

Philadelphia HIV Prevention Planning Group (HPG)
Meeting Minutes of
Wednesday, February 24, 2016
2:30-4:30p.m.

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

Present: Jennifer Chapman, Tiffany Dominique, Gus Grannan, Loretta Matus, Brad Shannon, Clint Steib, Nick Wood

Excused: Sophia Bessias, Caitlin Conyngham

Absent: Fred Graham, Daniel Harris, Mark Wilson

Guests: Mark Coleman, Leroy Way, Bikim Brown, Maurice Pearsall (AACO)

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

Call to Order: J. Chapman called the meeting to order at 2:35p.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 asked to add an agenda item for Tiffany Dominique's presentation on the recent Bench to Bus Stop Conference. G. Grannan noted that next month's meeting date was incorrect. **Motion:** G. Grannan moved, T. Dominique seconded to approve the agenda as amended. Motion passed: All in favor.

Approval of Minutes (December 16, 2015): J. Chapman presented the minutes for approval. **Motion:** J. Chapman moved, C. Steib seconded to approve the December 16, 2015 minutes. Motion passed: All in favor.

Report of Co-Chair: B. Shannon reported that the PDPH recently had a site visit with the Pennsylvania Department of Health (DOH). He said he had an informal conversation with two staff members from the state DOH. He said they'd be working together on training opportunities in the future. C. Steib asked what kind of trainings would be offered. B. Shannon replied that there would be a broad range of training opportunities.

J. Chapman stated that two UCHAPS staff members will attend an upcoming meeting to learn what the HPG has been working on and share their own work. She stated that UCHAPS would be doing work on the social determinants of health and leveraging partnerships within the jurisdiction. She explained that most of the jurisdictions were funded by the CDC for 15-1506 and 15-1509. She stated that 15-1509 concerned prevention for MSM of color. She added that the PDPH representative for the 15-1509, M. Pearsall, was at today's meeting.

T. Dominique asked B. Shannon if he was still the interim governmental co-chair for the HPG or if the position was now permanent. B. Shannon replied that he was still the interim co-chair.

B. Shannon reported that, as of Monday, Evelyn Torres was now the Program Administrator at AACO.

Report of Staff: M. Ross-Russell stated that Kathleen Brady, the PDPH's epidemiologist, would be attending the April HPG meeting to give her annual Epidemiological Presentation. She said the RWPC would also be invited to attend the meeting. She encouraged participants to invite any friends or colleagues that may wish to attend the event.

M. Ross-Russell reported that representatives from AACO's Client Services Unit (CSU) along with S. Branca from AACO's ISU would be attending the RWPC meeting in April. She invited HPG members to attend.

Discussion Items:

- **Preliminary Report on High-Risk Heterosexual Focus Groups** – *Nicole Johns, OHP*
N. Johns stated that focus groups concerning high-risk heterosexuals (e.g. heterosexuals of low socioeconomic status) were held at the end of 2014. She said the full report on the focus groups would be available by March. She noted that all participants in the focus groups were residents of Philadelphia.

N. Johns stated that 4 groups were held, 2 of men and 2 of women. She stated that their ages ranged from 29-62. A majority of these participants were African American. Most had a high school diploma or equivalency. She added that most earned less than \$10,000/year. Finally, most rented or owned their homes, 1 was homeless, and 2 were staying with family and friends.

N. Johns invited attendees to ask any questions during her presentation. She stated that she'd left out information on the methodology of the focus groups, but they could feel free to ask any methodological questions they had.

N. Johns stated that participants were asked to brainstorm places they could get an HIV test. Out of the comprehensive list of responses, organizations were favored that had expertise in HIV, friendly staff, cultural competency, respect for privacy and confidentiality, linkage to HIV services, and incentives (cash, food, gift cards, etc). She added that many participants did not want to get tested at ASOs due to concerns about stigma. They also preferred not to go to Health Center 1 because of overcrowding and long wait times. She noted that one of the women's focus groups did not get to this question.

M. Coleman asked for a definition of cultural competency. N. Johns replied that the term cultural competency was not actually used in the groups. She explained that people wanted to get medical care in environments where they felt their dignity was respected. She stated that they had a diverse range of life experiences, and did not want to feel stereotyped or misunderstood.

C. Steib asked for examples of some "acceptable" locations for getting tested. N. Johns replied that people said they were willing to get tested at their doctor or health fairs. She explained that participants brought up a widespread lack of health education, so they thought health fairs and other events were good for the community.

N. Johns stated that some participants disclosed their HIV positive status during the focus groups. She said they advocated for social support during the testing process through buddies or friends/partners to combat fear and stigma. She added that community-based and routine testing was needed in Black communities. She reiterated that incentives worked to get people HIV tested. She noted that women with children were particularly drawn to incentive programs that offered gift cards to grocery stores, etc. She stated that the availability of childcare or respite care in testing facilities was very helpful. She noted that one participant in the focus groups had cared for

her elderly father during the end of his life, which distracted her from seeking medical care for herself.

She listed the reasons people gave for getting tested for HIV: just to find out, risk, doctors' suggestions, feeling sick, and routine checkups. J. Chapman asked how many participants had been tested for HIV before. N. Johns said all of them had.

N. Johns reported that some themes that were brought up in the focus groups were poverty and access to healthcare, homelessness, mental illness and trauma, caregiving, mistrust of doctors, stigma, and dignity/cultural competency.

M. Coleman asked why some people were reluctant to disclose their HIV status. N. Johns stated that people who were private about their status may feel that there were negative stereotypes about being HIV positive. Some participants in the focus groups worried that their status might associate them with a certain type of community that they wanted to distance themselves from. She noted that men were likely to be more private about their status.

N. Johns stated that participants in the focus groups brainstormed their ideal healthcare setting. Participants said they'd like to get care in a setting that was respectful, with clear communication. She added that people wanted organizations to offer health education and social support. She explained that the environments should be accessible, with welcoming waiting rooms and incentives like food and gift cards.

C. Steib asked if this list was in order of priority. N. Johns said it wasn't necessarily, but many of the items were incidentally in order. For instance, respect and dignity were two of the most important points.

N. Johns listed recommendations that came out of the focus groups, in no particular order. These included: honor and maintain patient dignity in all settings, and give information about PrEP in all HIV testing counseling. She encouraged community level campaigning in Black communities and adult health education in community settings in general. She added that trauma informed care is essential. She advocated for routine testing in primary care in high prevalence communities, as well as Holistic care with mental and physical health and social support.

B. Shannon asked why the women's and men's focus groups were conducted separately. N. Johns stated that the men and women seemed more comfortable in single-sex groups than they may have been if the groups were combined.

- **PrEP Implementation Outside Philly** – *Antonio Boone, OHP*

A. Boone reiterated that PS 15-1509 was a grant that had recently been received by the Health Department in Philadelphia. He stated that the grant would focus on MSM of color at substantial risk of HIV infection. He said that high-risk individuals who tested negative for HIV and declined PrEP would be offered linkage to other interventions. He stated that in today's presentation he'd be giving information about PrEP implementation in other jurisdictions across the country.

A. Boone said that PS 15-1509 funding will enable the transition from point-of-care to 4th generation lab based testing. It will also provide additional resources to reach MSM of color and support high risk HIV negative individuals with PrEP and nPEP. He added that the grant can be used for partner services, behavioral interventions, and immediate linkage to care for individuals with acute HIV infection.

A. Boone listed the goals of the 15-1509 grant. He said these included reducing sexual risk taking, decreasing testing barriers, combatting LGBT stigma, informing young MSM about PrEP and nPEP, and empowering young men to make healthy decisions. C. Steib asked if the 4th generation testing was rapid testing. B. Shannon replied that it depended on the location of testing.

A. Boone showed some examples of recent PrEP awareness campaigns across the country. He stated that they used catchy, engaging taglines and did not emphasize sex. He noted that many provided hashtags to keep people engaged in the conversations on social media.

A. Boone explained that the NY State Health Department launched their PrEP and PEP plan on December 1, 2015, using the hashtag #PLAYSURE. He said the plan also emphasized HIV treatment and condoms. He explained that the campaign messages were diverse, representing all the communities that accessed services.

A. Boone said that Chicago's PrEP campaign used the hashtag #PrEP4LOVE. He said that the campaign was launched in February 2016.

A. Boone explained that Washington State's campaign used the URL We-Are-1.com. He said that the program was composed of 12 community based organizations, agencies, and health departments. He noted that the organizations used a one-stop-shop model to make PrEP easier to access. He stated that they developed multi-jurisdictional marketing/media PrEP promotion campaigns for communities and providers. He added that campaign posters used a number of people of different colors, shapes, and sizes to make them accessible to everyone.

A. Boone gave an example of a PrEP marketing message from San Francisco. He noted that developing the campaign was a community effort.

A. Boone stated that the AIDS Resource Center in Ohio developed an application called "Is PrEP Right For Me?" which is available for iPhone and Android.

A. Boone said that campaign website designs were simple, listing basic information about PrEP to avoid information overload. He said they also included links to government sites. Campaigns were developed with community input, and spokespeople and models were representative of the community's diverse populations. He continued that websites provided a list of PrEP providers in the area.

A. Boone encouraged participants to visit websites about PrEP that he had listed on the slides. He said these included My PrEP Experience, Project Inform, and a PrEP Social Marketing presentation by James Pickett of the AIDS Foundation of Chicago. J. Chapman noted that in Chicago and New York, campaign spokespeople and models were actually members of the community. A. Boone stated that creators of the campaigns recruited the models from CBOs and other locations in the community.

J. Chapman asked A. Boone if he had information on what steps groups in other areas went through to develop their campaigns. He said that each area's state HPG had individuals come to present on PrEP and developed workgroups. He suggested the group look at different campaigns they'd seen or heard of and find commonalities. He encouraged the group to relay information to one another so they could make comprehensive recommendations to the grantee. B. Shannon stated that he'd been in contact with other jurisdictions about their PrEP programs and materials. He noted that the jurisdictions were willing to share these materials.

N. Wood asked if Philadelphia was behind the curve in PrEP marketing. B. Shannon said that some smaller cities like Rochester, NY had been working on PrEP marketing campaigns for many years. N. Johns asked if the Rochester program was sponsored by the state, city, or a particular provider or organization. A. Boone said the program was developed in collaboration with the state health department. He said “HIV Starts With Me” was a state campaign used in Rochester, Buffalo, and NYC. T. Dominique noted that New York State had laws that required doctors to offer PrEP. She said a recent NYT article had been critical of PrEP. G. Grannan said he believed the rates of other STDs had gone up since the New York PrEP program had been implemented.

C. Steib asked what the process would be for the HPG to help develop a promotional campaign around PrEP. M. Ross-Russell stated that the HPG traditionally acted as a community advisory board. She stated that the group had thus far spoken with community members about their experiences, put together a list of local PrEP providers, and heard from organizations that had PrEP programs already in place. She said the next step would be deciding what populations their messaging would target and brainstorm around their decisions. She stated that the group would then propose their plan to the grantee.

T. Dominique suggested that the group move beyond stock images in their marketing campaigns. She stated that images and symbols of Philadelphia were very effective. M. Ross-Russell noted that stock images could be edited. G. Grannan recommended the group involve local community members in developing the campaign. He stated that using recognizable individuals as models would be preferable and more effective than stock images. M. Ross-Russell clarified that she thought the group should develop marketing campaigns for different populations individually.

B. Shannon noted that a group of MSM of color would be visiting the PDPH to give input on PrEP marketing. M. Pearsall stated that media management was his area of expertise. He agreed that marketing materials were most effective when they featured community members. He noted that the PDPH would hold their think tank for the 15-1509 grant tomorrow. He stated that a significant percentage of gay men in Philadelphia did not frequent the Gayborhood. He said they'd be trying to determine where gay men of color in Philadelphia were located. He stated that they'd also gauge community needs in terms of insurance status, medical care, etc. He noted that the PDPH would be developing a PrEP marketing campaign as one arm of the 15-1509 grant. He agreed that media marketing and online campaigns should feature people who were members of a community, who would serve as brand ambassadors for the campaign.

J. Chapman explained that Baltimore's Health Department had a strong relationship with the local House and Ball (drag) community. She added that they'd partnered with a local art school to develop their PrEP campaign. She noted that students had been educated about HIV in the process of creating art for the marketing campaigns.

C. Steib noted that the New York City PrEP program seemed to have one main tagline and a subtagline for each specific population. He stated that each subtagline was targeted toward specific populations and included images of those populations. M. Pearsall said the PDPH was also getting community input into the name of their PrEP campaign. C. Steib noted that the city had embraced the Freedom Condom program. He stated that Freedom was a term that could be used for PrEP as well.

M. Pearsall reminded the group that PrEP was only one component of 15-1509. C. Steib asked what some other components were. M. Pearsall replied that the PDPH was mitigating and

combatting social determinants using the 15-1509 funding. He said they'd be asking what needs high-risk communities had other than PrEP. M. Ross-Russell asked if M. Pearsall was referring to social determinants by population type or specifically in Philadelphia. B. Shannon reiterated that 15-1509 specifically targeted MSM of color.

L. Mattus reminded the group that marketing campaigns should be multilingual. G. Grannan asked if marketing messages would be available in other languages. M. Pearsall stated that he anticipated developing marketing messages in English and Spanish. He noted that the PDPH was targeting MSM of color, not just Black MSM. G. Grannan stated that Southeast Asian MSM were another important group to target.

- **Comprehensive Planning Brainstorm and Future Collaborative Activities**

N. Johns explained that the Comprehensive Planning Committee of the RWPC had undertaken a brainstorming exercise at their January meeting. She noted that the integrated planning process for care and prevention was currently underway. She explained that participants at the meeting were given 2 post-it notes and asked to write one component of their ideal service system on each. She stated that the responses were divided into care and prevention activities, and some fell under both. She read off some post-it notes that the group had written down.

N. Johns stated that the topics would be brought before the Integrated Executive Committee, which was comprised of the Co-Chairs of the RWPC and HPG and all subcommittees, and would meet next month. She stated that syringe access and PrEP were two priorities on the prevention side.

J. Chapman asked the group to write their own ideas on post-it notes. She distributed two notes to each member of the group. N. Johns said the responses should answer the question "In an ideal world, what would you like to see related to HIV prevention, care, or sexual health in general?" N. Wood asked for clarification on what the ideas were for. J. Chapman said they were for discussion at the Integrated Executive Committee. N. Johns stated that they could also be used for planning purposes or for selecting future speakers. G. Grannan asked if the brainstorming should concern just local and state initiatives. N. Johns replied that it should, though answers could be on a macro level as well.

N. Johns distributed post-it notes for the activity. J. Chapman collected them and read off the responses. They included the following:

Cure for AIDS

*Better sex ed in school

Improved health information dissemination

Implementation of true routinized HIV testing

*Comprehensive sex ed for high school students

*All PCPs comfortable administering PrEP

*Trainings on HIV & LGBT stigma for all medical and social service providers

Anti-stigma campaigns/better workforce training re: cultural competency

Syphilis

Fund purchase of drug paraphernalia, not just collar services

*Rapid linkage to care & faster follow-up for patients who have been out of care

Decriminalization of drug use and sex work

*Stop using law enforcement as first-line social workers

HIV testing as routine standard of care in all health care settings

*Reduce barriers to PrEP – cost per individual (e.g. labs and meds)

Incentives (establishing best practices for healthcare providers, to prevent consumers from shopping for bigger incentives from other providers, and to not be in competition with one another)

Focus on role of psychological trauma in risk/prevention treatment and access to high quality trauma care

Prevention support/*social support

*Housing

*Healthcare access

Legal

N. Johns put a star next to all topics that were mentioned in the Comprehensive Planning Committee meeting as well. J. Chapman reiterated that the topics would be discussed at the upcoming Integrated Executive Committee meeting.

- **RWPC Report – OHP Staff**

J. Hayes reported that the RWPC's Finance Committee presented a request from the grantee to reallocate \$33,000 from Mental Health and Transportation to Dental in the PA Counties. She added that the Planning Council approved a level funding budget for the next fiscal year, as the EMA had received a partial Ryan White Part A grant award. She noted that the EMA would know the total amount of the year's grant by the Spring.

M. Ross-Russell explained that the Planning Council was legislatively mandated to allocate Ryan White Part A funding. She stated that, as of now, the EMA only had a partial grant award. She explained that the Finance Committee was required to vote on allocations for the partial award. She explained that these allocations could only be made for a level funding scenario. Once the total grant award was known, dollars could be shifted around and scenarios would be drafted for different budgets other than level funding.

M. Coleman asked if the needs of specific organizations were taken into account in the allocations process. M. Ross-Russell said they were not. She explained that the Planning Council made their determinations based on historical data about need for services, underspending, and overspending. She added that determinations were based on concrete information and were not arbitrary.

- **Bench to Bus Stop Conference – Tiffany Dominique**

T. Dominique said that on January 26th there was a Bench to Bus Stop Conference cosponsored by the Penn Mental Health AIDS Resource Center and AACO. She stated that the purpose of the conference was to bring together 145-170 funded HIV investigators in Philadelphia along with the Health Department to talk about the work they're doing and provide opportunities for collaboration. She said half of the day was spent getting updates on cure, prevention, and treatment research. The second half consisted of a poster session and a networking session. She stated that 3 speakers presented on each category, covering the cure agenda, gene splicing strategies, loss to care of postpartum women, and prevention strategies around PrEP. She said there were 140 people who registered for the conference and 125-130 people who showed up. She noted that this was the first year the conference was held.

C. Steib reported that he thought the conference had gone very well. He emphasized that collaboration between the researchers was important, especially due to recent cuts in federal funding. J. Chapman said that there was a general sense of collaboration at the conference. She stated that she hoped to invite some of the presenters to a future HPG meeting.

T. Dominique stated that the CFAR maintained a list of funded investigators at the conference. She said it included the total number of investigators, institutions represented, and dollar amount. She noted that the dollar amount (around \$1 billion) would drastically change within the next year, dropping off by around 75%. She stated that the NIH had changed their funding priorities. Therefore, behavioral investigators would need to change their investigations to be more responsive to biomedical trends. She explained that the upcoming changes increased the need for collaboration among participants. B. Shannon said that participants offered their services to other researchers and people were open and receptive to networking.

Old Business: None.

New Business: L. Mattus noted that the June meeting of the HPG was scheduled for the same date as the annual Prevention Summit. J. Chapman stated that in the past the June meeting date had been changed or cancelled. She said they'd bring up the date at their next meeting.

Research Updates: T. Dominique stated that the group had discussed the inclusion of transgender people in PrEP studies at their Jan meeting. She said CROI was holding a conference in Boston. She said they had released a recent PrEP study that allowed transgender participants to be on hormones. She stated that the study had found PrEP was safe and effective in women using hormones.

T. Domonique stated that the CDC had released a report yesterday on lifetime HIV prevalence. She said it had included research on the use of vaginal rings as a prevention method. She said there would be an update from CROI at noon on Friday that could be viewed on CROI's website.

T. Dominique stated that the AMP study would open in April. She said it was a study on an injectable PrEP vaccine looking at MSM. She noted that the study was originally supposed to open in November of last year. She stated that it would take place in Africa and the Caribbean as well as South Africa. She noted that the South African study had been split into a separate study.

Announcements: L. Mattus stated that all HIV services at Congreso had recently been moved to their main building at 216 W Sommerset.

T. Dominique stated that the CFAR CAB would be doing an HIV briefing for elected officials, tentatively scheduled for June.

N. Wood stated that he was the chair of the CAB at PMARK. He said they were hosting an HIV and Mental Health conference in the fall.

G. Grannan informed the group that there had been 2 transwomen of color murdered in Philadelphia in the last week.

M. Coleman stated that Family and Friends Day would be held on Thursday February 25th 4pm-7pm at the John Bell Health Center.

Adjournment: The meeting was adjourned by general consensus at 4:30p.m.

Respectfully submitted by,

Jennifer Hayes, OHP

Handouts distributed at the meeting:

- Meeting Agenda
- December 16, 2015 Meeting Minutes
- OHP Calendar

MEETING AGENDA

Wednesday, February 24, 2016

2:30 p.m. – 4:30 p.m.

Call to Order

Welcome/Moment of Silence/Introductions

Approval of Agenda

Approval of Minutes (*December 16, 2015*)

Report of Co-Chairs

Report of Staff

Discussion Items:

- Preliminary Report on High-Risk Heterosexual Focus Groups (Nicole Johns, OHP)
- PrEP implementation outside Philly (Antonio Boone, OHP)
- Comprehensive Planning Brainstorm and Future Collaborative Activities
- RWPC Report (OHP Staff)
- Bench to Bus Stop Conference (Tiffany Dominique, Penn CFAR)

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, March 23, 2016 from 2:30-4:30p.m. at
the Office of HIV Planning, 340 N. 12TH Street, Suite 203, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org

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Wednesday, December 16, 2015
2:30-4:30p.m.

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

Present: Sophia Bessias, Jennifer Chapman, Tiffany Dominique, Loretta Matus, Brad Shannon, Clint Steib, Paul Yabor

Excused: Nick Wood

Absent: Caitlin Conyngham, Fred Graham, Gus Grannan, Daniel Harris, Mark Wilson

Guests: Leroy Way, Mark Coleman, Gina Walton

Staff: Mari Ross-Russell, Briana Morgan, Antonio Boone, Jennifer Hayes

Call to Order: J. Chapman called the meeting to order at 2:35p.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: T. Dominique moved, S. Bessias seconded to approve the agenda. Motion passed: All in favor.**

Approval of Minutes (October 28, 2015): J. Chapman presented the minutes for approval. J. Chapman pointed out that the UCHAPS conference was in Baton Rouge rather than New Orleans. T. Dominique said she was excused from the meeting. **Motion: J. Chapman moved, S. Bessias seconded to approve the October 28, 2015 minutes as amended. Motion passed: All in favor.**

Report of Co-Chair: None.

Report of Staff: M. Ross-Russell stated that a large PrEP provider would be presenting at the February Ryan White Planning Council meeting. J. Chapman said the HPG would discuss combining their February meeting with the Planning Council meeting.

B. Morgan stated that the Office of HIV Planning was updating their resource inventory. She invited all providers who wished to be included in the directory to submit their information. J. Chapman asked if the resource inventory would be included in the Integrated Care and Prevention Plan. M. Ross-Russell said a shorter version of the resource inventory would be included with the plan. She explained that the office was developing a longer resource inventory for their website. B. Shannon stated that he'd provide the office with a list of PrEP providers that he had been compiling in recent months.

Discussion Items:

- **NHPC Update** – *Jen Chapman, Co-Chair*

J. Chapman reported that she had recently attended the National HIV Prevention Conference (NHPC) in Atlanta. She explained that the National HIV/AIDS Strategy (NHAS) had been updated this year. She stated that a presentation on the new NHAS stressed the strategy's focus

on reaching the right people in the right places with the right practices. She said some important topics discussed at the conference had been PrEP, navigation, and transgender individuals.

J. Chapman stated that the NHAS Federal Action Plan (FAP) was put out on World AIDS Day and officially released at the NHPC. She explained that the community action plan framework was designed to help organizations focus their work and meet the goals of the NHAS. She said that FAP detailed 170 action items that federal agencies would undertake to help achieve the goals of the NHAS. For instance, a new website called "Know the Facts First" had been launched that addressed girls' health. P. Yabor asked if sex workers were included in the conference. C. Steib stated that some sex workers and their advocates felt the NHAS had not been inclusive of sex workers. B. Shannon stated that the conference had been supportive of sex workers, with many participants holding up red umbrellas in solidarity.

J. Chapman stated that a press release had come out about HIV diagnoses declining almost 20 percent in the last 10 years. She explained that there had been significant drops in HIV diagnoses in some populations and not others. She stated that HIV diagnoses among Latino gay and bisexual men and Black gay and bisexual men had increased between 2005 and 2014, though increases had since levelled off.

J. Chapman reported that Dr. Tony Fauci of the National Institutes of Health (NIH) gave a presentation framing the end of the HIV/AIDS pandemic as an achievable goal in light of current science. In his presentation, Dr. Fauci stated that medications played a role in HIV treatment and prevention. M. Coleman pointed out that Dr. Fauci had recently presented on Hepatitis B at the American Philosophical Society building in Philadelphia. J. Chapman added that Dr. Mindy Fullilove from Columbia had given a talk on social determinants of health. She said Dr. Fullilove suggested the national HIV response take an urbanism-informed approach to public health. She stated that she'd send around links of talks from the NHPC.

J. Chapman added that two other CDC initiatives regarding awareness and education were unveiled at the conference. She said these were called "Doing It"¹ (an initiative about testing) along with a Comprehensive online HIV Risk Reduction Tool², which was in pilot testing. B. Morgan asked what the target audience was for the HIV Risk Reduction Tool, noting that it was very formal and used technical language. She asked if it was geared toward providers. B. Shannon said he believed the tool was designed for clients. J. Chapman noted that the website was a Beta version. She suggested members submit feedback to the designers of the site.

B. Shannon stated that he'd also attended the NHPC. He said that speakers at the conference suggested that HIV-negative partners in serodiscordant relationships take PrEP. He stated that NYC had recently done their National HIV Behavioral Surveillance (NHBS). He explained that NY allowed providers to do testing for their NHBS (rather than the health department themselves). He stated that Black doctors who belonged to a medical association had much higher offer rates for HIV tests.

C. Steib said he'd taken pictures of the slides for many PrEP workshops. He stated that workshops he'd attended recommended the use of navigators to get people engaged in PrEP. He explained that navigators received adherence training and conducted follow-up with patients to ensure they continued attending their appointments. He said a study from NY of 300 people who were taking PrEP used navigators and support staff.

¹ <http://www.cdc.gov/actagainststids/campaigns/doingit/index.html>

² cdc.gov/hivrisk

C. Steib explained that his organization had submitted a poster to the conference on the importance of HIV testing in the clinical process, based on research done at the Dorothy Mann Center. He said the research had also focused on the importance of peers and training programs in educating patients. He stated that another poster by his organization explored the importance of routine HIV testing in healthcare settings. J. Chapman said that Dr. H. Kwakwa from the PDPH had also submitted a poster to the conference. S. Bessias said she'd share the PDPH's materials from the conference. C. Steib recommended that the group read a book by Dr. Mindy Fullilove (a presenter at the conference) called *Urban Alchemy*.

P. Yabor asked how PrEP navigation would be supported in Philadelphia. C. Steib pointed out that the PDPH had recently received a grant for prevention navigation.

B. Shannon explained that people who were diagnosed with HIV/AIDS tended to change their risk behaviors. He said that newly diagnosed singles reduced their risk behaviors (e.g. number of partners, drug users), but newly diagnosed couples did not reduce high risk behaviors (e.g. non-use of condoms). He said that the study recommended following the CDC guidelines on immediate linkage to care and use of ART. He stated that another presentation at the NHPC recommended that MSM not be demonized for non-use of condoms. He noted that MSM tended to use condoms more than heterosexuals. He suggested that prevention messaging emphasizing condom use was unsuccessful.

J. Chapman asked individuals with posters or presentations from the NHPC to email them to her so she could share them with the group.

B. Morgan asked if data on transgender populations was discussed at the NHPC. J. Chapman stated that there was no specific transgender track at the NHPC, but transgender issues were often discussed in breakout sessions. B. Shannon said some local surveillance data had been collected about transgender populations and was recently released with the AACO surveillance report. He noted that the transgender data was not as robust as much of the other data that was available. J. Chapman said she could bring more information to the group in the future. M. Ross-Russell noted that data collection on a national level was constrained by outdated categories and conventions. B. Shannon pointed out that Philadelphia, NY, Los Angeles, and other cities were gathering transgender surveillance data, though some areas were not.

- **PrEP: The Road Thus Far** – Antonio Boone, OHP

A. Boone stated that he'd be reviewing work that the HPG had done in the last year around PrEP. He said Dr. Kwakwa had attended the RWPC last month to talk about the City Health Centers' PrEP program. He stated that PrEP was a medication used to prevent HIV-negative people from getting HIV. He said that risk groups for HIV included MSM, heterosexuals, and IDU. He noted that there was a need for new prevention options. He said that over 25% of people in Philadelphia were infected with HIV, and only around 50% of people use condoms during sex. He noted that many people in Philadelphia did not know about PrEP.

A. Boone said that the PDPH handed out a PrEP interest survey as part of the Health Centers' rapid testing program. He explained that some people were not interested in PrEP due to perceptions of low risk, lack of willingness to take a daily pill, ideas about side effects, and other factors. He noted that many individuals underestimated their HIV risk. He said that some participants who had tested HIV-positive in the Health Centers' rapid testing programs did not believe they were at a high risk for acquiring HIV. He stated that individuals who perceived

themselves to be at higher risk were more likely to be interested in PrEP, and men were more likely to be disinterested in PrEP.

A. Boone stated that the Health Centers aimed to have 300 people enrolled in their PrEP program over a 3 year period. He stated that currently 87 people were enrolled in the program, which had received 700 referrals. He said that individuals who were on PrEP were given the option to participate in the Sustainable Health Center Implementation PrEP Pilot (SHIPP) study. Based on the study, the most successful linkages to PrEP were made by doctors or for HIV-negative partners in serodiscordant couples.

A. Boone stated that J. Chapman had presented in July of 2015 on PrEP in other jurisdictions. He said that a study of a PrEP program in NY found that patients in a PrEP program were more likely to be involved in primary care and insured following their participation in the program. He added that PrEP improved the psychological well-being of some patients after 6 months in the program. He noted that some challenges to implementing PrEP included a lack of knowledge about PrEP, provider uncertainty about prescribing PrEP, lack of information among high-risk populations, resource intensiveness of prescribing PrEP, potential for stigma to undermine success, lack of PrEP related trainings, and concerns about insurance coverage.

A. Boone stated that a study of Healthcare Provider Roles in PrEP surveyed doctors about their perceptions of PrEP and their feelings about prescribing it. He stated that HIV specialists were much more comfortable prescribing PrEP. He pointed out that HIV specialists were also more comfortable taking sexual histories than PCPs. He said that PCPs needed specialized training to prepare them for prescribing PrEP.

A. Boone explained that 2 young men taking PrEP had attended an HPG meeting in October 2015. The young men said that many heterosexual people did not believe PrEP applied to them. Further, some people had judged the young men as promiscuous for taking PrEP.

A. Boone gave some recommendations, based on the presentations, for the road ahead. He stated that medical providers, social workers, and testing counselors needed to work as a team to complete the PrEP referral process. Further, individuals who seroconverted while taking PrEP needed to be quickly linked to care. Finally, adherence required monitoring and ongoing counseling. He said that in order to prescribe PrEP, doctors needed to have conversations with patients, do laboratory testing, write prescriptions for insured patients, and learn to properly process paperwork for uninsured patients.

A. Boone said Philadelphia had recently received a CDC 15-1509 grant. He stated that the grant would support health departments with prevention programs for Black MSM, including prevention navigation. He said that the Philadelphia Board of Health recommended that the PDPH continue to implement PrEP coordination planning activities. Further, primary care providers and HIV specialists should seek appropriate education and training to effectively prescribe PrEP. He added that the Medicaid program should maintain its commitment to provide PrEP on its formulary. Also, the PA Department of Health should seek additional funding to expand SPBP. Finally, the PDPH and clinical providers should collect surveillance data to evaluate the incidence of HIV infection and viral resistance in newly diagnosed persons who were taking PrEP.

A. Boone stated that he had read an article about PrEP for transgender women. He explained that transgender women were 49x more likely to be infected with HIV than the general population. T. Dominique noted that PrEP studies, until 2 years ago, had required transgender women to cease

taking hormones. A. Boone said that a study had found hormone medications did not interfere with PrEP. T. Dominique stated that studies that excluded individuals who took hormones had trouble enrolling women who were assigned female at birth (AFAB) as well as transwomen. A. Boone stated that the report recommended that further research be done to determine if PrEP interacted with cross-sex hormone therapy. Further, targeted recruitment of transgender women should be used when testing all new forms of HIV prevention/treatment. Finally, transgender women should be studied separately from gay and bisexual men and other MSM.

C. Steib noted that there was not much research on the use of PrEP for young people. He stated that adherence to PrEP was lower in young people. T. Dominique pointed out that Truvada was not recommended for people who were under 18, so there was resistance to prescribing it to young people.

- **Plan for 2016**

J. Chapman asked the HPG to begin thinking about specific activities they could do around PrEP in the coming year. She also noted that the group had heard a presentation last month about the upcoming Integrated Care and Prevention Plan, which would be submitted in 2016.

J. Chapman asked the group if they'd like to combine their meeting in January with the Planning Council meeting (on January 14th). Participants agreed to combine their meeting in January (thus, they would not be meeting on January 27th). T. Dominique asked for clarification on the PrEP presentation that would be given at the January Planning Council meeting. M. Ross-Russell stated that the presentation would be delivered by a representative of a PrEP program serving 500 people. She noted that A. Boone had given the same presentation he gave today at the last Planning Council meeting. She said that participants in the Planning Council meeting had asked many questions about PrEP. Further, given the need for coordination of care and prevention in writing the Integrated Plan, it would be a good idea to hold more combined meetings moving forward. B. Morgan said a presentation would also be given on HIV and Aging.

J. Chapman asked if OHP staff had any suggestions for future topics they HPG should discuss, given the upcoming integrated plan. M. Ross-Russell stated that the plan would need to include information about the PDPH's implementation of the CDC 15-1509 grant. She explained that the OHP was currently working on the resource inventory for the integrated plan. She stated that they'd like to include PrEP providers on the list. She noted that the resource inventory would include providers and their websites, along with other contact information.

M. Ross-Russell stated that they (the OHP as well as the HPG) would discuss barriers to implementing PrEP in the process of putting together the plan. She said barriers to PrEP included lack of awareness of PrEP among high-risk communities. Further, primary care physicians were unwilling to prescribe PrEP at their offices, whereas HIV providers were willing to prescribe PrEP. She added that there was some resistance toward PrEP in the community. Finally, many people in the US were not regularly engaged in primary care. She pointed out that it was difficult to reach people who were not in consistent contact with primary care physicians. N. Johns stated that lack of perceived risk also got in the way of implementing PrEP in the community. M. Ross-Russell said they would discuss how to surmount barriers to PrEP and how to effectively implement PrEP moving forward.

J. Chapman suggested the group begin brainstorming ways to address barriers to PrEP as a group or in breakout sessions.

- **RWPC Report – OHP Staff**

J. Hayes reported that A. Boone had given his PrEP presentation at the Planning Council meeting. She added that the Planning Council would hold a social event after the Planning Council meeting on February 11th. She stated that short summaries of meetings held at the OHP could be found on hivphilly.blogspot.com. N. Johns added that many Spanish-speakers had been attending Positive Committee meetings in the last several months.

Old Business: None.

New Business: None.

Research Updates: T. Dominique said the AIDS Clinical trial group would be testing a new HCV medication that would be cheaper, less time-intensive, and less toxic than current medications. She said the study was looking for individuals with HIV/HCV co-infection, but participants needed to have not taken HCV treatment. She said the contact number for the study was 215-349-8092.

T. Dominique explained that the Wistar Institute had applied for a 5-year cure grant with a community education arm primarily administered by Philadelphia FIGHT. She said the cure grant would be used to explore gene splicing and other areas of HIV research.

T. Dominique explained that a small pilot had been completed looking at PTSD in HIV positive individuals. She stated that data from the study should be available soon.

T. Dominique said another small pilot on HIV and meditation would be held at SILOAM. She stated that participants needed to have depression and be taking medication but finding it ineffective. She stated that a flyer for the study was posted on the bulletin board.

T. Dominique added that a Drexel study would add a new medication to the treatment regimens of people who were not doing well on their current medication. She said the study was currently recruiting participants.

T. Dominique continued that the NIH was changing their research priorities and was currently looking for high-priority research only. She stated that the language had been released last week and may affect funding for research moving forward.

T. Dominique concluded that an HIV conference would be held on January 26st at the College of Physicians. She said the conference would target researchers and be held from 8am-12pm (including lunch, a keynote speaker, and free admission to the Mutter Museum). She provided the url³ for the conference website.

Announcements:

T. Dominique stated that, on January 20th, The Penn Center For AIDS Research (CFAR) would be hosting a talk about HIV Criminalization and the Intersection of Race and Gender at Irvine Auditorium (3401 Spruce Street) from 12-1:30pm in room 110. She said the talk would be part of the MLK Symposium. She stated that no RSVP was necessary for the event.

P. Yabor reported that the HIV Housing Study being conducted by the University of Pennsylvania was moving forward after some delays.

³ phillyhivconference.wix.com/hivconference2016

Adjournment: The meeting was adjourned by general consensus at 4:15p.m.

Respectfully submitted by,

Jennifer Hayes, OHP

Handouts distributed at the meeting:

- Meeting Agenda
- October 28, 2015 Meeting Minutes
- PrEP: The Road Thus Far (Slides)
- OHP Calendar

DRAFT