

REGION II INFERTILITY PREVENTION PROJECT
Regional Committee Meeting
Cicatelli Associates Inc., New York, NY
May 13-14, 2009

MINUTES

Meeting Purpose: Provide support to Region II IPP members in addressing CDC's National IPP priority related to reducing gonorrhea health disparities and targeting Chlamydia and gonorrhea screening resources to the most at risk communities.

Meeting Objectives:

1. Project areas to share and describe, utilizing power point presentation, the geographic area being targeted for enhanced gonorrhea and chlamydia screening activities in order to reduce health disparities that includes preliminary intervention plans.
2. Project areas will develop next steps, including preliminary evaluation plan, in efforts to reduce gonorrhea health disparities in target area.
3. Review and finalize the Region II IPP AI/AN Assessment Tool
4. Review and finalize the Region II IPP PTO Assessment Tool
5. Plan Fall 2009 Region II IPP Meeting

Participants

† Executive Committee Members; ‡ IPP Coordinators; * Data Managers

ProjArea	Prog	†	‡	*	First	Last	Agency	13-May	14-May
NJ	STD	†			Patricia	Mason	NJ DHSS	y	y
NJ	STD	†	‡		Carolyn	Tunstall	NJ DHSS	y	y
NJ	FP	†			Debbie	Polacek	NJFPL	y	y
NJ	FP	†			Jo-Ann	Ayres	NJ DHSS	y	y
NJ	FP				Jennifer	Howard	PPGNNJ	y	y
NJ	LAB	†			JoAnn	Hayduk-Kramer	NJ DHSS	y	y
NJ	LAB	†			Paul	Seitz	NJ DHSS	y	y
NJ	STD			*	Patrick	Dwyer	NJ DHSS	y	y
NYC	STD	†			Steve	Rubin	NYC DOHMH	y	y
NYC	STD	†	‡		Meighan	Rogers	NYC DOHMH	y	y
NYC	STD				Preeti	Pathela	NYC DOHMH	y	y
NYC	STD				Sue	Blank	NYC DOHMH	y	y
NYC	STD				Jessica	Han	NYC DOHMH	y	y
NYC	FP				Sandra	Tanamugsukbovon	Public Health Sol.	y	y
NYC	FP				Marquita	Rodriguez	PPNYC	y	y
NYC	FP				Jo Ann	Fields	The Door	y	y
NYC					Allyma	Steinberg	NYC DOHMH	y	y
NYS	STD				Dennis	Murphy	NYS DOH	y	y

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NYS	STD				Lee	Quinlan	ONONDAGA	y	y
NYS	STD	†		*	Alison	Muse	NYS DOH	y	n
NYS	STD				Gale	Burstein	Erie Co. DOH	y	y
NYS	LAB	†			Scott	Zimmerman	Erie Co. DOH	y	n
NYS					Glen	Johnson	NYS DOH	y	n
NYS					Jane	Powers	CORNELL UNI	y	n
PR	STD	†			Greduvel	Duran-Guzman	PR DOH	y	y
PR	STD	†	‡		Bessie	López-Meléndez	PR DOH	y	y
PR	FP	†			Carmen	Rivera	Profamilia	y	y
PR	FP				Bethzaida	Diaz-Lopez	UPR TXFPP	y	y
PR	FP				Frances	Martínez	Profamilia	y	y
PR	FP				Javier	Velázquez-Grau	UPR TXFPP	y	n
PR	LAB	†			Myriam	García-Negrón	PR DOH	y	y
USVI	STD	†			Gayann	Hall	USVI DOH STD	y	y
USVI	STD	†			Gritell	maerinez	USVI DOH STD	y	y
USVI	STD	†	‡		Rita	Olans	USVI DOH STD	y	y
USVI	FP	†			Marc	Jerome	USVI DOH FP	y	y
CDC	STD				Steven	Shapiro	DSTDP	y	y
CDC	LAB				Richard	Steece	APHL	y	y
OPA	FP				Maria	Díaz	OFP Region II	y	y
Region II	PTC				Gowri	Nagendra	STD/HIV PTC	y	y
Region II	PTC				April	Canete	STD/HIV PTC	y	y
Region II	PTC				Eunmee	Chun	STD/HIV PTC	y	y
Region III	Infra				Tristan	Ruby	FPC	y	n
Region III	Infra				Fran	Fattah	FPC	y	n
Region II	Infra				Dawn	Middleton	CAI	y	y
Region II	Infra				Kelly	Opdyke	CAI	y	y
Region II	Infra				Titilayo	Ologhobo	CAI	y	y
Region II	Infra				Amanda	Brown	CAI	n	y

Did not attend:

ProjArea	Prog	†	‡	*	First	Last	Agency	13-May	14-May
NYC	STD				Julie	Schillinger	NYC DOHMH	n	n
NYC	STD				Shoshanna	Handel	NYC DOHMH	n	n
NYC	STD				Jessica	Borrelli	NYC DOHMH	n	n
NYC	FP	†			Rachel	Baum	Public Health Sol.	n	n
NYC	FP			*	Heather	Clark	Public Health Sol.	n	n
NYC	LAB				Quintus	Chess	NYC DOHMH	n	n
NYC	LAB	†			Lillian	Lee	NYC DOHMH	n	n
NYS	STD	†	‡		Martha	Newcomb	NYS DOH	n	n
NYS	FP	†	‡	*	Laura	Morris	NYS DOH	n	n
NYS	FP	†			Joan	Linton	NYS DOH	n	n
NYS	FP				Eileen	Shields	NYS DOH	n	n

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PR	FP		*	Leticia	Román-Torres	UPR TXFPP	n	n
PR	STD		*	Kesia	Mulero Santiago	PR DOH	n	n
PR	FP			Ana	De Jesús	Profamilia	n	n
PR	LAB		*	Adalberto	Díaz-Ortiz	PR DOH	n	n
PR	FP	†		Ramon	Sanchez	UPR TXFPP	n	n
PR	FP		*	Leticia	Román-Torres	UPR TXFPP	n	n
USVI	STD	†		Taetia	Phillips-Dorsett	USVI DOH STD	n	n
USVI	STD			Jasper	Lettsome	USVI DOH STD	n	n
USVI	FP			Mercedes	Reyes	USVI DOH FP	n	n

DAY 1: Wednesday, May 13, 2009

1) Introductions and Welcome [General Session]

Steve Rubin, Co-Chair and Debbie Polacek, Co-Chair welcomed participants to the meeting. Meeting dates for the Region II IPP Executive membership were discussed and include the following options: October 12, 2008 – October 16, 2008 and November 9, 2008 through November 13, 2008.

2) Targeted Gonorrhea Screening to Reduce Health Disparities

Project Area Power Point Presentations available online. The project areas listed below facilitated presentations describing their efforts to identify and describe the population being targeted for enhanced gonorrhea and Chlamydia screening activities in order to reduce gonorrhea health disparities. Highlights of their presentations follows:

- *New Jersey, Carolyn Tunstall, NJ DOH, IPP Coordinator*
 - Across the state GC case reports declined by 15% in 2008 as compared to 2009
 - Target area: The majority of GC cases are reported from Essex and Camden County
 - Data collection: almost 50% of gonorrhea case report data from the private sector has no race/ethnicity associated with it.
 - Action: Will attempt to reach out to LabCorp who is one of the biggest providers of laboratory testing services in NJ to assess if this data is being collected on the Lab Corp laboratory requisition slip.
- *New York State, Alison Muse, NYS DOH, Research Scientist*
 - Target area: Erie, Monroe and Albany Counties
 - Public Health Detailing package currently being developed to reach out to communities disproportionately affected by GC
 - Unable to determine ER case report vs. Hospital Case Report Data (Hospital GC Case Report Data is significant).
- *Puerto Rico, Bessie Lopez-Melendez, PR DOH, IPP Coordinator*
 - Puerto Rico's GC case rate is below the Healthy People 2010 Goals at approximately 8/100,000.

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- PR will be focusing efforts on targetting CT screening activities and especially in jails and juvenile detention.
- *New York City, Meighan Rogers, NYC DOH, IPP Coordinator*
 - Targeting efforts in the Crown Heights neighborhood in Brooklyn. Will also look at FQHCs and hospitals in that area.

3) **CDC Update**

Steven Shapiro, CDC National Infertility Prevention Project Coordinator
PowerPoint presentation available online. The following provides a summary of presentation highlights.

- **CDC Budget:** Continued declines in funding from 2005 through 2008. Anticipate continued budget cuts in 2009.
- **Strategic Goals:** Prevention of STD related infertility is still the number one goal for the division which includes screening, treatment and partner services. In addition, strengthening STD prevention capacity and infrastructure along with reducing health disparities were also listed.
- **IPP Priority Activities:** Ensure CT and GC screening and treatment, support laboratory testing, ensure collection and reporting of all core CDC data elements to support surveillance efforts, provide program management, use data to plan and evaluate programs (prevalence data, morbidity data and performance measure data), target GC screening (GC burden calculation – up to 10% of IPP funds to support targeted GC screening), male screening, up to 15% of IPP funds can support male screening.
- **Using Data to Inform Program:** Steven stressed the importance of utilizing data to inform program planning, implementation and evaluation. This included a strong focus on reviewing IPP prevalence monitoring data and redistributing funds that are currently being utilized in low prevalence areas (<3% CT positivity).
 - Puerto Rico requested that surveillance data from territories be more frequently represented in CDC reports.
 - Must conduct the GC Burden Calculation and ensure that 10% of funds are used for targeted GC testing.
 - Project areas should work with IPP partners to review data and develop a joint plan to utilize current funding to identify the greatest number of CT/GC cases. With appropriate justification states can distribute resources based on data. There is no requirement to ensure that family planning partners get 50% of funding and STD partners get 50% of funding. Funds should be distributed based on targeting screening to communities most at risk and addressing health disparities.
- **Gonorrhea Health Disparities:** Greater than 60% of all reported gonorrhea morbidity is found in 67 counties in the US. The southern states are disproportionately affected by GC accounting for greater than 50% of all reported morbidity. Screening and treatment resources should be utilized to target efforts in high morbidity counties. 48% of all reported GC cases among males are among those age 15-24. 69% of all reported GC cases among

females are among those age 15-24.

- Resistance to our last line of antibiotics to treat uncomplicated gonorrhea has been observed in Asia.

- **Performance Measures for Region IV – Regional Average 2008:**

- **Family Planning**

- Time to treatment for CT (14 days) = 50% (range 10%-88%) – National Average = 64%
- Time to treatment for GC (14 days) = 49% (range 0%-85%) – National Average = 64%

- **STD**

- Time to treatment for CT (14 days)
 - 2007: 66% (range: 47%-86%)/National Average: 69%
 - 2008: 69% (range: 42%-87%)/National Average: 72%
- Time to treatment for GC (14 days)
 - 2007: 74% (63%-91%)/National Average: 70%
 - 2008: 66% (59%-90%)/National Average: 73%

- **Performance Measures – Change in GC Interview Measure**

- New Measure: Proportion of all (no longer “priority cases”) gonorrhea cases interviewed within 7, 14, and 30 days from data of specimen collection. Of note: HMA programs receiving SE funds are not required to submit data except for KY and SC.

- **Performance Measures – Infrastructure**

- Estimated Screening Coverage, females 15-19 years old: 50% in CY2007 and 53% in CY2008. National average hovers around 50% from 2005 through 2007 (no data is available for 2008 at this time).

4) **New York State Adolescent Initiative**

NYS has been focusing on the needs of adolescents as part of a special initiative to create a coordinated plan and strategy to address the health care needs of adolescents. The following presentations and presenters have been part of this conversation over the last year and are at this meeting to share their lessons learned in examining the needs of adolescents and tools used to identify target areas in which to focus interventions.

- Trends in Pregnancy, STD, and HIV/AIDS among NYS Adolescents

Alison Muse, MPH, Research Scientist, NYS DOH

PowerPoint presentation available online. Alison provided the committee with an overview of the sexual health of adolescents in NYS as it relates to STDs and pregnancy. Presentation highlights as follows:

- NYS Adolescent Sexual Health Workgroup is a cross-program departmental workgroup that initiated activities in November of 2006. The purpose of the group is to promote a statewide environment conducive to every adolescent (ages 10-24). Achieving optimal sexual health. The group has 3 subcommittees: access, prevention/education and surveillance.

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- State adolescent pregnancy rates have declined between 2000 and 2006 but are showing signs of increasing among 15-17 year olds.
- 15-24 year olds account for 62% of reported STDs in NYS but only 14% of the total population. For CY2007:
 - 67% of CT case reports are among youth age 15-24
 - 54% of GC case reports are among youth age 15-24
 - Only 11% of Syphilis case reports are among youth age 15-24
 - Significant disparities related to CT/GC infection are observed among black youth. It should be noted that almost 40% of all CT/GC case report data lack information about race/ethnicity
 - MSM account for almost 60% of all new reported cases of HIV among youth age 13-24
- Patterns of Community-level Pregnancy and STD Rates among 15-19 Year Old New Yorkers: Prioritizing High Risk Locations
Glen D. Johnson, PhD, Research Scientist, Office of the Medical Director, Division of Family Health, NYS Department of Health
PowerPoint presentation available online. Dr. Johnson presented on the use of GIS mapping software to identify target areas for teen pregnancy prevention efforts in NYS. His presentation included and overlay of current teen pregnancy rates, locations of teen pregnancy prevention programs and rates of CT/GC among youth mapped by zip code. Presentation highlights are as follows:
 - Utilizing this technique it was possible to identify clusters of geographic areas disproportionately affected by teen pregnancy and STDs
 - There was a significant amount of overlap between areas disproportionately affected by teen pregnancy and CT/GC
 - Teen pregnancy and STD data was mapped with community characteristics like: % foreign born, single-parent households, % black, % Hispanic.
 - High risk areas appear to be associated with certain community-level factors including: lower % higher education among adults, higher % single parent households and somewhat higher for %black
- What NYS Youth Say About Sexual Health: Implications for Planning Reproductive Health Programs
Jane L. Powers, PhD, Project Director, ACT for Youth Center of Excellence, Cornell University
PowerPoint presentation available online. Dr. Powers presented on findings from a series of focus groups that were conducted among adolescents. 27 focus groups were conducted with a total of 297 youth (ages 13-21, mean age 16 years) from October 2008 through December

2008. Almost 50% were male and 50% were female. Focus group questions were in three domains: education, access to services and recommendations. The following provides highlights from presentation.

- The most commonly reported source of information was school
- The best source of information was school
- The most reported barriers to obtaining accurate information was fear
- STDs were most frequently reported as information they needed to know about
- Most frequently discussed places for receiving care was a clinic or hospital and/or planned parenthood
- The most frequently cited recommendation was being provided with more sexual health education
- Recommendations for accessing services included extended hours, advertising location ensuring confidentiality on-stop shopping and school-based practices.

5) School-based Response to Increases in Community-level GC Case Rates

Tristan Ruby, MPH, Family Planning Council, Director of Adolescent and Male Services

Co-Presenter: Fran Fattah, Esq., Associate General Counsel, Chester Upland School District

PowerPoint presentation available online. Tristan Ruby and Fran Fattah presented on their efforts to develop and implemented an integrated school-based response to significant increases in gonorrhea case reports in Chester County Pennsylvania. Presentation highlights are as follows:

- Reported 80% increase in reported GC cases in CY2007. 55% of cases were in individuals ages 15-24
- 21% of all births in the target area were attributed to teens as opposed to 9.3% statewide.
- Utilized an existing school-based model in Philadelphia, Health Resource Centers (HRC) to increase access to STD/FP services among youth in the Chester Upland High School.
 - HRCs are staffed by counselors, health educators and social workers
 - HRC is managed by a local health care provider in the community
 - Services provided: counseling, condoms and OTC contraceptives, urine-based STD and pregnancy testing
 - STD treatment
 - Referrals for FP care
- Made possible through a partnership between the school district and health care provider. Created a “healthy students, healthy living policy” that laid the framework for implementing the HRC that was adopted by the school board.
- Parents can “opt-out” their child’s participation in the HRC program (very few decide to opt their child out of the program).

- Tips for starting an HRC Program:
 - Clear policy from the school district
 - Expect opposition and plan appropriately
 - A parental “opt-out” works
 - Title X funds can be used to support the effort and serve to preserve confidentiality of services provided
 - Integrate counseling and education
 - Have program staffed by trained professionals
 - Reliable ongoing funding is crucial
 - Medicaid billing for STD testing can support testing services.

DAY 2: Thursday, May 13, 2009

- 6) **Optimizing Partner Management Strategies with Limited Resources**
Dennis Murphy, Public Health Advisor, NYS DOH Bureau of STD Control
PowerPoint presentation available online. Dennis Murphy provided an overview of strategies utilized in NYS to optimize limited GC/CT partner management resources. Presentation highlights are as follows:

- Utilize mapping of case data (even utilizing a colored in map) to:
 - Identify the CORE: census tract with 50% of morbidity
 - Identify the ADJACENT: census tract within 30% of morbidity
 - Identify the PERIPHERAL: remaining census tracts with 20% of morbidity
- Core infected patients are most likely to have selected their partners from the core area. Adjacent cases are most likely to become infected due to exposure with a core resident
- Force of Infectivity: the time period between infection and treatment
- Characteristics of the Core area identified in NYS:
 - Small population compared to adjacent and peripheral areas
 - High population density
 - Low social economic status of residents
 - Frequently but not necessarily minority residents
 - High number of repeat infection
- NYS Approach:
 - For transmission purposes all gonorrhea cases are not equal, therefore:
 - Intensely interview core residents
 - Only interview adjacent or peripheral cases if resources allow
 - Target gonorrhea screening to facilities and providers that serve the core populations
 - Interview as many core gonorrhea positive cases as possible, but at a minimum 35% to 40% of the total
 - Target STD clinic services to meet the needs of the core population

- Don't be afraid to "tweak" the typical gonorrhea interview to shorten or streamline.

8) USVI Special Session – Follow-up to January 2009 RTC/PTC Training

USVI DOH STD and FP Partners, PTC Staff, RTC Staff, Infrastructure. USVI IPP representatives and staff from the Region II PTC and Infrastructure met to discuss outcomes of the USVI Conference held in January 2009 and to consider opportunities to build on this effort.

- USVI reported on follow-up activities post conference that included efforts to reach out to providers who attended the conference to encourage them to screen for STDs and to take advantage of the NJ Public Health Lab to facilitate screening and case reporting efforts.
 - One physician decided to implement screening among 15-24 year old females and males and contracted with NJ Lab. The provider has a unique ID and we will be able to track their screening activity through the Region II IPP Prevalence monitoring system
 - One physician who stated that they had not been reporting positive cases to the DOH has started reporting
- USVI needs to follow-up with Pre-Natal and OB/GYN providers to assess their ability to conduct routine screening per national recommendations. The Region II PTC will know more about the availability of funding over the summer. The Region II IPP will also support in whatever way possible as with the Region II RTC and Caribbean AETC.
- Thoughts on Next Conference
 - If funds available all present would like to conduct another conference.
 - Bring NJ Lab representative to the meeting
 - Involve the DOE. A strong and very motivated school nurse contingent attended the conference
 - Consider having a shorter evening session with a panel of providers who have implemented screening and reporting as a result of the first conference
 - Make sure NAAT technology and availability of NJ lab is highlighted again (maybe they would do a presentation)
 - Focus again on case reporting and developing an island-wide surveillance system
- STD/MIS still not being used. No trained staff available to enter the data.

7) Project Area Data Binder Orientation

Kelly Opdyke, Region II IPP Deputy Director. Ms. Opdyke provided a review of the Data Binder for all participants focusing on opportunities for use of data to support efforts to both target screening and evaluate impact of targeting activities.

9) Project Area Break-Out Session - Reduce Health Disparities Planning

Project area partners were provided time to meet to review and develop next steps associated with targeting gonorrhea screening efforts to address health disparities. Partners were directed to draw on information found within the Data Binders to support their conversations.

10) Laboratory Update

Richard Steece, National IPP Laboratory Consultant provided the committee with an update on Chlamydia and gonorrhea laboratory testing technology. Highlights from the presentation are found below. *PowerPoint presentation available online*

• **Laboratory Update:**

- New NAATs: Abbott RealTime (male/urine and swab and female/urine and vaginal swabs clinician or self collected in a clinical setting). BD ProbeTecQ (male/urine and swab and female self collected in a clinical setting).
- Laboratory Consultation:

Performance

- NAATs are the recommended test of choice (need to maintain culture capability)
- Urine is the preferred specimen for men
- Vaginal swabs are equal or superior to endocervical or urine samples and are the preferred specimen for women.

Screening Applications

- NAATs not yet FDA cleared for rectal or pharyngeal specimens – lab verification studies are still necessary (CDC has resources to support states in verification process – contact John Papp, CDC Chlamydia Laboratory Chief, at jwp6@cdc.gov or Richard Steece, CDC National Chlamydia Laboratory Coordinator, at DrRSteece@aol.com for more information.
- Pooling ≤ 5 specimens is cost reducing without affecting performance (considerations regarding prevalence should be examined)
- Rescreen at 3 months post therapy

Repeat Testing

- Not recommended for CT
- Not recommended for GC unless test used detects non-gonococcal species in low prevalence in low PPV populations.

Medico-Legal

- NAAT ok for use in adult rape/abuse cases
- Probably will not be recommended for use in pediatric cases

11) USVI Special Project Report

Rita Olans, NP, USVI IPP Coordinator provided the committee with a presentation reviewing activities related to increasing appropriate STD screening, treatment and case reporting in the public and private sector. This is part of their efforts to bring together the provider community on the island to begin to engage in activities that support an island-wide STD surveillance system. ***PowerPoint presentation available online.*** Highlights from the presentation are as follows:

- The Region II PTC, IPP, Caribbean AETC and the USVI Family Planning and STD Departments partners to plan and implement an island-wide Reproductive Health Conference
- Attended by 250 persons including DOH staff, private MDs, ER staff, nurses, nursing students, school nurses, counselors, family planning and IPP partners.
- The agenda included the review of local epidemiology, case reporting requirements and procedures, review of STD screening and treatment guidelines, adolescent development, sexual history taking and client centered counseling. It also included a working lunch that had a special focus on HIV testing and care.
- CME/CEU's were provided
- Conference participants rated the event very highly

12) **Jail Screening Presentation**

Preeti Pathela, DrPH, City Research Scientist, NYC DOHMH provided the committee with an overview of activities that the NYC DOHMH has been conducting to increase CT/GC testing in jails (Rikers Island). Presentation highlights are found below. ***PowerPoint presentation available online***

- NYC has the 2nd largest jail jurisdiction in the nation
- Males age ≥ 16 years make approximately 100,000 entries to the adult jail system annually.
- Prior to 2005 only diagnostic testing for CT/GC was provided to males
- In 2005 the NYC DOHMH Office of Correctional Health Services implemented urine-based CT/GC NAAT screening:
 - All incarcerated males age ≤ 35 years
 - Upon intake to 3 NYC jails (Rikers)
- As a result of this initiative, in 2005 jails surpassed all other providers, including all 10 public health STD clinics combined, in reported CT cases among males aged ≤ 35 years.
- Jail screening now contributes to approximately 1/3 of all reported cases of CT annually

13) **Working Lunch**

- **CDC IPP Priorities – PTO, AI/AN and Targeted CT/GC Screening Tool.** Committee members met in small group session to discuss CDC priorities as identified below.

Concurrent Sessions: Review DRAFT Regional Assessment Tools and Develop Dissemination Action Plans

Session I: AI/AN Populations [facilitator: Dawn Middleton]

Session II: CT Testing and Pregnancy Testing Only (PTO)
[facilitator: Kelly Opdyke]

14) CDC IPP Priorities – Report Out Next Steps to Facilitate Completion of Regional Assessments

Session I: AI/AN Populations

- Assessment should include the following:
 - Basic STD tables (single race and multiple race)
 - Should also evaluate by zip code or census tract
 - At Indian health tribal centers collate the following information:
 - What STD services
 - What test technology
 - Screening criteria
 - Reporting practices
 - DIS services provided
 - State/Federal funding
 - Reach out to State Office of Minority Health to collate information about their activities with AI/AN population
- Timeline: Draft revised assessment by June 2009 for review by members. Adopt final assessment at Fall 2009 meeting and implement. Prepare to present findings at Spring 2010 IPP meeting.

Session II: CT Testing and Pregnancy Testing Only (PTO)

- DRAFT Tool was revised with minimal need for revision
- Project areas will implement as able within identified clinical networks
- Project area will collect and collate challenges associated with completion of assessment
- Timeline: complete assessment by September 2009 evaluate findings and revise as needed.

Meeting Adjourned