### CCCHAP Meeting Minutes

**Meeting Date:** January 17, 2008  
**Meeting Place:** Snelling Office Park, Mississippi Room

<table>
<thead>
<tr>
<th>Members Present:</th>
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<tbody>
<tr>
<td>☒ Yemesrach Abdurahman</td>
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<tr>
<td>☒ Julia Ashley (MDH)</td>
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<tr>
<td>☒ Kathy Brothen</td>
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<td>☒ Lolita Davis Carter</td>
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<td>☒ Mitchell Davis</td>
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<tr>
<td>☒ Weston Edwards</td>
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<tr>
<td>☒ Doris Johnson</td>
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<td>☒ Anita Kaneza</td>
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<td>☒ Colette Lawrence</td>
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### MDH STAFF

Peter Carr  
Timona D. Jarha  
Gary Novotny  
Rob Yaeger  
Amy Gust  
Yolanda Sallis

### Guests/Community Members

Gene Danilenko, MS, MBA (Proxy for Michael Wilkerson)  
Thao Thuan, Minnesota Asian/American Health Coalition  
Nancy Pomplun, HIV/AIDS Collaborative

### Agenda Items/Discussion

**Opening, Welcome and Introductions**

**Old Business/Updates**

**Action Steps Completed**

a. The Conflict of Interest Disclosure form needs to include new member names  
Form distributed at Noon for completion

**Business**

Approval of Minutes and Review of Meeting Evaluations has been moved to tomorrow.
<table>
<thead>
<tr>
<th>Agenda Items/Discussion</th>
<th>Action steps required and by whom</th>
</tr>
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<tbody>
<tr>
<td><strong>Housekeeping Updates</strong> (Timona)</td>
<td>Timona will send out the specific URL link to the CCCHAP members</td>
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</tbody>
</table>

**Discussion Board**

- MDH is providing this electronic discussion forum as a way to facilitate an exchange of information and ideas.
- CCCHAP members’ e-mail addresses were submitted to the MDH web master. Users will receive a welcome e-mail message with their assigned user name, password and link.
- At the log in screen, participants will be able to change their preferences, user name and other settings.
- Discussion topics and conversation threads can be viewed, and additional topics can be added by Timona, who is the moderator.
- Attachments can be sent.
- All postings are considered public information.
- The Discussion Board has an integrated help topics and tutorial.
- More information will be sent out when the discussion board is implemented.

**CCCHAP Logo**

- In the process of “branding” CCCHAP - a logo will be designed for CCCHAP for the purpose of marketing and elevating CCCHAP’s presence in the community.
- MDH has invited bids on the logo design.
- The bidding deadline for submission is February 15, 2008.
- Initial designs will be presented to CCCHAP to select the best logo that fits CCCHAP’s mission and identity.
- The logo will be used when doing outreach at community events and during recruitment.
### Agenda Items/Discussion

#### Co-factors Meeting Structure

The primary focus of this meeting:
- Subpopulation co-factor presentations from CCCHAP members
- Focus on creating a final co-factors list*
- Discuss next steps for final prioritization of the subpopulations at the February meeting

*A focus on the final co-factors list will also give CCCHAP an opportunity to look at the subpopulations more closely before deciding on prioritization

#### Structure

The Executive Team met in January, to discuss the structure for this meeting.

**Pre-meeting assignments**

- CCCHAP members were divided into one of the 12 target subpopulations.
- CCCHAP members were assigned to go to respective constituents, current grantees or other sources to collect and present additional co-factors.
- Pre-meeting assignment materials included:
  - Co-factors worksheet
  - HIV Prevention Grantees
  - Co-factors Dictionary
  - Co-factors Assignment list
  - Community Members Script
  - Co-factors Guidance

#### Analogy

The Executive team came up with the following analogy to describe the selection and implementation of co-factors. This analogy was designed to describe the roles of CCCHAP, proposal reviewers, grantees and grant managers.

- CCCHAP creates a list of ingredients
- Grant applicants put together a recipe
- Proposal reviewers select the best recipes
- Grantees cook the recipe
- Grant managers collect feedback on quality of meals served

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<tr>
<td>Co-factors Meeting Structure</td>
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<tr>
<td>Structure</td>
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<tr>
<td>Pre-meeting assignments</td>
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<tr>
<td>Analogy</td>
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Agenda Items/Discussion

<table>
<thead>
<tr>
<th>The analogy is based on trust that the grantees understand and know their target subpopulations and that the proposal reviewers will do their job dutifully to select the best recipes.</th>
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<tbody>
<tr>
<td>Using this analogy, CCCHAP members were assigned to seek additional “ingredients” to add to the existing list of co-factors.</td>
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<table>
<thead>
<tr>
<th>Groups preparation to present</th>
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<tbody>
<tr>
<td>CCCHAP members received 15 minutes to organize themselves to present the 12 subpopulations in the order of the agenda.</td>
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<tr>
<td>Markers were provided with posters to list their co-factors. The format provided was to list old and new co-factors.</td>
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<tr>
<td>The idea was not to prioritize or take off but to come up with a comprehensive list.</td>
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<tr>
<td>Timona explained tomorrow’s dot exercise.</td>
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<thead>
<tr>
<th>Grant Manager’s updates</th>
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<tr>
<td>Rob Yaeger, MDH Grant Manager and Training Coordinator, gave a brief presentation on co-factors:</td>
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<tr>
<td>In addition to the behavior(s) that expose an individual to HIV, individuals and communities have influences that indirectly put them at risk for HIV infection or transmission.</td>
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<tr>
<td>CCCHAP previously indentified a total of 26 co-factors among Minnesota’s HERR target populations.</td>
</tr>
<tr>
<td>Effective HERR projects address these co-factors throughout the delivery of their programming*</td>
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<tr>
<td>Co-factors might be addressed at the:</td>
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<tr>
<td>- Client level through the Individual Level Interventions or Comprehensive Risk Counseling and Services</td>
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<tr>
<td>- Group Level and Community Level Interventions</td>
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<tr>
<td>An individual client from the target population:</td>
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<tr>
<td>- might not be affected at all by a co-factor or</td>
</tr>
<tr>
<td>- might be heavily affected or entrenched in a co-factor.</td>
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*Effective HERR projects address these co-factors throughout the delivery of their programming.
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<tr>
<td>• Additional examples of how grantees might address co-factors:</td>
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<tr>
<td>- Location of activities/interventions</td>
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<tr>
<td>- Topics/information included in curricula, assessments and educational materials</td>
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<tr>
<td>- Skills/background of staff</td>
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<tr>
<td>• Issues to consider when identifying co-factors</td>
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<tr>
<td>1) Why is it a co-factor?</td>
<td></td>
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<tr>
<td>2) Is addressing the co-factor feasible? How might it be addressed?</td>
<td></td>
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<tr>
<td>3) Can addressing the co-factor be interwoven with an intervention?</td>
<td></td>
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<tr>
<td>* Please refer to the HERR grantee document entitled:</td>
<td></td>
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<tr>
<td>HIV Prevention Grantees and the co-factor dictionary.</td>
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**Co-factors Presentations**

Each CCCHAP representative(s) from the twelve subpopulations presented their co-factor findings to the whole group, followed by discussions and questions. The goal was not to prioritize or delete co-factors from the existing list, but to come up with a comprehensive list.

- HIV+ Presenters: Kevin Sitter and Louis Taylor
- African Immigrant Presenters: Marcellus Mayaka and Anita Kaneza
- Asian Presenter: Thuan Tran
- Young HRH Presenter: Kathy Brothen
- White HRH Presenter: Julia Ashley
- MSM/IDU Presenter: Charlie Tamble
- IDU Presenter: Doris Johnson
- African American Presenters: Michelle Sims and Sheila Mills
- Latino/Hispanic Presenter: There was no representation from this target subpopulation.
| For a complete list of the co-factors presented by each presenter see attached poster notes. |
| 5:00 p.m. Adjourn and Pick-up |
CO-FACTORS – Preliminary Version
CCCHAP Meeting: January 17-18, 2008
Snelling Office Park

12 Subpopulations – 4 Category Headings (Poster notes)

PRORITY CO-FACTORS FOR HIV POSITIVE PERSONS

HIV+
- Substance Use
- Mental Health
- Sexual networks
- Stigma/Disclosure
- Access to health care (active/untreated STDs, low/high viral load, services)
- Perception of Risk
- Health POZ (low viral load, ‘don’t look sick’)
- Non-Identified risk groups
- Economic Dependence
- Immigration Issues
- Self Esteem
- Gender/power
- Cultural Inclusive: ongoing needs
- Health Literacy

PRORITY CO-FACTORS FOR MEN WHO HAVE SEX WITH MEN

Young MSM (12 to 24) all races
- Substance use
- Developmental issues
- Perception of risk
- Access to syringes
- Access to health care (Access to HIV (CTR) testing and results)
- Active/untreated STDs
- Health literacy
- Survival sex
- Homelessness
- Sexual networks
- Social norms of risky behavior
- Mental health (Impaired mental health)
- Stigma
- Sexual role power dynamics
- Economic dependence
- Population mobility
Draft

- Language barriers
- Education system barriers to discussing safer sex and sexuality
- Internet

Adult MSM (>24) all races
- Stigma
- Disclosure
- Language barriers (Latino MSM epi)
- Cultural barriers (Racism)
- Religious/Spiritual beliefs
- Access to health care
- Active/untreated STDs
- Health literacy
- Sexual networks
- Substance use
- Power dynamics
- Survival sex
- Domestic violence
- Sexual victimization
- Mental health
- Non-gay/bisexual-identified MSM
- Hate Crime Violence
- Lack of healthy community norms
- Short-term emotional fulfillment

**Priority Co-Factors for HRH**

**African American HRH (>24) both genders**
- Access to health care (Active/untreated STDs, health literacy)
- Substance use
- Gender power imbalance
- Survival sex
- Domestic violence
- Sexual victimization
- Stigma
- Religious
- Spiritual beliefs
- Perception of risk
- Homelessness
- Mistrust of health care system (health care)
- Lack of cultural competent HIV services
- Mental health issues dealing with emotional support (Denial, fear)
- Late stage diagnosis due to barriers (transportation, childcare, under-insured)
- Medication and Adherence
- Senior population
- Resource Programs
Draft

- Denial of partner’s infection
- Recognition of risk of HRH by medical providers
- Re-entry; Correction facility

Young HRH (13 to 24) all races/gender
- Access to health care (testing, privacy, confidentiality)
- Insurance (Paperwork: MA, MFPP, MNCare)
- Active/untreated STDs
- Health literacy
- Education system barriers to discussing safer sex and sexuality
- Sexual networks
- Survival sex
- Domestic violence
- Sexual victimization
- Homelessness
- Perception of risk
- Substance use
- Out of school/work
- Having sex before age 13
- Lack of family/supportive adult
- Mental health
- Culture
- Peer Pressure
- Unequal partners
- Lack of family cohesion
- Foster care
- Internet (My Space & Facebook)
- Disabilities (Developmental, learning, etc.)

African Immigrant HRH (>24) both genders
- Language barriers
- Cultural barriers
- Religious
- Spiritual beliefs
- Stigma
- Disclosure
- Perception of risk
- Access to health care
- Active/untreated STDs
- Health literacy
- Gender power imbalance
- Survival sex
- Sexual networks
- Mental health
- Homelessness
- Refusal to use condoms
- Economic dependence
Chemical abuse (i.e., alcohol, drugs, khat)
- Incarceration
- Immigration status (fear of accessing healthcare due to deportation/prosecution)

Latino HRH Latino HRH (>24) both genders
- Language barriers
- Cultural barriers
- Religious/spiritual beliefs
- Stigma
- Access to health care
- Active/untreated STDs
- Health literacy
- Fear of deportation
- Homelessness
- Population mobility
- Sexual networks
- Gender power imbalance
- Survival sex
- Domestic violence
- Sexual victimization
- Economic dependence

Asian HRH (>24) both genders
- Low HIV testing rates
- Bi-sexual men who don’t disclose
- SES – greater rates of poverty
- Education (low rates of high school graduation)
- Gender equity (non-consensual sex, dependence of females on males)
- Uninsured – High rates in immigrants
- Transgender women
- Stigma – in ‘community’
- Perception of no risk
- Language barriers
- Multiple languages and cultures within “API community”

Native American HRH (>24) both genders
- Cultural Barriers
- Religious/Spiritual beliefs
- Stigma (Disclosure/Confidentiality)
- Untreated STD’s
- Sexual Networks
- Mental Health
- Substance Abuse/IDU (Oxy, Methadone, insulin syringes)
- Survival Sex (all ages)
- Economic Dependence (Poverty)
- Domestic Violence
■ Sexual role power imbalance (macho men)
■ Homelessness
■ Population Mobility
■ Incarceration (of men)
■ Social Norms of risky behaviors
■ Access to healthcare (limited services, confidentiality)

White HRH (>24) both genders
■ Active/untreated STDs
■ Mental Health
■ Substance Use
■ Domestic violence
■ Perception of risk
■ Disclosure (Stigma)

PRIORITY FACTORS FOR INJECTING DRUG USERS

IDU (except MSM/IDU)
■ Mental health
■ Substance use
■ Access to syringes
■ Access to health care
■ Active/untreated STDs
■ Health literacy
■ Fear of criminal prosecution/incarceration
■ Survival sex
■ Social norms of risky behavior
■ Stigma
■ Isolation
■ Secrecy

MSM/IDU (all ages)
■ Substance use
■ Access to syringes
■ Sexual networks (introduced through internet use)
■ Social norms of risky behavior
■ Access to health care (insurance loss active/untreated STDs, self-care activities diminish)
■ Health literacy
■ Survival sex
■ Homelessness
■ Mental health (low self esteem with usage)
■ Relapse Probability (lack of adequate after-care programs or community)
■ Stigma (shame at IDU)
■ Unemployment
■ Cultural barriers
■ Hormonal Injection (within trans-community)