

**Philadelphia HIV Prevention Planning Group (HPG)**  
**Meeting Minutes of**  
**Wednesday, October 22, 2014**  
**2:30-4:30p.m.**

Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia, PA 19107

**Present:** Jennifer Chapman, Fred Graham, Gus Grannan, Eleanor Lundy-Wade, Najia Luqman, Loretta Matus, Cody Poerio, Brad Shannon, Nick Wood

**Excused:** David Acosta, Tiffany Dominique, Tiffany Thompson, Paul Yabor

**Absent:** Jacob Adeniran, Laura Bamford, Antonio Boone, Lawrence Frazier, Daniel Green, Alberto Lopez

**Guests:** Judith Peters, Leroy Way, Alison Hunt-Johnson, Allison Breznicky, Mark Coleman

**Staff:** Mari Ross-Russell, Nicole Johns, Briana Morgan, Jennifer Hayes

**Call to Order:** J. Chapman called the meeting to order at 2:45p.m.

**Welcome/Moment of Silence/Introductions:** J. Chapman welcomed HPG members and guests. A moment of silence followed. Those present then introduced themselves.

**Approval of Agenda:** J. Chapman presented the agenda for approval. She proposed adding an action item regarding the November and December meeting dates, due to their being scheduled near major holidays. **Motion:** J. Chapman moved, G. Grannan seconded to approve the agenda as amended. **Motion passed:** All in favor.

**Approval of Minutes** (*September 24, 2014*): J. Chapman presented the minutes for approval. **Motion:** J. Chapman moved, F. Graham seconded to approve the September 24, 2014 minutes. **Motion passed:** All in favor.

**Report of Co-Chair:** J. Chapman noted that D. Acosta was unable to attend the meeting today. She reported that the agenda for the December UCHAPS meeting was still being finalized. She said the tentative TA topic would be PrEP, and that she'd let members know when she received specifics. She said that the Mapping Pathways meeting would be taking place in Chicago in November and that she'd have more information at the next HPG meeting. She stated that at the last meeting D. Acosta had mentioned Project Connect. She explained that Philadelphia was one of the jurisdictions chosen to take part in the project. She said that, since the last HPG meeting, Philadelphia had also been approached by the CDC to participate in the Local Effectiveness Assessment Project (LEAP), as a case study of a local jurisdiction providing HIV services to MSM. She said that the project was 6 or 8 months away from happening and that more information would be forthcoming. She stated that Philadelphia was the only jurisdiction picked to do the project.

J. Chapman reported that she had met with Coleman Terrell from AACO today. She said they had discussed AACO coming in to the HPG to present an update on the CDC report card. She said there were a number of emerging issues and policies that the health department had agreed to present on, including PrEP. She said a letter had recently come out from the CDC about RESPECT. J. Peters stated that the project had not been working in schools. B. Shannon said that RESPECT was not going to continue. J. Chapman said the report also contained updates about

testing in non-healthcare settings. She stated that, over the next couple of HPG meetings, people from the Health Department had agreed to come in and talk about some of these topics.

M. Ross-Russell asked when the UCHAPS meeting was scheduled and J. Chapman replied that it would be held December 14-15, though she wasn't sure when the open portion of the meeting would be. She stated that UCHAPS staff had agreed to stay in town a few extra days to attend the HPG meeting if it was moved to December 17, but that we would discuss the meeting date later in the agenda.

**Report of Staff:** B. Morgan reported that the Nominations Application Review panel met before this meeting and approved one new member for the HPG. She said that she attended the Suburban HIV/AIDS Coalition (SHAC) meeting this morning, and that a representative from Gilead shared information about the patient assistance program for using Truvada as PrEP. She said they had increased the income requirement for the program from 200% of federal poverty level to 500%, which was more consistent with Gilead's other patient assistance programs.

N. Johns stated that the OHP was winding down its focus groups with high risk heterosexuals. She said she had one more scheduled with women in a couple weeks. She explained that the next group the OHP would be recruiting for was Black and Latino MSM, from 25 to around 50. She said that, if there was a substantial uptick in interest in the high risk heterosexual focus groups in coming weeks she would schedule a few more sessions, but otherwise they would be winding down. M. Ross-Russell requested that anyone providing recruitment assistance let the OHP know. N. Johns stated that people had reported finding out about the groups in various ways, and that the OHP would like to gauge how information was being disseminated.

**Action Item:**

- **November and December Meeting Dates**

J. Chapman noted that the November HPG meeting was scheduled for the day before Thanksgiving, and the December meeting date was the day before Christmas. She suggested that we could move each meeting up a week, to November 19 and December 17. She noted that last year the November meeting was not held. She said that if we did not have a November meeting we could schedule a meeting a week afterwards, in early December, or simply keep the December meeting later in the month.

M. Ross-Russell asked about the visitors from UCHAPS who would potentially attend the meeting. J. Chapman stated this would only occur if the meeting was rescheduled to December 17. She suggested that we should first consider when HPG members were able to meet, rather than scheduling our meeting around the UCHAPS visitors' availability. B. Shannon suggested that the November meeting be moved, and held on December 10. L. Matus suggested having a meeting in November rather than December due to absences over the holidays. B. Morgan proposed December 3 as a potential date for a single meeting that would replace the November and December dates.

J. Chapman stated the November meeting could be rescheduled for the 19<sup>th</sup> or December 3<sup>rd</sup>. B. Morgan noted the OHP would be short-staffed on the 19<sup>th</sup>. J. Chapman asked if December 3<sup>rd</sup> would work for people. G. Grannan asked if we had a topic for the meeting. J. Chapman stated the Health Department would be attending to present on the prevention report card and the health department strategic plan, along with the emerging issues she talked about earlier. She said that these items could be covered in two meetings or combined into one. G. Grannan asked if we'd be hearing from the partner services speaker who was supposed to present at the last meeting. J. Chapman stated that we likely would, but after the New Year. F. Graham stated that December 3<sup>rd</sup>

was a good date and many expressed agreement. **Motion: J. Chapman moved, G. Grannan seconded to move both the November and December meetings of the HPG to December 3<sup>rd</sup>.**  
**Motion passed: 10 in favor, 0 opposed, 1 abstention.**

**Discussion Items:**

- **HPG Nominations/Membership Committees**

J. Chapman stated that the HPG would be breaking into small groups again. She stated that last time the group had split into 3 membership subcommittees including one on nominations, one on new member orientation, and another on membership needs assessment. She directed participants to split into groups and resume their discussions from the previous meeting.

[Groups met]

J. Chapman asked a representative from each of the groups to do a brief report. M. Ross-Russell stated that the New Member Orientation group was talking about coming up with an orientation manual. She said they would include a list of acronyms. She reported that the group had used the HIV planning guidance to identify what topics should be covered, including what the HPG does and why, roles and responsibilities, staff and co-chairs, what's expected as far as attendance, an overview of what the process was going to be, and the way members might use that process for networking opportunities. She noted that networking may be an incentive for potential members. She said she hoped to consult with the other groups when they were finished with their discussions, and to incorporate their suggestions in the orientation materials.

G. Grannan stated that the Nominations group talked about how they were going to recruit and maintain non-voting members to cover the stakeholder categories specified by the CDC. He said the group also talked about absences, and how they would deal with members who fell below the 50% attendance threshold. He said that the group was going to start by contacting members with attendance issues via a letter.

J. Chapman reported that the Membership Needs Assessment group discussed ways to increase the sense of engagement amongst HPG members. She said the group discussed putting together an organizational resume to demonstrate their experience, who they were as a group, and what they did. She stated that the group also discussed doing an icebreaker activity at the beginning of meetings. She said the group spent the majority of their time brainstorming ideas for potential future topics and speakers. She stated that they would put together the ideas in more organized format and send out a survey in the next few months to gauge interest in potential speakers.

J. Chapman stated that the membership subcommittee discussions would continue over the next few meetings.

- **Update from Integrated Executive Committee**

J. Chapman explained that the Integrated Executive Committee was comprised of the chairs of the HPG and the RWPC as well as subcommittee chairs. She stated that the group had met on a few occasions in the past to discuss what was happening in their individual planning bodies, as well as how to facilitate communication between the two groups. She said that the committee was aimed at integrating prevention and care planning and coming up with new directions. She reported that the committee received a comprehensive update on the progress of the focus groups so far. She stated that information from the focus groups would be helpful for both the RWPC and HPG moving forward, and also in the development of the next jurisdictional plan.

J. Chapman stated that the committee discussed holding a few joint meetings of the RWPC and HPG throughout the year. She said that they agreed that these meetings could feature speakers on key topics – for example, Kathleen Brady’s Epi Update, the OHP staff’s Epi Profile, partner services, etc. She stated that the hope was that, with enough notice, everyone would know when these meetings would be held and would be able to attend.

J. Chapman reported that the committee discussed adding a standing item to both the RWPC and HPG agendas under discussion items, to report on the other side. She said it had been decided that staff members would be the best candidates for delivering this type of report. She said in the past they had tried having RWPC members attend the HPG and vice versa but that it was hard to guarantee consistent attendance. On the other hand, she noted that we knew staff would always be at meetings. She asked the committee for feedback on joint meetings, and many expressed favor toward the idea.

- **RWPC Report**

B. Morgan stated that the RWPC covered the HIV care side and represented 9 counties. She said the RWPC was larger than the HPG, with 40-50 members and a bulk of its work taking place on the subcommittee level. She reported that, earlier this month, the Finance Committee and then the Planning Council looked at an underspending report from AACO. She said that the Comprehensive Planning subcommittee was reviewing planning goals and objectives. She stated that the RWPC would be having a guest speaker for the November meeting. M. Ross-Russell explained that the Emergency Financial Assistance application was changing, and AACO representatives would be presenting an update. B. Morgan invited all who were interested to join the RWPC on Thursday November 13<sup>th</sup> at 2pm.

**Old Business:** None.

**New Business:** None.

**Research Updates:** None.

**Announcements:** None.

**Adjournment:** The meeting was adjourned by general consensus at 4:25p.m. J. Chapman reminded the HPG that their next meeting would be December 3<sup>rd</sup> from 2:30-4:30 at the OHP.

Respectfully submitted by,

Jennifer Hayes, OHP

Handouts distributed at the meeting:

- Meeting Agenda
- September 24, 2014 Meeting Minutes
- OHP Calendar

# MEETING AGENDA

*Wednesday, October 22, 2014*

*2:30 p.m. – 4:30 p.m.*

Call to Order

Welcome/Moment of Silence/Introductions

Approval of Agenda

Approval of Minutes (*September 24, 2014*)

Report of Co-Chairs

Report of Staff

Discussion Items:

- HPG Nominations/Membership Committees
- Update from Integrated Executive Committee
- RWPC Report

Old Business

New Business

Research Update

Announcements

Adjournment

Please contact the office at least 5 days in advance if you require special assistance.

The next HIV Prevention Planning Group (HPG) meeting will be held on  
**Wednesday, November 26, 2014 2:30-4:30p.m.** at  
the Office of HIV Planning, 340 N. 12<sup>TH</sup> Street, Suite 203, Philadelphia, PA 19107  
(215) 574-6760 • FAX (215) 574-6761 • [www.hivphilly.org](http://www.hivphilly.org)

HIV PREVENTION PLANNING GROUP (HPG)

**Philadelphia HIV Prevention Planning Group (HPG)**  
**Meeting Minutes of**  
**Wednesday, September 24, 2014**  
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Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia, PA 19107

**Present:** David Acosta, Tiffany Dominique, Jennifer Chapman, Fred Graham, Gus Grannan, Eleanor Lundy-Wade, Loretta Matus, Brad Shannon, Nick Wood, Paul Yabor, Cody Poerio

**Absent:** Jacob Adeniran, Laura Bamford, Antonio Boone, Lawrence Frazier, Daniel Green, Alberto Lopez, Najia Luqman, Tiffany Thompson

**Guests:** Joseph Roderick, Leroy Way, Mark Coleman, Robert Woodhouse, Gladys Thomas, Brad Crothers, Jeff Glotfelty

**Staff:** Mari Ross-Russell, Briana Morgan, Nicole Johns, Jennifer Hayes

**Call to Order:** J. Chapman called the meeting to order at 2:45p.m.

**Welcome/Moment of Silence/Introductions:** J. Chapman welcomed HPG members and guests. A moment of silence followed. Those present then introduced themselves.

**Approval of Agenda:** J. Chapman presented the agenda for approval. **Motion:** C. Poerio moved, J. Chapman seconded to approve the agenda. **Motion passed:** All in favor.

**Approval of Minutes (August 27, 2014):** J. Chapman presented the minutes for approval. G. Grannan noted an error on pg.1 ("Whoever") T. Dominique noted an error on pg.5 ("HCV" should be changed to "HIV"). **Motion:** J. Chapman moved, G. Grannan seconded to approve the August 27, 2014 minutes with 2 corrections. **Motion passed:** All in favor.

**Report of Co-Chair:** J. Chapman announced that the next all-member UCHAPS meeting would be held in Philadelphia on Sunday and Monday, December 14-15. She stated that the open portion of the meeting was still TBD but was usually held on the second day.

J. Chapman stated that she and D. Acosta were asked to attend a training in Chicago on Mapping Pathways, an initiative utilizing community input around ARVs for HIV prevention. She stated that the project analyzed the community in terms of political and economic factors and surveyed the challenges and successes of PreP as HIV prevention. She stated that she would keep the HPG informed about what she learned at the training.

J. Chapman reported that the CDC had released the state HIV prevention progress report earlier in September, and that the report was available online. She explained that it was broken down by state at the end of the report, so data was specific to Pennsylvania and not Philadelphia.

J. Chapman announced that the CDC had published the PS15-1502 Funding Opportunity Announcement (FOA). She noted that the membership Nominations Committee would want to think about how to involve new grantees in the HIV prevention planning process. She stated that it was expected the grantees would participate.

D. Acosta stated that he and J. Chapman had just finished presenting the prevention report and Ryan White report to the CDC earlier this month. D. Acosta stated that they would be getting a

prevention report card from the CDC and that representatives would go over the report card with the HPG next month. He said that the report card included feedback on what the region was doing well along with remaining challenges. He stated that it was important to take into account policy changes that AACO was undertaking and areas that still needed to be improved. He stated that one area that had dramatically improved was partner services. D. Acosta noted that work was already being done to improve many of the weak areas. He said that he would ask Coleman Terrell from AACO to come present the report card before the HPG and to explain some policy changes that would take place, for instance around screening procedures. He reported that the testing algorithm that AACO currently used would be changed to allow for earlier diagnoses. He stated that these changes would require retraining and a reframing of how people did testing. G. Grannan asked if there was any dialogue outside of AACO with other city agencies about changing city policies that may constrain public health goals. G. Grannan stated that one example was needle exchange, which was very hard to do in Philadelphia. D. Acosta responded that he was not aware of any such conversations but that he could ask. D. Acosta stated that in areas around testing (identification of new positives, for instance) we continued to encounter challenges in linkage and retention. He stated that some cities struggled with these goals and that others did better, and that we were in contact with other cities to find out how we could improve. He stated that there would be a Philadelphia report card that was similar to the state report card, but Philadelphia-specific.

D. Acosta stated that Philadelphia was chosen to take part in a study on capacity-building through videoconferencing. He stated that it was a program initiated by the University of Washington that used videoconferencing to allow physicians to learn from one another about best practices. He stated that this project would be replicated in the HIV/AIDS arena, specifically around critical care. He stated that Chicago and Philadelphia were involved in the project. He stated that Kathleen Brady was the primary contact and would speak on the project at a later date.

D. Acosta stated that Philadelphia submitted a grant to the CDC for the Correct Project. He stated that other states involved included CT and MA. He explained that the project was looking at linkage and retention in care, and would have a development and implementation phase. He stated that there would be opportunities as part of the project to improve prevention, care, and linkage. P. Yabor asked how screening would be done, and if the project would be on the city or state level. D. Acosta said that he could only speak for the city but that there would be statewide participation in the project. B. Shannon clarified that it would not be a blood draw, but was blood based, so would require a finger stick. B. Shannon explained that the technology has changed and that currently blood-based testing offered the most accurate tests and found HIV sooner.

#### **Report of Staff:**

B. Morgan noted that the state has an integrated care and prevention planning body, which met last week. She stated that most of what the state was doing right now was around part B (care, priority setting, and resource allocations). She stated that it worked differently than the part A Planning Process in the Philadelphia EMA. She stated that the state HPG made recommendations for resource allocations, whereas our RWPC determined allocations which had to be followed by the Health Department. She stated that the state HPG's Needs Assessment Committee was focusing on linkage to care, which blended care and prevention. She stated that they just got results back from key informant interviews on rural linkage to care, with rural defined as not in Philadelphia or Pittsburgh. She stated that some findings were expected, e.g. transportation was a factor, especially in more remote areas where it may be 2-3 hours back and forth by car to a doctor. She said that there were also some surprises, with recommendations for improvement. She stated that having testing and care available in one location made it easier to link someone to care. She stated that Ryan White Part B was going to look into which care providers they had that

didn't currently offer HIV testing and try to get testing to these providers. She stated that other next steps included looking into telemedicine. She noted that initiatives like this had been started under Ryan White Part F, Special Projects of National Significance (SPNS), in states such as Alabama. She explained that the state HPG would assess the feasibility of doing something like this in PA given current funding, policy, and infrastructure. P. Yabor stated there was talk about working to integrate different databases. He stated that there were challenges because of differences between the recording systems used by different organizations. B. Morgan stated that uploads to CAREWARE across different organizations were hard to integrate.

#### **Special Presentation:**

- **Perspectives on Partner Services** – *Dr. Felicia Lewis, RDPH, Department of STD Control*

J. Chapman stated that the speaker had not arrived yet, so the group would move to their next topic on the agenda. D. Acosta later confirmed that the presentation would be rescheduled for a future meeting.

#### **Discussion Items:**

- **Focus Group Recruitment** – *OHP Staff*

N. Johns stated that the OHP had just held the first of their focus groups with high-risk heterosexual women. She stated that recruitment for the high-risk heterosexual focus groups had gone very well for men over 40, but that she still needed help recruiting women. She stated that yesterday 4 out of the 7 women that were scheduled to attend the focus group came. She stated that any help with women or men under 40 would be great. She noted that there would be another focus group with men held tomorrow night. She said that there would be no focus groups held next week, and that there would be 2 held the following week. She stated that there were a few weeks left for additional recruitment. P. Yabor asked if the CVS card incentive for participating in the groups was set in stone, and N. Johns replied that it was. She noted that all the participants really appreciated the CVS card. She stated that she wanted to thank FIGHT for their help recruiting participants. N. Johns explained that Dr. Kwakwa at the CARE Clinic downstairs had been helping recruit and that she would be encouraging people at the health center to pass information on to applicable patients. N. Wood suggested that CHANCES would also be a good place to recruit.

- **HPG Nominations** – *Jen Chapman, HPG*

J. Chapman stated that she had sent out an email with slides from the last meeting. She stated that the slides went over her proposed subdivisions of 3 membership committees. She noted that she had received a few responses to her survey. She said feedback had been mostly positive. She reminded the group that the proposal was to have one group focused on recruitment, nominations, and application review. She noted that another group was meant to be centered around professional development, training, and education. She said that this group would do needs assessment about the HPG's mission and goals. She said that the third group was to focus on new member orientation. She stated that the NMAC HIV Planning Bootcamp held last October had been informative, but had only benefited people who were there at the time. She noted that new people had joined since then.

J. Chapman stated that respondents to the survey selected a variety of committees. She explained that it would be helpful to come up with a stock answer to questions like "What is the HPG? What does it do? What is its role?" She stated that these issues could be discussed as a group or that one of the committees could come up with an elevator speech. C. Poerio asked if J. Chapman

had already divided the HPG into the three committees. J. Chapman stated that maybe since there was time those present could divide up into groups now.

G. Grannan noted that J. Chapman had spoken of a requirement that grantees be represented in the planning body. He asked if there was a rough estimate of how many grantees would serve on the HPG. D. Acosta said that J. Chapman had been referring to the CDC FOA PS15-1502, which concerned money that went directly from CDC to community-based organizations. He stated that previous grantees, including FIGHT, had received this type of funding in the past. He said that these organizations, as a requirement of receiving the grant, must participate in the community planning process. He explained that the CDC had left it up to jurisdictions to decide what kind of involvement that would be. He noted that we could not yet say how many grantees there would be, and that, although there was a bigger pot of money this grant cycle, fewer grants were going to be given. He stated that in the past we'd had 2 or 3 providers involved in the HPG at a time, but that this year we may have only 1 or 2. He noted that the grant application process was going to be very competitive, and that the expectations would be as high as scoring 90% in most categories. M. Coleman suggested that community-based organizations like FIGHT should work together to help one another meet the performance expectations. D. Acosta replied that the FOA highly encouraged community partnerships and coordination. G. Grannan asked if there was funding available to help organizations meet these expectations. D. Acosta responded that there would hopefully be money dedicated to this purpose, but he noted that there were different kinds of partnerships: formal and informal; with or without MOAs, etc.

P. Yabor asked for clarification on the idea that the jurisdiction could define grantee "involvement" in the planning process. He asked if the HPG would be working on defining what constituted involvement. D. Acosta stated that we had to take into account the HPG bylaws (regarding the number of voting members, non-voting members, stakeholders, and so forth). He stated that, after factoring in our own requirements, we could decide and report back to the agencies receiving grants. He explained that it would be up to us as well as the Health Department to determine the extent of the grantees' involvement. He stated that most organizations applying would be those with a track record of HIV prevention. He explained that it would be difficult for newcomers to the prevention arena, like hospitals, to receive the grants because performance standards were so high. He noted that the grant application included expectations around PrEP and PEP (Post-exposure Prophylaxis), and that the use of social networks was a mandatory part of the application. G. Grannan stated that, in order to meet the requirements concerning social networks, agencies were required to provide documentation.

J. Chapman stated that while the group was waiting for the speaker to arrive, they could break into membership committees. She directed members to select the group that interested them most and to convene for discussion in three different parts of the room. She reminded the group that the first of the three subcommittees would be Nominations, which would review guidance on membership and the stakeholder profile, identify gaps, recruit and select members, as well as look at recruitment materials and the new member application. She noted that the second group, Membership Development, would conduct membership needs assessment, training, education, and professional development. She stated that the third group was focused on New Member Orientation, and would discuss what kind of orientation was needed, what resources already existed, what kind of materials could be developed, and in general brainstorm the best way to orient people to the HPG and its processes.

[Groups met for roughly 50 minutes.]

J. Chapman asked a representative from each of the three groups to give a brief report.

B. Shannon presented on behalf of the Orientation group. He reported that the group talked about the development of new member materials. He stated the group also addressed the initial face-to-face orientation meeting and what should be involved. He stated that the group got a lot of groundwork laid but that there was more work to do.

P. Yabor represented Membership Development. He reported that the group discussed membership needs assessment as well as the satisfaction survey. He said that the group developed a number of points on preparation, sustainability programs, gathering and sharing information, and attendance, along with clarification of members' responsibilities. He stated that the group had discussed the development of a "What is the HPG" blurb, starting a listserv and Dropbox, drawing up an information piece about different ASOs and what they do (distinct from the FIGHT resource guide), and creating a casual space (for once a month or bi-monthly meet-ups). Finally, he said the group had discussed membership retention.

J Chapman pointed out that several areas might overlap between all the groups: for instance the "What is the HPG" blurb might be developed collaboratively.

G. Grannan spoke on behalf of Nominations. He stated that there would be a Nominations review process. He said that, on a yet TBD schedule, the group would gather all applications that came in and meet before the HPG meeting to evaluate potential applicants. He stated that, ideally, the accepted members would be prepared for orientation by the next meeting. D. Acosta stated that wait times should be minimal for membership approval. He stated that the group was going to review current demographics and attendance and that he and J. Chapman would reach out to members with attendance issues. He stated that individual commitment to recruitment was important. He offered C. Poerio's recruitment of N. Woods as an example. He noted that there were gaps in membership. B. Morgan stated that there was a distinction between voting and non-voting members and that the differences between the two would be ironed out in future discussions. She noted that membership was capped at 20 people.

J. Chapman stated that there should be a central reference source for information on the HPG, for instance a Prezi slideshow. M. Ross-Russell reported that there was discussion of developing a "What is the HPG" Prezi similar to the "What is the RWPC" Prezi that the OHP had created. She noted that developing an FAQ or new-member handbook/manual was also discussed. She said that a glossary of terms/acronyms would be included.

J. Chapman stated that the Co-Chairs would make sure there was time in the future to finish the discussions and thanked everyone for participating. D. Acosta stated that today's speaker would be rescheduled.

**Old Business:**

J. Chapman stated that the date on the calendar for the next meeting should be the 22<sup>nd</sup> rather than the 29<sup>th</sup>.

**New Business:** None.

**Research Updates:**

T. Dominique stated that the Penn Mental Health/AIDS Research Center had funded 8 new pilots, at least 4 of which would start recruiting within the next few months. She stated that the studies would be covering topics such as cognitive decline based on HIV status, in addition to whether or not PTSD was a predictor of loss to care. He stated that IRB and IMH approval were still

pending, but that that internally it looked like the studies would be funded and ready to go in November or December.

J. Glotfelty reported that the NHBS YMSM feasibility study (involving AACO, CHOP, and St. Christopher's Hospital) would be submitting to the IRB for approval on October 1<sup>st</sup>. He stated that approval was anticipated by October 15<sup>th</sup> and studies would start in late October or early November.

**Announcements:**

B. Shannon stated that the CDC project officer to Philadelphia, Angie Alvarado, had transitioned to a position in capacity-building. He explained that she was still with the CDC but was no longer a project officer. He stated that her supervisor was filling in until a new project officer was appointed. He also noted that the morning of Sunday October 19<sup>th</sup> was the AIDS Walk and that he would be participating.

D. Acosta stated that Jane Baker of AACO had been appointed Assistant Health Commissioner and that Coleman Terrell would be filling in as acting director of AACO.

L. Manus reported that October 11<sup>th</sup> would be the 11<sup>th</sup> annual National Latino AIDS Awareness day (NLAAD) event. She stated that 6 Latino agencies would be supporting it this year, including Prevention Point, Congreso, GALAEI, YHEP, P-HOP, and Kensington Hospital. She stated that the event would be held from 12-5pm at Fairhill Park on 4<sup>th</sup> and Lehigh. P. Yabor asked if there would be a table-setting fee for organizations and L. Manus replied that there would be a fee this year.

J. Chapman reported that Thursday, October 16 from 5-6:30pm there would be a talk at Penn entitled "Substance Abuse, Violence, and HIV: Changing Environments to Reduce Risk in North Philadelphia." She stated that 2 speakers from Penn would be present, and that the talk was sponsored by the Center for Public Health Initiatives. J. Chapman said that anyone interested in attending should contact her, and that she'd forward them information about the event via email. J. Chapman noted that Membership Development had discussed a more efficient way to get announcements out to members in the future.

**Adjournment:** The meeting was adjourned by general consensus at 3:30p.m.

Respectfully submitted by,

Jennifer Hayes, OHP

Handouts distributed at the meeting:

- Meeting Agenda
- August 27, 2014 Meeting Minutes
- OHP Calendar