Inc.](#)
- [Latino Commission on AIDS \(LCOA\)](#)
- [National Community Health Partners \(NCHP\)](#)
- [National Minority AIDS Council](#)
- [New York City Department of Health and Mental Hygiene](#)
- [PROCEED, Inc.: National Center for Training, Support and Technical Assistance](#)
- [The Regents of the University of California San Francisco Center for AIDS Prevention Studies \(CAPS\)](#)

## Health Care Organization CBA Providers (Category C)

- [Cicatelli Associates Inc. \(CAI\)](#)
- [Denver Health and Hospital Authority](#)
- [Primary Care Development Corporation \(PCDC\)](#)

# What Are CBA Activities?

## Information Dissemination

- Templates & protocols
- Toolkits
- Public Health Innovation & Leadership (PHIL) Talks
- Blog posts

## Training

- Webinars
- eLearning courses
- Boot camps
- Health summits

## Technical Assistance

- Brief and in-depth TA in response to CRIS requests
- Online CBA portal discussions and live chat “office hours”
- Facilitation of peer-to-peer mentoring
- Assistance with implementing online and mHealth tools



# SAN FRANCISCO PRIORITY AREAS

- | HIV Testing
- | Prevention for High Risk Negative Persons
- | Policy/Planning





**Gary Najarian, MSW**

Manager, Capacity Building Initiatives, Center for Learning and Innovation, SFDPH



**Jonathan Fuchs, MD, MPH**

Director, Center for Learning and Innovation (CLI) and the CBA Program, SFDPH; Associate Clinical Professor of Medicine, UCSF



**Oliver Bacon, MD, MPH**

Deputy Director and Lead Trainer, CBA Program, SFDPH; Associate Clinical Professor of Medicine, UCSF



**Mehroz Baig, MIA, MS**

Communications Specialist, Center for Learning and Innovation, SFDPH



**Alison Aronstam**

CBA Program Assistant, Center for Learning and Innovation, SFDPH



**Jeannie Balido, BA**

Project Manager, Population Health Division (PHD) and CBA Program, SFDPH

# HIV TESTING

- | **Community-based testing** – Thomas Knoble
- | **Testing in clinical settings** – Oliver Bacon, Stephanie Cohen
- | **Home testing-** Hyman Scott, Oliver Bacon
- | **Novel HIV testing technologies:** Severin Gose
- | **Linkage/partner services-** Charles Fann
- | **Internet Partner Services–** Frank Strona
- | **Perinatal HIV and testing** – Shannon Weber, Deb Cohan
- | **Billing-** Denise Smith, Athina Kinsley

# PREVENTION FOR HIGH RISK NEGATIVE PERSONS

- | **PrEP/PEP-** Oliver Bacon, Stephanie Cohen, Jonathan Fuchs, Albert Liu, Shannon Weber, Deb Cohan, Judy Auerbach
- | **Personalized Cognitive Counseling-** Tim Matheson/Ed Wolf

# POLICY/PLANNING

- ‡ **Use of data to support HIV continuum efforts- Data to Care:** Susan Scheer, Charles Fann, Erin Antunez, Darpun Sachdev
- ‡ **Support of National HIV Behavioral Surveillance:** Henry Raymond Fisher
- ‡ **Social media to support outreach–** Frank Strona, Megan Canon (SFAF), Sapna Mysoor (AP&I WC)
- ‡ **Working with cross-sector partners:** Eileen Loughran
- ‡ **Harm Reduction Strategies with IDU:** Eileen Loughran
- ‡ **Jurisdictional Planning:** Dara Geckeler, Eileen Loughran



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*“Our Capacity Building support is tailored to your needs”*



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**The Center for Learning and Innovation at the San Francisco Department of Public Health is bringing Capacity Building Assistance (CBA) to your health department!**

Our nationally-recognized experts provide customized support and training in **HIV Testing, Prevention and Policy.**

Our CBA Leadership Team will work directly with you to assess your needs and help you decide if CBA is right for you. Check out our areas of expertise below and **e-mail us** today!



### HIV TESTING

Guiding efforts to target and expand HIV testing and linkage to care in clinical/community settings



### HIV PREVENTION

Helping HIV negative individuals stay negative using strategies that work, like PrEP



### POLICY

Using data and community wisdom to guide HIV prevention planning efforts

# Thank You!!

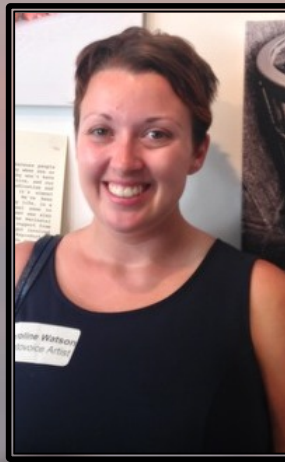




Shannon Weber

Director, Perinatal HIV  
Hotline

Coordinator, Bay Area  
Perinatal AIDS Center  
(BAPAC)



Caroline Watson

BAPAC/Pro Men  
Volunteer



Corinne Blum, MD,  
AAHIVS

Supervising Physician  
HIV Primary Care  
Program  
Chicago Department  
of Public Health





# Thank You!!



# TOWARD THE ELIMINATION OF SEXUAL HIV TRANSMISSION: INTEGRATING REPRODUCTIVE HEALTH



Shannon Weber, MSW

Director, National Perinatal HIV Hotline  
Director, Bay Area Perinatal AIDS Center  
Shannon.weber@ucsf.edu

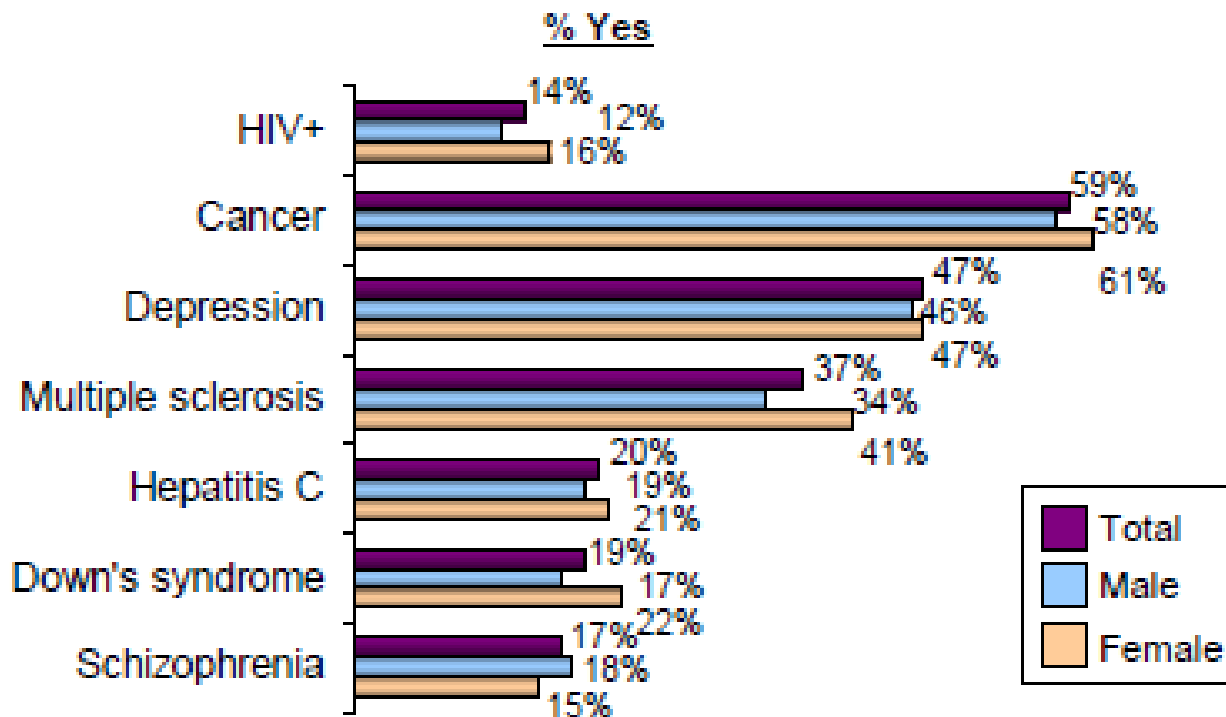
# What are reproductive rights?

- The basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and ***the right to attain the highest standard of sexual and reproductive health.***

2002, World Health Organization

# amfAR email survey of US adults, n=4831 (2008)

## Few Americans believe that HIV+ women should have children.



Base: All Respondents\* (N=4831)

Q555 In your opinion, should a woman with any of the following conditions have children?

Response Options: 1 = Yes, 2 = No, 3 = Not sure 4 = Decline to answer

\*Note: reduced base with "decline to answer" excluded

# HIV+ women internalize stigma around conception

## Women Living Positive Survey

- n=700 HIV+ women on ARVs for 3+ yrs
- 59-61% believed could have children if appropriate care
- 59% believed society strongly urges not to have children

Squires et al. AIDS PATIENT CARE and STDs 2011

# TOGETHER WE ARE GREATER THAN AIDS.



- GET INFORMED
- ACT LOCALLY
- STAY CONNECTED



**WE ARE EMPOWERED.** Grammy Award-winning artist and HIV advocate Alicia Keys teamed up with Greater Than AIDS to reach women about HIV/AIDS. One in four people living with HIV in the U.S. today is a woman. As mothers, daughters, sisters, friends, partners and people living with HIV, we have the power to change the course of this disease through our actions.



- MAKE IT YOUR OWN
- SPREAD THE WORD
- WATCH AND LISTEN
- PHOTO GALLERY
- REAL STORIES
- COMMUNITY GRANTS

March 2013  
Washington DC  
bus shelter

**KYM WANTS TO  
CHANGE THE WAY  
YOU THINK ABOUT  
HIV.**

*empowered.*

TRY BETTER  
BEHAVIOR



**ALICIA KEYS IS FIRED UP!**  
*Hear my conversation with five  
inspiring women living with HIV,  
and learn more about what you  
can do!*

[greaterthan.org/empowered](http://greaterthan.org/empowered)

**WE AIDS**

# Unintended pregnancy



<b>US general population</b>		<b>49% pregnancies unintended</b>
US, WIHS	232	77% pregnancies while using contraception (vs. 60% HIV-)
US	1090 adolescents	83.3% unplanned 49-52% HIV status known
Italy	334	57.6% unplanned
US, MMP	1407	85.6% at least 1 unplanned pregnancy

Finer/Henshaw Perspec Sex Repro Health 2006; Massad AIDS 2004; Koenig AJOG 2007; Florida Antivir Ther 2006; Sutton JAIDS 2014



# Fertility desires among HIV+

<b>US reproductive-aged women</b>		<b>35%</b> <b>4% tubal regret</b>
Cross-sectional, n=118	Rochester	20% yes, 15% unsure 12% tubal regret
Cross-sectional, n=182	British Columbia	25.8%
Cross-sectional, n=181	Baltimore	59%
Cross-sectional, n=127	Atlanta	29.4% 36.4% tubal regret
HCSUS probability sample, n=1421	US, HCSUS	29% women 28% men

# U.S. HIV heterosexual serodifferent couples

Estimated to be 140,000 U.S. serodifferent couples

- About half desire children

§ Lampe, et al *Am Journal Of Obst and Gyn*, 204(6), 488e1-8, 2011.

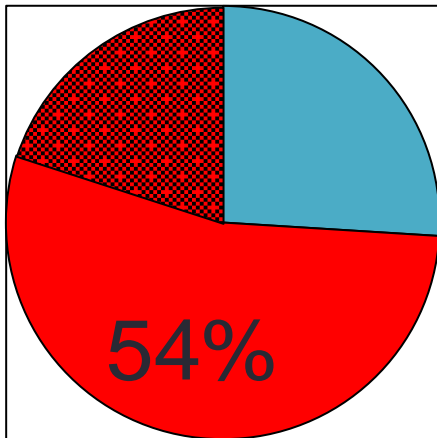
- Increasing call volume to the National Perinatal HIV Hotline (888-448-8765) from clinicians and patients seeking safer conception options.

- *Weber, Waldura, Cohan JAIDS August 2013.*

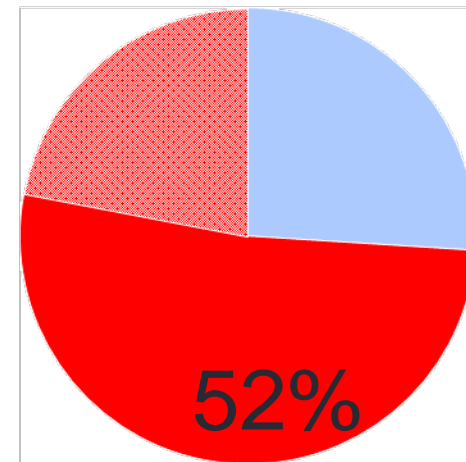
# Epidemiology of US HIV Heterosexual Serodifference

- HIV Cost and Services Utilization Study (1996)
- Probability sample, n=1421 (34,833 ♀, 53,177 ♂)
  - Currently married or with heterosexual partner

HIV + WOMEN



HIV+ MEN



# Disco Survey: HIV- ♀ in a relationship with an HIV+ ♂ & desire children

IRB approval to recruit from other sites; study ongoing launched Jan 2010, 40% before PrEP approval July 2012

- 123 surveys started, 93 completed
  - 90% want children with their HIV+ male partner

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- 25% have tried to get pregnant with their HIV+ male partner
- 67% had vaginal sex without condom with HIV+ partner
- Condom use: 27% always, 42% half time, 31% never
  
- 42% have seen a provider to discuss ways to get pregnant
  - 45% primary care, 80% HIV specialist, 35% OBGYN, 30% fertility specialist

## Most women are willing to use various methods to prevent transmission

53% are willing to use PrEP, 51% Timed unprotected sex, 84% ovulation prediction kit, 47% PEP, 62% sperm washing vaginal insemination, 22% IVF, 44% adoption, 9% insemination with donated sperm



# PRO-Men (Positive Reproductive Outcomes for HIV+ Men) Focus Groups

*“All the men know how to get babies. And people with HIV know how to abstain from having sex. But if you have sex with a woman who doesn't have HIV and try to have a baby? We want information on what to do and how to do it. Because I still don't know how to do it. ”*

*PRO Men focus group participant, July 2012*

# New HIV Prevention Strategies

## Antiretroviral treatment (Treatment as Prevention or TasP)

- HPTN 052 96% reduction in sexual transmission with undetectable viral load, no STIs

## Pre-exposure prophylaxis or PrEP

- PrEP studies indicate a dramatic reduction in HIV acquisition with adherence

**more options = POSSIBILITY**

# Options for safer conception

á COST=yes

á EFFECTIVENESS=?

ARV  
for HIV+

PrEP  
for HIV-

Sperm  
washing +  
IUI

Sperm  
washing +  
IVF-ICSI

Adoption, sperm donation, not having children



Alaska

Yukon Territory

Northwest Territories

Nunavut

British Columbia

Alberta

Saskatchewan

Manitoba

Ontario

Quebec

Washington

Oregon

Montana

N. Dakota

Minnesota

Idaho

Wyoming

S. Dakota

Wisconsin

Michigan

Illinois

Maine

New Brunswick

Nova Scotia

California

Nevada

Utah

Colorado

Nebraska

Iowa

Illinois

Indiana

Ohio

Pennsylvania

New York

New Jersey

Mass.

Rhode Island

Connecticut

Delaware

Maryland

Hawaii

California

Arizona

New Mexico

Oklahoma

Missouri

Tennessee

Virginia

N. Carolina

S. Carolina

Alabama

Georgia

Texas

Louisiana

Florida



# Perinatal HIV Guidelines: March 2014

## Reproductive Options for HIV-Concordant and Serodiscordant Couples

- The Panel recommends that HIV-infected partner(s) in HIV-seroconcordant and HIV-serodiscordant couples planning pregnancy attain maximum viral suppression before attempting conception **(AIII)**.
- The Panel notes that periconception administration of ARV pre-exposure prophylaxis (PrEP) for HIV-uninfected partners may offer an additional tool to reduce the risk of sexual transmission **(CIII)**. A new table has been added reviewing clinical trials of PrEP (see [Table 4: Clinical Trials of Pre-Exposure Prophylaxis](#)).
- The Panel also notes that no studies exist about the utility of PrEP in an uninfected individual whose infected partner is receiving combination antiretroviral therapy (cART) and has a suppressed viral load.
- Pregnancy is not a contraindication to PrEP.

[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)

# PrEP me, please: Understanding PrEP's role in women's health & safer conception

- September 2014 1.5 hour webinar hosted by AVAC and The US Women & PrEP Working Group
- Slides & recording available
- <http://www.avac.org/event/prep-me-please>

# If we succeed at integrating reproductive & sexual health care into primary care:

- Every HIV-exposed pregnancy will be planned and well-timed
- There will be no HIV transmission to infants or to uninfected partners
- The health of all HIV-affected parents and infants will be optimized



# Every interaction is an opportunity.

- To discuss HIV status or testing
- To discuss reproductive health desires
  - Preconception
  - Contraception
  - Safer conception

**The stories in our lives do not always coincide with the reminders in the medical health record.  
Start the conversation. Stay open. Repeat.**



We have the science to end sexual HIV transmission.

What remains is implementation & scale up of effective interventions.

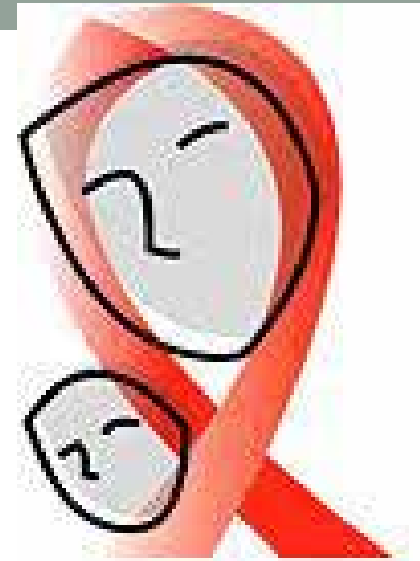
**This means you CAN make a difference.**



**Positive Reproductive Outcomes for Men**

Initiative launched by BAPAC at SFGH's Ward 86 HIV clinic:

- Aimed at the ~500 HIV+ men who have sex with women
- Supporting HIV+ men's sexual & reproductive health intentions
- Integrating sexual & reproductive health care into a primary care
- HIV- female partners can receive care at BAPAC
- [hiv.ucsf.edu/care/perinatal/pro\\_men.html](http://hiv.ucsf.edu/care/perinatal/pro_men.html)



**BAPAC**

Bay Area Perinatal  
AIDS CENTER

# PRO Men Focus Groups

- Identify common themes
  - Gaps in knowledge
  - Gaps in services
  - Engaging patients
  - Developed relationships for filming
- ++ Provider thought leader interviews

# *HIV Positive Men: Healthy Sex Lives, Health Families*



- 9- minute professionally filmed video
- Available online
- Plays in the Ward 86 waiting room



# HIV Positive Men: Having a healthy sex life and a healthy family



[Click for link to video](#)

# PRO Men Patient resources

Monthly support group, pop up community events, outreach to Spanish language support groups

Patient brochures in English & Spanish

- *Is PrEP right for me? A primer for HIV-women*
- *Preventing HIV transmission & Pregnancy: A guide for men*
- *Safer conception options for HIV+ men with an HIV-female partner*
- *Safer conception options for HIV- women with an HIV-positive male partner*

2 patient videos on timed ovulation for safer conception

*Spanish translations in process*

4-minute Adherence Video English/Spanish

4- minute Disclosure Video

# Provider resources

- 3 hour provider training in partnership with PAETC
- Antepartum template
- Provider algorithm
  - *Decision tree for sexually active men and women*



# Preparation phase

Integration of PRO-Men tasks into daily work:

- Creation of a PRO-Men “patient registry”
- Adding Procreative Counseling to the patient problem-list (ICD-9 code: v26.4) and implications for care

Lessons learned:

- Lack of documentation of sexual history and sexual orientation in patients' EMR
- Discomfort among clinicians discussing sexual history

# Changes to Ward 86 Clinic Policy

## Health Care Maintenance, Assessment

- For all patients (*regardless of gender*), *Reproductive and sexual health assessment at entry, then at least every 12 months (more often if needed) including:*
- Current *family and relationship status*
- HIV, Hepatitis, STD history of patient and sexual partner(s)
- Sex practices within past year (sex of partners, type of sex, use of condoms)

# Additions to Ward 86 Clinic Policy

- Inquire yearly about desire to have children
- If sexually active with partner of opposite sex, use of contraception vs. attempts at conception
- If sex with partner of opposite sex, level of knowledge regarding contraceptive options
- For female patients, at every visit, medical assistants inquire about last menstrual period while obtaining vital signs

# Lessons Learned

- The unanticipated (and unintended) effectiveness of inviting men to PRO-Men group as a way to recruit MSW to engage in one-on-one discussion.
- Group normalizes experiences
- Discomfort among MSW patients disclosing their sexual orientation and history to clinicians and others
- Sense of isolation and stigma among MSW

# PRO-Men Cohort Characteristics

Ranked by HIV-infection risk:

1. Hetero- IDU
2. Bisexual- IDU
3. Bisexual
4. Straight / bisexual who MSM for \$ or other needs
5. MSM who have kids from previous relationships
6. MSW-non-IDU
7. MSM who want to have kids  
(no blood-transfusion recipients)



# Disclosure & Follow-up

- Planning, preparation, role-play, coaching, debriefing
- The joint primary care visit
- Referring female partners for HIV testing
- Referring female partners for PrEP
- Referring female partners for family planning

Reduce stigma, normalize desires





National rapid response for HIV management and bloodborne pathogen exposures.

**HIV Management: 800.933.3413**

9 am – 8 pm EST, M-F

**PEPline: 888.448.4911**

9 am – 2 am EST, every day

**Perinatal HIV Hotline: 888.448.8765**

9 am – 2 am EST, every day

**PrEPLine: 855.448.7737**

11 a.m. – 6 p.m. EST, M-F

**Online Consultation: [nccc.ucsf.edu](http://nccc.ucsf.edu)**

The CCC provides clinicians of all experience levels with cost-free, confidential, timely, expert responses to questions on:

- HIV/AIDS management (testing, ARVs, co-infection, care)
- Occupational and non-occupational exposure management
- Management of HIV in pregnant mothers and their infants
- Considerations of providing PrEP as part of HIV prevention



*Our mission is to improve patient health outcomes by building the capacity of healthcare providers through expert clinical consultation and education.*

The CCC at UCSF/SFGH is a project of the HRSA AETC Program & the CDC.



IDSOG

# ReproIDHIV Listserv



The **ReproIDHIV** listserv is a forum for discussing clinical cases, finding patient referrals, sharing protocols and upcoming events, and networking with colleagues.

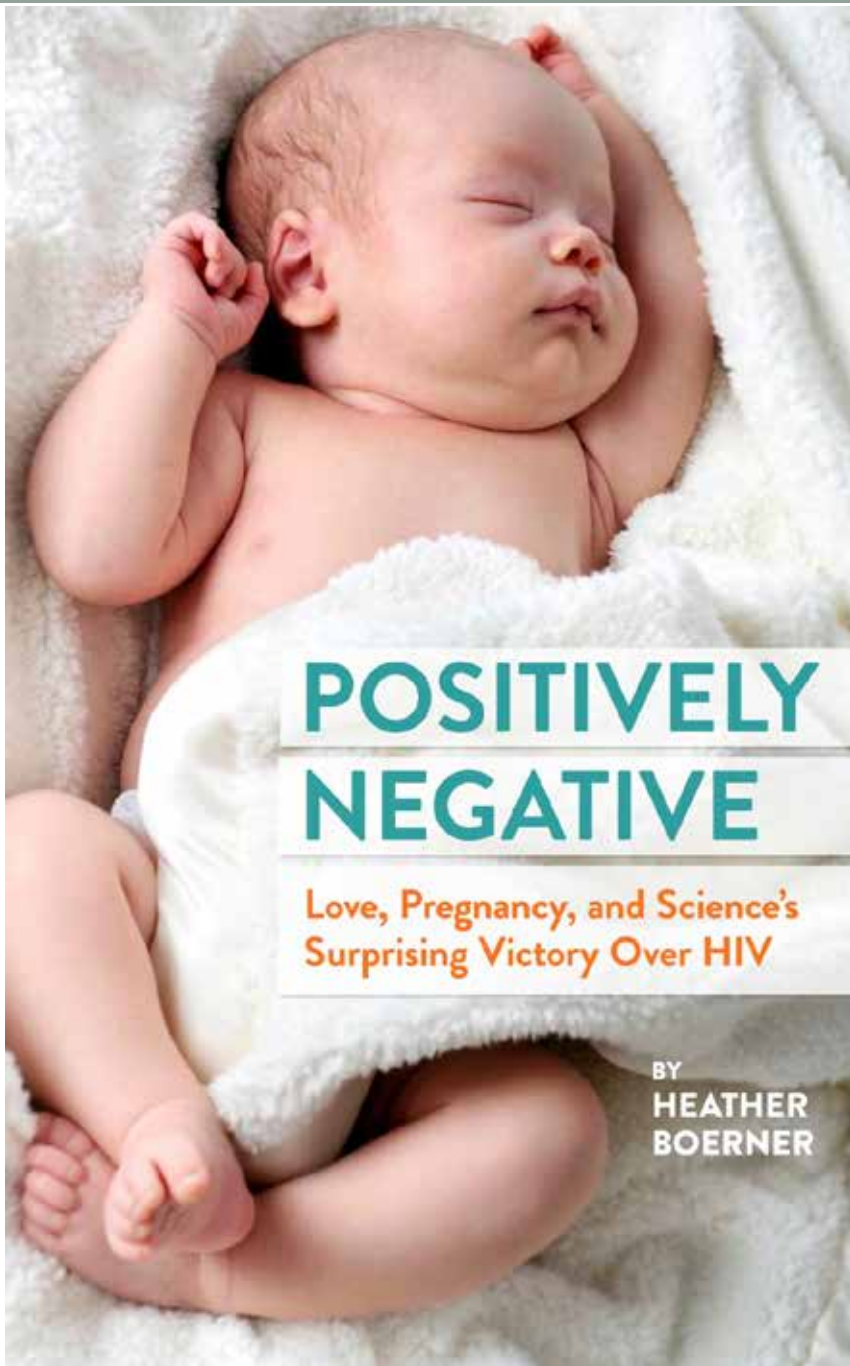
Sponsored by

**UCSF/HRSA National HIV/AIDS Clinicians' Consultation Center**

**Infectious Disease Society of Obstetricians and Gynecologists (IDSOG)**

**UCSF Fellowship in Reproductive Infectious Disease**

To be added to the listserv contact:  
Shannon Weber [sweber@nccc.ucsf.edu](mailto:sweber@nccc.ucsf.edu)



“Follow the Hartmanns and the Morgans from the blush of first love to the squalls of their newborn daughters. Then, join the pre-eminent scientists in the field as they uncover the surprising new science of HIV, one that means that unprotected sex for some HIV-affected couples isn't crazy.

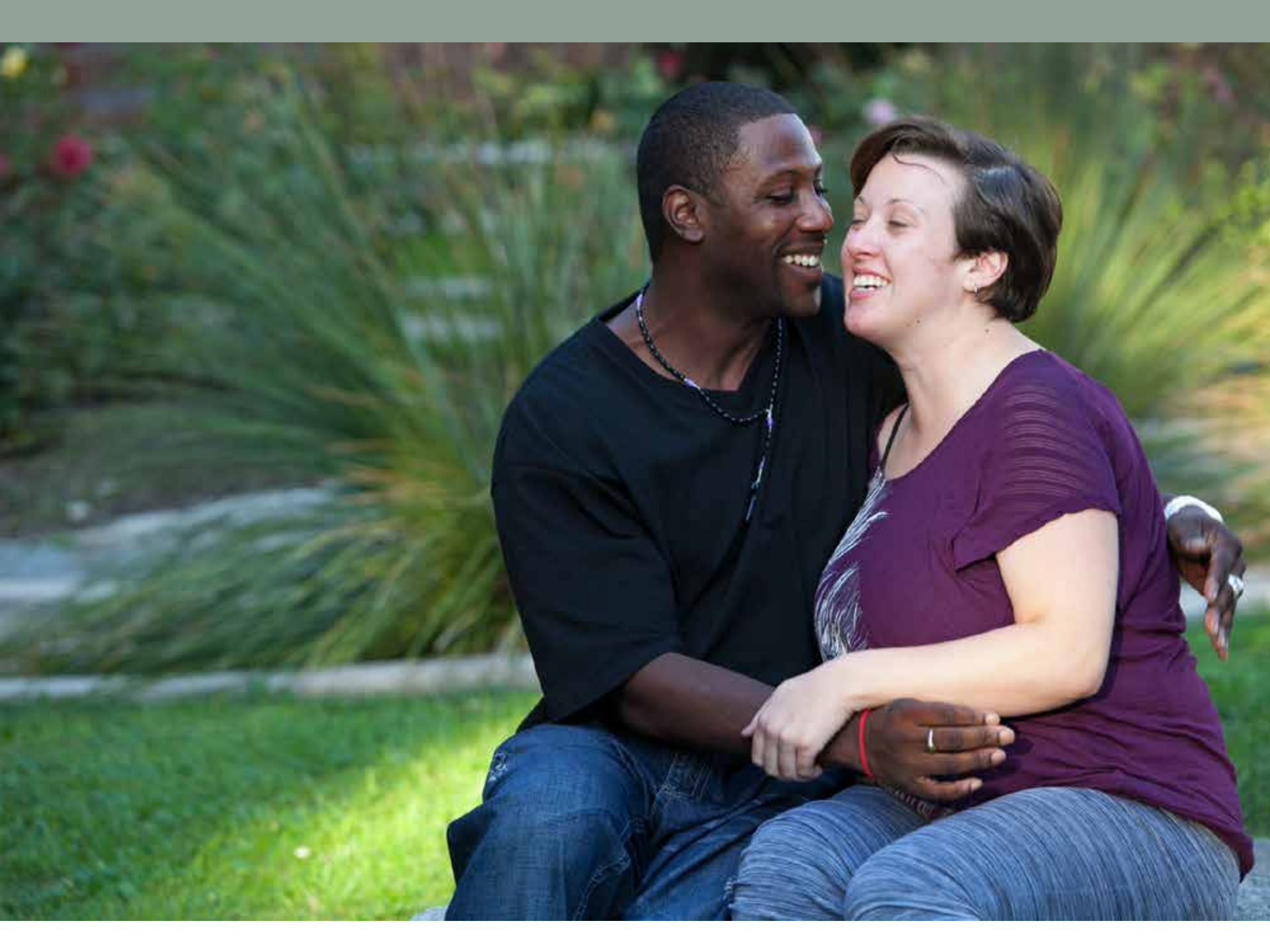
It's natural.”

**#HIVLoveWins**

<https://positively-negative.squarespace.com>

# Caroline: One Woman's Story





# San Francisco Chronicle

SECTIONS | Thursday, February 7, 2013 | PRINTED ON RECYCLED PAPER | BULK | A4 44A

## TOP OF THE NEWS

### World/Nation

- **South Pacific:** A tsunami rumbled into the Solomon Islands, killing six people. A-2
- **Texas tornado:** The announcement of a wedding reception before a gunman opened fire across the nation. A-4
- **Secretary of the Interior:** President Obama picks KSI executive Kelly Jewell to lead the Department. A-7
- **Bay Bridge:** The local push to get a toll-free toll on the bridge is on the agenda. A-8



### Sporting Green

- **AFLC:** The new San Francisco 49ers cheerleader, cheerleader, cheerleader. B-1
- **Redskins:** The team plans to make TV the focus of its season. B-2

### Business Report

- **Texas hold ups:** Losing California business may not be profitable. C-1
- **Hardly made:** record spending per member to work. C-3



### 90 Hours

- **Expanded coverage:** New section includes Oakland features.
- **'The Fourth Messenger':** Values of a family — and a dog. E-1
- **Book:** A Book's Ability to Inspire. Page 2

### Datobook

- **Board members:** San Francisco's Board of Supervisors is being reviewed as a destination for the afternoon. E-1
- **Starting Up:** A 3.5 target to raise \$100 million in an upcoming round. E-1

## MEDICINE



Caroline and Dean stand in a delivery room in the personal care at San Francisco General Hospital. They're getting help from a program that caters to at-risk women who are HIV positive and want to have a family.

## HIV fatherhood — safely

### S.F. clinic's process ends risk for mom and baby

By Kim Adley

Dean was in jail when he tested positive for HIV. He knew that his long-term girlfriend was HIV positive, and they hadn't taken many precautions to keep their child safe. So he made a decision to get the diagnosis, but the news was still crushing. "I was devastated," said Dean, 35, a San Francisco resident who said that his last name had to be changed. "I didn't know if I was going to live. I didn't know if my world was suddenly over. I didn't know how I was ever going to have a family."

Nearly five years later, Dean has a new girlfriend and a healthy son.



Dr. Deborah Collins sees an ultrasound machine on that Caroline and Dean use to hear their baby's heartbeat.

## POSTAL SERVICE

## Saturday mail cut — a fight expected

### Ending 150-year tradition defies Congress' mandate

By John Willmetts and Ellen Eber

In a surprise effort to shore up its financial future, the U.S. Postal Service plans to end more than one century of Saturday mail delivery in August, but it might face a battle in Congress before that happens. The plan, announced by Postmaster General Patrick Donahoe on Wednesday, will eliminate all mail delivery to homes and businesses on Saturdays, beginning the week of Aug. 3, but maintain it only at major post office buildings. That offers a model solution to stay open on Saturdays, though there would be no pickup in mailboxes. The move, which the Postal Service has wanted for years, was expected to save about \$1 billion annually over the elimination of up to \$200 million worth of jobs through attrition. "Our financial condition is urgent," Donahoe said at the news conference. "This is not just a cost savings for us to open."

Continued on A-6

## PUBLIC EDUCATION

## Schools illegally spent cash meant to feed poor kids

By Wyatt Barkman

SACRAMENTO — School districts across California have illegally received nearly \$20 million in federal money for free or reduced-price school lunches, but the Department of Education says only a few states and two counties have addressed the practice since the Supreme Court ruled in 2010 that the federal program must be implemented through the states. The state attorney general in the report described the situation as "shocking" and said that the federal money must be used to provide meals to eligible children in which they were enrolled. While the federal money is intended to be used to provide meals to eligible children, the state has been charged with a crime, and the funds were spent on other school meals and other programs.

## BAY BRIDGE

## Footsteps to sound opening of east span

By Michael Chabonson

The long and arduous and expensive task of building the new east span of the Bay Bridge will end with a final bridge closure that includes three for a health, safety, public bridge work, and December will be over.

How come, a hike will be from the Bay Bridge to the San Francisco and Oakland.

"We agreed to opening it to us, we're going to open it to people," said Deputy Mayor Richard B. Carr, who is in charge of the transportation, transportation, which also serves as

the toll authority. The toll authority will open to run, track and maintenance, and high-speed rail.

"We're going to open it to people," said Deputy Mayor Richard B. Carr, who is in charge of the transportation, transportation, which also serves as

Bay Bridge continues on A-1

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www.WorldClassShows.com For More Information







# HIV Sexual and Reproductive Health Coalition-Building in Chicago

Corinne Blum, MD, AAHIVS  
Supervising Physician  
HIV Primary Care Program  
Chicago Department of Public Health

October 10, 2014









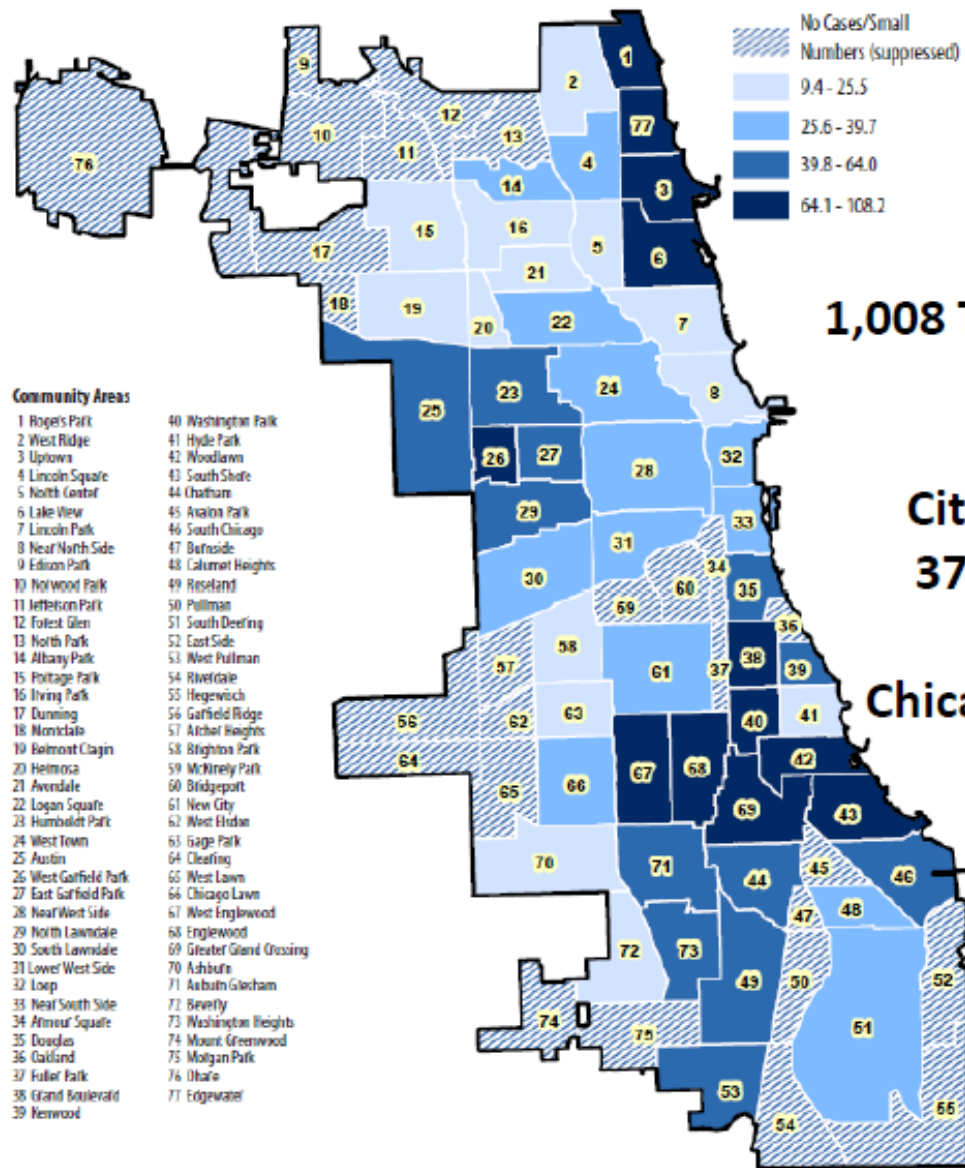


# CHICAGO WOMEN'S HEALTH CENTER





**Figure 4. 2010-2011 Average HIV Infection Diagnoses Rate (per 100,000) by Community Area, Chicago**



**1,008 Total HIV Diagnoses (2011)**

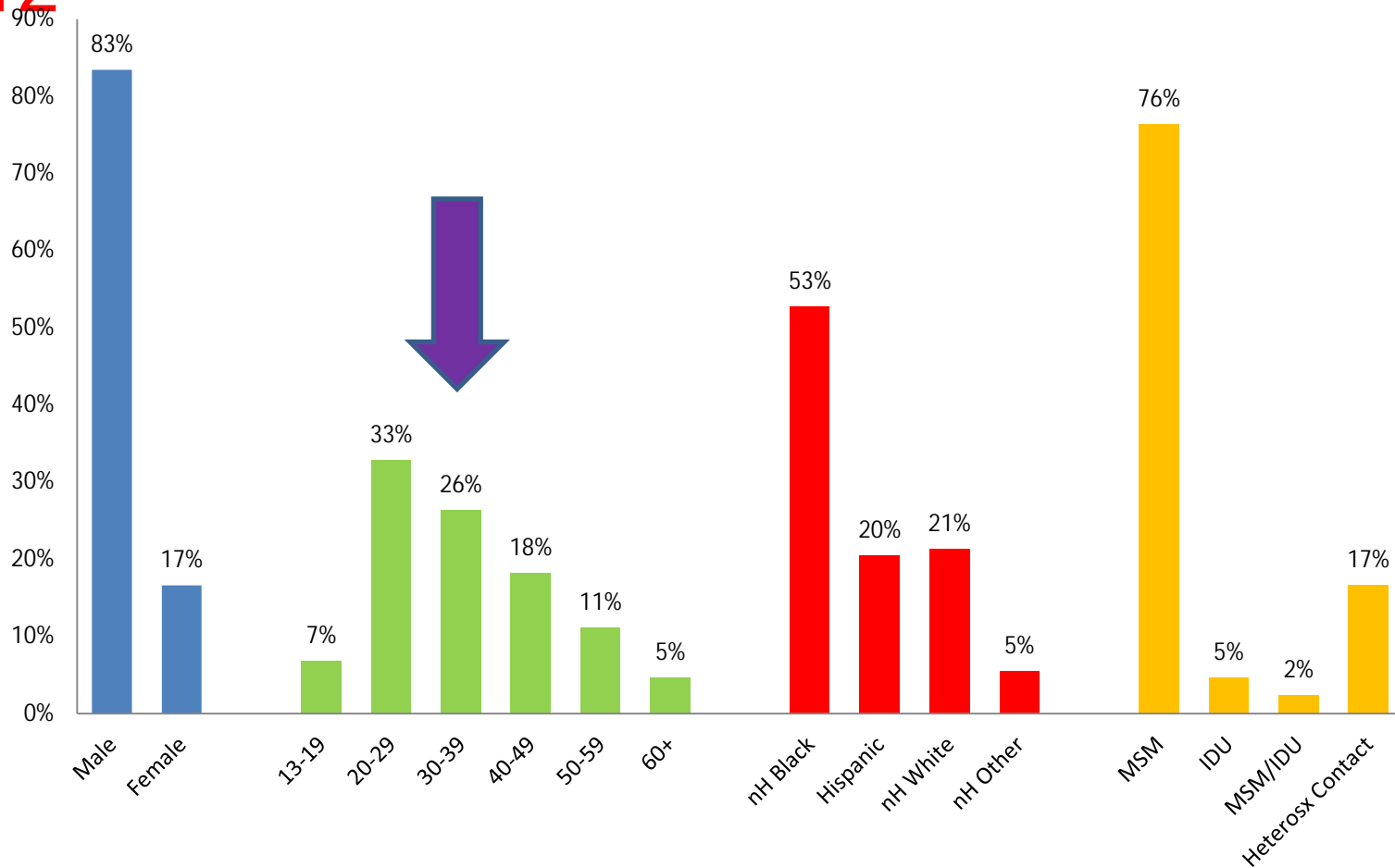
**City Diagnosis Rate 37.4 (per 100,000)**

**Chicago MSA: 24/100K**



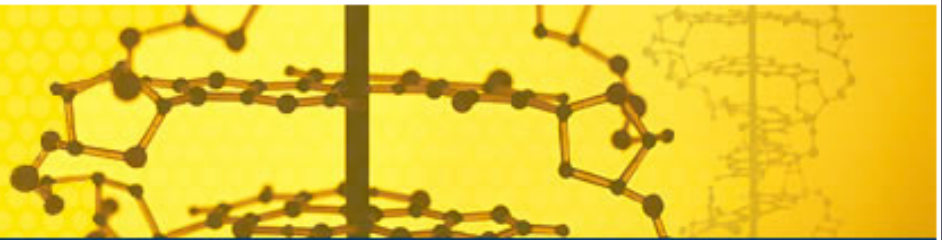
# HIV Infection Diagnoses by Select Characteristics, Chicago, 2012

N=1,103



# Planting the Seed





- Calendar and Program Registration
- Online Trainings
- Program Resources
- Home
- About Us
- Resource Center
- Programs
- Regional Sites
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**Staff Login**

**Username:**

**Password:**

**PROGRAMS**

All MATEC Sites offer the following programs/services. In addition, each Site offers programs to meet the needs of the health care professionals in their respective state. Please contact your local MATEC Site to discuss what services and programs we can offer you. Click "Calendar and Program Registration" tab on the left toolbar to view current program listings.

**PROGRAMS OFFERED BY MATEC-ILLINOIS**

*Note: Many of these programs or similar ones can be provided through arrangement with your MATEC Site. Contact MATEC directly for more information.*

**Chicago HIV Breakfast Club**

(Monthly Breakfast Meeting 7:30 to 9:00 am) This Breakfast CME Program provides members the opportunity to meet, interact, and network with HIV medical care providers working in the city of Chicago. Attendees have the opportunity to discuss case presentations and share clinical/scientific HIV information. Breakfast and valet parking are provided. The Breakfast Club meets on the 1st Wednesday of each month and requires pre-registration and confirmation. For more information please contact Anne Marie Fosnact at 312-413-4803 or afosna2@uic.edu.

**Regional Sites**



**Illinois - Indiana**  
**Iowa - Michigan**  
**Minnesota - Missouri**  
**Wisconsin**

<<	September 2014							>>
Su	Mo	Tu	We	Th	Fr	Sa		
		1	2	3	4	5	6	
7	8	9	10	11	12	13		
14	15	16	17	18	19	20		
21	22	23	24	25	26	27		
28	29	30						



### Lights, camera, action! Video as a teaching tool in your training curriculum

Shannon.Weber@ucsf.edu

<http://hiv.ucsf.edu/care/perinatal.html>

tim.vincent@ucsf.edu

[www.stdhivtraining.org](http://www.stdhivtraining.org)

### Why will you use or create videos?

- You have a story to tell.
- Include expert or specialty knowledge not available in person.
- Teaching that is repetitive and can be more efficiently conveyed via video.

Crowd sourced video platforms and tools have lowered our expectations about the quality of videos and removed barriers to developing and watching. Creating good content (just like any other medium) is still critical.

### Who will watch your video?

- Consider access issues: vimeo & youtube, private or not, CDs, technical difficulties,, devices, waiting rooms, etc.
- A younger generation expects interactive over didactic content. Video can legitimize your message.

### What is already out there? What equipment or tools do you own? What is easy to use?

- Search youtube & vimeo
- Shawn and Gwen, Desert AIDS Project, Chicago AIDS Foundation, Ken likes Barbie, Project Inform, ThePositiveProject.org, Curry TB Center, East Bay AIDS
- Google for non-profits
- Public Access TV Channel for filming

To make video you need: content, capture, edit and publishing

- Consider what format will suit your message, audience and budget
- iMovie app
- Screen capture app by IDEO



## Register for Chicago HIV Breakfast Club! New location!

**Wednesday, February 5, 2014**  
**7:30 - 9:00 A.M.**

Chicago Marriott at Medical District/UIC  
625 South Ashland Avenue (@Harrison)  
Chicago, IL ([click here for Mapquest link](#))  
Breakfast and valet parking complimentary  
(arrive early to avoid waiting in valet line)

[Click here to register](#)

[Pharm reps click here to register](#)



### "Toward the Elimination of Sexual HIV Transmission: Integrating Sexual & Reproductive Health Care"

**Shannon Weber, MSW**

*Director, Perinatal HIV Hotline/National HIV/AIDS Clinicians' Consultation Center; Bay Area Perinatal AIDS Center Coordinator*

#### Learning Objectives:

- Explain two HIV prevention methods to decrease the risk of HIV transmission during conception attempts
- Identify two assisted reproductive techniques available to HIV-affected couples seeking safer conception options
- Locate 3 online resources for additional information including patient and provider materials, supportive of HIV-affected couples sexual and reproductive health desires

## Invite: HIV+ Repro Health 2/5/14

Blum, Corinne

Thu 1/23/2014 5:45 PM

Sent Items

Dear Friends:

I'd like to invite you to an exciting meeting on February 5, to join a group of local stakeholders in discussion about reproductive health and family planning options for people living with HIV. It will be on February 5, from 9am to 11am (AFTER the MATEC Breakfast Club). Please see more description of the meeting below, and please RSVP to Anne Marie Fosnacht at MATEC - [afosna2@uic.edu](mailto:afosna2@uic.edu). I hope to see you there!

Best wishes,  
Cori

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### **When does the condom come off?**

Come help us brainstorm ways to build awareness among providers and consumers about options for HIV+ and serodiscordant couples seeking pregnancy and making decisions about family planning.

How do we educate consumers? How do we educate providers? How do we talk to men? Where does PREP fit in?

We would like to hear from energized partners from family planning, HIV+ consumers, PREP researchers, HIV providers, and other interested groups regarding their needs and ideas for making choices a reality. Please come and help get the conversation started.

Hosted by MATEC and PACPI, with special guest Shannon Weber (Perinatal HIV Hotline/National HIV/AIDS Clinicians' Consultation Center; Bay Area Perinatal AIDS Center Coordinator)

**Wednesday, February 5, 9am-11am**

(immediately after the MATEC HIV Breakfast Club)

**The Marriott UIC/Medical District - 625 S. Ashland Avenue, Chicago, IL 60607**



# HIV Sexual and Reproductive Health Coalition Conception Meeting - 2/5/14

- \* What do we know (in terms of consumer & provider needs)?
- \* What do we need to know?
- \* What resources do we have?
- \* What resources do we need?

# HIV Sexual and Reproductive Health Coalition Conception Meeting - 2/5/14

- \* What is the shared vision?
- \* Who is the core group?
- \* Who is missing?
- \* What can we do today, this week, next month to move toward that vision?
  
- \* What would need to be true for us to end the sexual transmission of HIV?

EXIT

EXIT

### Resources

- Webinars (updated)
- Videos
- List from TPAAC as a start for NIP
- List from DP as starting point
- Chicago & London Campaign
- FQHC
- BSO and ACA (TIA)
- Make clear list of members who can help
- Alternative communication program
- BSI
- ANAC in associates - LDM

### Goals

- Complete meeting and to create products - capture lessons
- Increase the participation in care
- Provide and to all caregiver roles in home care settings
- Message: "we're going to help"
- Provide educ. around safety for NIP & using DP
- Provide train. for partner with minor injury - if not done first, who do it?
- What do I need to do?
- Include appropriate technology

### Vision

Have beyond London only

Developed into more countries and other international projects

Use of Online Care, Home Care

Work with SPANISH ACAD

Many members to go to training

Competition of NIP to work with existing products

Access to NIP, resources can be used for provider education

### Next Steps

- Send to partners info on meeting
- Jessica - will fill with BS
- Develop vision of how long for the BS - keep mtg. together - group
- BS - start list serve
- Laurel - primary list of providers who do it
- BSI - make decision on training
- ANAC - incorporate message in training
- do training on video (looking for it)
- KLB - video blog
- ANAC - do notes - distribute
- ANAC - create ANAC list - send resources
- Noreen - ANAC training
- Coaching - 1-1 of CAAC to all organizations
- Jan - Add to his book about home - will bring money to CAAC

### Fast prep

- Resource list of see complete
- In write TPAAC to engage
- Incorporate ideas training materials/curriculum and family planning when it comes
- Add prep notes - DCAI to short script for success factors
- Present to ANAC NIP
- APACI outline: gain more
- Fi give me something to do

### Who members

- Responsible for training
- CAAC
- short book
- ICAH



# Building a more holistic approach to wellness and prevention for people who are affected by HIV, incorporating reproductive and sexual health

- \* Move focus from “babies” to “healthy men and women and families”
- \* Address provider/institutional stigma
- \* Empower consumers
- \* Educate providers



## Resources

- FB materials (updated)
- Posters
- Videos
- List from TPANFAC as a cheat for BIP
- List from PP <sup>providers</sup> <sub>relating to BIP</sub>
- Chicago & London Campaign

## Gaps

- Counselors need to be trained to address providers - improve outcomes
- Insurance for preconception care
- Providers need to offer preconception care to regular contraceptive users
- Messages too "baby, baby, baby" healthy?
- Provider educ around why for HIV + ST
- Providers <sup>need</sup> <sub>to</sub> <sup>know</sup> <sub>about</sub> <sup>partner</sup> <sub>status</sub>
- 3rd trimester testing - if asked about HIV, what do we say?
- Data
- Talking to P?
- Assisted repro. technology

## Gaps(a)

- HIV pre
- PP
- ICAH

## New members

- Recardina - John Schmitt
- Casanova
- PP
- other P. health
- ICAH

# HIV Sexual and Reproductive Health Coalition Conception Meeting - 2/5/14

## "Fast" Projects

- \* Provider list for sero-discordant couples
- \* Case manager training
- \* Adding LMP/pregnancy test to clinic/intake forms
- \* Presentation at ANAC
- \* Adapting educational materials
  - \* Spanish-language PrEP education
  - \* BAPAC patient education with local twists

Forecasted - Last Updated: 12/17/2013

### National Prevention Partnership Awards (NPPA) Program

E-mail me when this page is updated

Share 0 Tweet 0

Most Recent Update: 12/17/2013 12:36:14 PM

denotes Help information

**Summary:**  
 Funding Opportunity Number: OASH-FY14-001  
 Forecast ID Number: OASH-2014-FCAST-0020  
 Fiscal Year: 2014  
 Funding Opportunity Title: National Prevention Partnership Awards (NPPA) Program  
 CFDA Number: 93.311  
 Funding Activity Category: Health  
 Funding Instrument Type Code(s): Grant  
 Cost Sharing / Matching Requirement: No  
 Affordable Care Act (ACA): No

**Estimated Funding Information:**  
 Estimated Funding: \$7,700,000  
 Expected Number of Awards: 35  
 Estimated Award Ceiling: \$50,000  
 Estimated Award Floor: \$500,000

**Estimated Milestone Dates:**  
 Estimated Post Date: 12/16/2013  
 Estimated Application Due Date: 03/03/2014  
 Estimated Award Date: 07/01/2014  
 Estimated Start Date: 07/01/2014

#### Related Announcements

- Rigorous Evaluation of New or Innovative Approaches to Prevent Teen Pregnancy  
 FOR: OAH-13-0037  
 Last Updated: 09/24/2014
- Capacity Building to Support Implementation of Evidence-Based Teen Pregnancy Prevention Programs  
 FOR: OAH-13-0033  
 Last Updated: 09/24/2014
- Announcement of the Anticipated Availability of Funds for Research Integrity Conferences  
 FOR: ORI-15-002  
 Last Updated: 09/23/2014
- Announcement of the Anticipated Availability of Funds for Phase I Research on Research Integrity  
 FOR: ORI-15-001  
 Last Updated: 09/23/2014
- FY15 Announcement of Anticipated Availability of Funds for Family Planning Services Grants Region IX - California (East Los Angeles)  
 FOR: PA-FPH-15-023  
 Last Updated: 09/11/2014
- FY15 Announcement of Anticipated Availability of Funds for Family Planning Services Grants Region VI - Texas (Elm State)  
 FOR: PA-FPH-15-029  
 Last Updated: 09/11/2014

See More

#### Recent Updates

- Rigorous Evaluation of New or Innovative Approaches to Prevent Teen Pregnancy  
 FOR: OAH-13-0037  
 Last Updated: 09/24/2014
- Capacity Building to Support Implementation of Evidence-Based Teen Pregnancy Prevention Programs



AIDS FOUNDATION OF CHICAGO

# Midwest HIV Prevention and Pregnancy Planning Initiative (MHPPPI) *AFC, PACPI, PPIL, MATEC, Everthrive*

Objective 1: Increase women's health providers' knowledge and ability to:

- 1) Offer comprehensive pregnancy planning options to their HIV-positive patients and HIV-negative patients with HIV-positive partners, and
- 2) offer expanded HIV prevention tool kit options to all women served

Objective 2: Increase the HIV workforce's knowledge and ability to address HIV-positive clients' sexual health needs, including family planning; and

Objective 3: Increase understanding of the impact of ACA on HIV prevention among all medical providers



# HIVSRHC

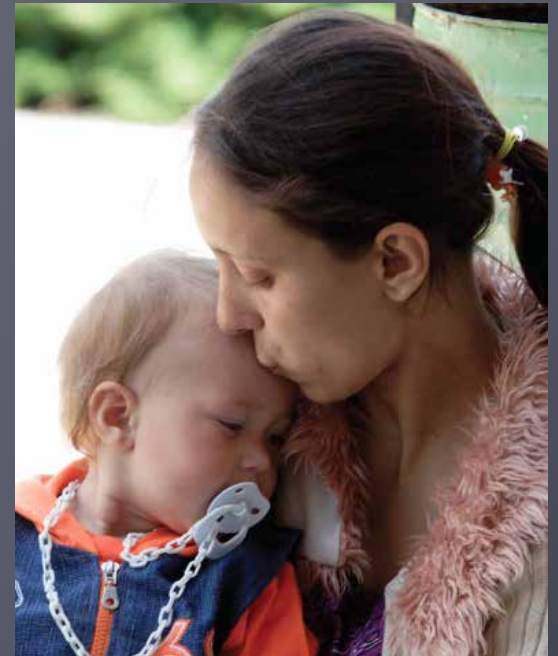
## Second Meeting – 4/15/14

- \* Workgroups
  - \* Materials
  - \* Education and Training
  - \* Outreach
  - \* Structural Support
  - \* Consumer Empowerment



# Excitement

- \* Bridging the gap between HIV and reproductive justice worlds
- \* Focusing on the “missing pieces” to allow us to work on reproductive rights for HIV+ men and women
- \* Helping our HIV+ clients know that they have the right and ability to have healthy sexual relationships and to make choices about having children



# Hopes

- \* Talking about the coalition with providers in other forums
- \* Combatting myths/beliefs/lack of knowledge
- \* Empowering men and women with HIV to demand that their providers address their reproductive health needs
- \* Making reproductive and sexual health issues become a normal and expected part of HIV care

# Lessons Learned

## \* Challenges

- \* Finding time to bring together a very busy group of people
- \* Lack of resources to support staff and carve out time within organizations to do the work

## \* Potential Future Pitfalls

- \* Not being clear enough about goals, which makes it hard to keep momentum going
- \* People who are unfunded getting taken away because of their other commitments

# HIVSRHC - Next Meeting!

## 11/6/14

- \* New RSVPs

- \* Dr. Pat Garcia, OB/GYN and leading expert provider of reproductive options and pre-/perinatal care for people living with HIV

- \* Dr. Mildred Williamson, HIV/AIDS Section Chief at Illinois Department of Public Health and recent Appointee to the U.S. Presidential Advisory Council on HIV/AIDS

- \* Agenda. . .

- \* Defining vision/mission

- \* Focus on discrete project?

- \* Fundraising?





QUESTIONS?



# GETSFCBA!



Gary Najarian, M.S.W.  
Manager, Capacity Building Initiatives  
SFDPH, Center for Learning and Innovation

25 Van Ness Ave, Suite 500 San Francisco, CA 94102

T: (415) 437-6226

E: [gary.najarian@sfdph.org](mailto:gary.najarian@sfdph.org)

W: [www.getSFcba.org](http://www.getSFcba.org)