


Minutes	Friday, December 19, 2025, 2:00pm	 SOUTH DAKOTA DEPARTMENT OF HEALTH
HIV PREVENTION PLANNING GROUP QUARTERLY MEETING	Virtual Microsoft Teams meeting	
Meeting Goals: <ol style="list-style-type: none"> I. Approve updated by-laws II. Identify new or updated resources for HIV-related services III. Develop new work groups (5 pillars) 		

2:05PM – MEETING CALLED TO ORDER

2:05PM

ROLL CALL AND DETERMINATION OF A QUORUM

Justin Reinfeld (Co-Chair), Kacee Redden, Darrin “Alf” Alfson, Tammi Miles, London Zervas (proxy for Isaiah Shanequa Brokenleg), Amber Corey, Jill Kessler, Seth Bieber, Lawrence Novotny, Dusty Friendberg (Co-Chair), Ana Nemeč, Cassidy Dietterle, Florangel “Angel” Morales, Rachelle Schomacker, Hannah Rabayer, Tammy Waddell, Brook Hoffman Lyon, Nicholas Howell, Rhian Felicia, Virginia Albertson. Visitors: Jason Grueneich, Sandra Melstad

ADOPT AGENDA

First: Tammi Miles
 Second: Justin Reinfeld
 No opposition or discussion

APPROVAL OF MINUTES FROM September 2025 MEETING

First: Amber Corey
 Second: Justin Reinfeld
 No opposition or discussion

PUBLIC INPUT/ANNOUNCEMENTS

No input or announcements

OLD BUSINESS

No old business currently.

12:09M

NEW BUSINESS

Member Appointment – Community Co-Chair Election

Nominations - Amber Corey, McHale Davis, and Seth Bieber
 Voting Results – Amber Corey has the most votes

Accept voting results
First: Dusty Frenberg
Second: Tammi Miles
No discussion

Vote to accept New Member Application(s)

Applications – Brooke Hoffman Lyon and Nicholas Howell
Accept Brooke Hoffman Lyon's application
First: Justin Reinfeld
Second: Dusty Frenberg
No discussion

Accept Nicholas Howell's application
First: Justin Reinfeld
Second: Kacee Redden
No discussion

2:18PM

DOH Updates

Ryan White Program:

- No updates currently

STD Program:

- Applied for 340b pricing program through HRSA and were awarded the grant
 - Start with policies and implementation January 1st
- Received funding continuation for the STI PCHD grant- this is a 5-year grant, but the STD program is on year 8 due to continuation.
- The Syphilis Surveillance definition from the CDC was updated and will be implemented January 1st.
- Kacee created a Test, Stage, and Treat Guide document with Dr. Hanish, Dr. Clayton, and London – it is a document for physicians and steps you through making a syphilis diagnosis especially with those who have been previously diagnosed. It provides education, considerations, patient history, treatment based on stage, reporting, free testing sites, and CDC guidelines. This was developed in November. If you want to access it, it is on the STI webpage.

HIV Program:

- The at home testing program has been developed and will be implemented in January. Testing kits will be placed strategically throughout SD. An ordering request form will be on the DOH website. The testing form and kits will be distributed to subrecipients and partners in January.
- CHAD and HIV program worked together to work on a digital HIV awareness campaign. A New HIV awareness campaign will be launched in January. It is meant to be a resource for providers and communities. Will allow us to target specific communities to get the message and resources out there.
- Healthy AF campaign – Website was presented by Alyssa from CHAD. The website will be the homebase of the digital campaign. It provides education and resources for people living with HIV and Providers. It will be accessible in January.

- At home testing will be linked to DOH website but the Healthy AF campaign will not be on the DOH website.

2:38PM

HIV Exposure Law Presentation

- Executive Director of Shine Bright and Live non-profit organization in North Dakota, Jason Grueneich.
- Jason works to reduce stigma and create and grow community. He has worked to implement peer engagement and peer support groups. His passion comes from personal experience with navigating stigma, lack of community, lack of awareness, and risk factors that contribute to HIV.
- A State legislature reached out to Jason regarding the HIV decriminalization bill – working to modernize the HIV bill to reflect the advancements in medicine and science. The old bill was based on old science and societal fear.
- Current laws are outdated because they don't reflect current knowledge including what we understand about treatment and are based on stigma and fear. Demonstrates the reason and the need to update HIV Exposure laws.

Discussion:

North Dakota CPG moved directions to become an advisory board. The advisory board was like a rebranding of the CPG. Rebranding to become the advisory board allowed the group to move in a different direction.

Jason would love for people to reach out! If you reach out to Justin, he will provide the contact information. He understands the stigma of rural places and states. He is available to help with any work that people want to do and offer support in whatever way he can.

Getting HIV peer support groups together took a lot of one-on-one conversations. It is about meeting people where they are at, so they aren't completely turned off it.

Updated Integrate Plan Goals and Objectives

Sandra Melsted's Presentation on common themes from the last meeting:

- What is the Why? – Why are people part of the PPG and what is important.
 - Commitment to community and wellbeing
 - Reducing stigma
 - Improving access to care and prevention
 - Advocacy – lived experience
 - Motivation to reassure newly diagnosed individuals
 - Data integration and innovation
 - Support education and awareness
 - Responsibility/duty to be part of the group
- SOAR Activity
 - Strategic issues – where are you, how you get where you want to be, where you want to be.
 - Strengths – what is working well to advance the health and wellbeing of South Dakotans currently living with HIV/AIDS and/or at risk for developing the disease?
 - Staff, relationships and collaboration, increased mental health awareness and resources, community support, increased access to care, and support for social driver of health.

- Opportunities – what opportunities can be leveraged to advance the health and wellbeing of South Dakotans currently living with HIV/AIDS and/or at risk for developing the disease?
 - Provider training and education, elevate role of data, support groups, build and foster relationships between partners to increase access to care of PLWH, provide support and resources.
- Aspirations – what is the preferred future to advance the health and wellbeing of South Dakotans currently living with HIV/AIDS and/or at risk for developing the disease?
 - Sexual health education and awareness, increased screening, testing, and treatment for people at-risk and PLWH, increase opportunities for PLWH, AI for HIV, needle exchange, and public is aware they can get tested for free.
- Results – How do we know that strategic initiatives or actions are succeeding in advancing the health and wellbeing of South Dakotans currently living with HIV/AIDS and/or at risk for developing the disease?
 - Increase in physician’s prescribing PrEP, increase in PrEP, Support groups, peer support, increase testing at SD DOH, reduce disparities, and increase viral suppression.

Justin’s presentation on the proposed 2027-2031 goals and objectives:

- Based on feedback from discussions and breakout rooms.
 - Common Themes: expanding testing and outreach, provider training and education, HIV awareness campaigns and activities.
- See emailed handout for more information on objectives and activities. These are initial thoughts and ideas. They are subject to change based on feedback.
- Pillar 1 – Diagnose: at-home testing, targeted outreach, provider trainings/education, HIV awareness.
 - Goal 1: Diagnose all people with HIV as Early as possible.
 - Reduce last testers through provider toolkits and trainings to promote routine and opt-out testing.
 - Increase statewide access distribution of free at-home testing kits through implementation of at-home testing program.
 - Increase awareness among rural, tribal, foreign-born communities through targeted social media campaigns.
- Pillar 2 – Treatment: provider tool kits for initial treatment start and labs, decreasing disparities among PLWH, increasing usage of RW services among Native Americans.
 - Goal 2: Treat all People with HIV as Rapidly and Effectively as possible to Reach Sustained Viral Suppression.
 - Increase the 30-day linkage to care for newly diagnosed individuals through empowering non-HIV specialist through mentorship programs and providing guidance.
 - Increase knowledge and understanding of HIV through free training sessions by having DOH provide those trainings
 - Increase viral suppression rates of PLWH through implement social support services such as peer mentoring training.
- Pillar 3 – Prevention: PrEP targeted campaigns, provider trainings, at-home testing, and increase awareness of knowing your HIV status.
 - Goal 3: Prevent new HIV Transmissions by Using Proven Interventions.

- Increase the number of healthcare centers actively promoting and prescribing PrEP by distributing PrEP provider toolkits
- Increase the percentage of PrEP referrals to increase PrEP awareness and usage by providing training and resources.
- Increase the number of identified PrEP access points through the statewide PrEP navigation system and utilizing national partners.
- Pillar 4 – Respond: Targeted campaigns, provider education, using incentives for engaging individuals, collaborating with agencies, and expand harm reduction education.
 - Goal 4: Respond quickly to potential outbreaks to get appropriate prevention and treatment services to people who need them.
 - Develop a real-time data dashboard monitoring system to monitor current trends in new HIV infections through developing the dashboard.
 - Establish and maintain partnerships with tribal health agencies and community-based organizations to support rapid response and delivery through hosting quarterly meetings.
 - Implement at least two geo-targeted social media campaigns to reach populations identified in HIV hotspots by implementing targeted testing events.

Discussion:

Pillar 2 already has a high linkage to care within health centers. An idea would be to focus on certain areas where linkage to care is not being met and why (region based).

Additional discussion on having other pillars/objectives being region based.

4:13PM – ADJOURN

First: Kacee Redden

Second: Justin Reinfeld