

**Philadelphia HIV Prevention Planning Group (HPG)**  
**Meeting Minutes of**  
**Wednesday, September 28, 2016**  
**2:30-4:30p.m.**

Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 320, Philadelphia, PA 19107

**Present:** Caitlin Conyngham, Tiffany Dominique, Gus Grannan, Loretta Matus, Clint Steib

**Excused:** Jennifer Chapman

**Absent:** Fred Graham, Daniel Harris, Mark Anthony Wilson, Jr.

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

**Call to Order:** T. Dominique called the meeting to order at 2:38p.m.

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

**Approval of Agenda:** T. Dominique presented the agenda for approval. **Motion:** G. Grannan moved, C. Steib seconded to approve the agenda. Motion passed: All in favor.

**Approval of Minutes (August 17, 2016):** T. Dominique presented the minutes for approval. **Motion:** G. Grannan moved, C. Steib seconded to approve the August 17, 2016 minutes. Motion passed: All in favor.

**Report of Co-Chair:** No report.

**Report of Staff:** B. Morgan announced that the Integrated HIV Prevention and Care Plan had been submitted to HRSA, ahead of the September 30<sup>th</sup> due date. She thanked the group for their participation in writing and editing the plan.

M. Ross-Russell said that the OHP and RWPC were currently working on the consumer survey. She said they hoped to have it completed by November or December and distributed by the beginning of next year. She said the survey would be distributed by providers, and an online version would be available. She stated that the Comprehensive Planning and Needs Assessment Committees would be reviewing the survey at their next meetings. T. Dominique asked if the survey concerned prevention as well as care. M. Ross-Russell said it mostly focused on care-related questions, but there was overlap with prevention as well. M. Coleman asked if input would be accepted about the consumer survey. M. Ross-Russell said that the survey would be going through a process of revision. She stated that a draft version of the survey would be piloted with the Positive Committee and changed based on feedback from the pilot.

T. Dominique asked if there was a timeline for distribution of the survey. M. Ross-Russell said it wasn't possible to set a strict timeline, as providers would be responsible for getting it out to their clients. However, she explained that they'd like to either get it out before the holidays or in the weeks following them. She stated that analysis on the survey results would begin in April and May.

G. Grannan asked if the survey could be sent out multiple times across different seasons. He noted that target populations changed between the winter and warmer seasons, as people came to Philadelphia and left. He asked if the survey would be used for grant applications. M. Ross-Russell replied that the Planning Council was responsible for making decisions based on documented need. She noted that the survey was sent out approximately every 5 years. She reiterated that the survey was not necessarily distributed to clients when it was initially sent out, as it was the responsibility of providers to get it to clients. She explained that providers would mail out the survey but would also make it available in person in their agencies. She noted that the online survey may reach more people as well. G. Grannan asked if the online version of the survey could be kept up for 8-10 months and formal analysis could be withheld until that time. M. Ross-Russell responded that this may be possible. However, she stated that making the survey available for a long period of time may require that information be stored for longer than was desirable for confidentiality reasons. She stated that conversations about the timeframe and other considerations needed to be finished before the survey was submitted to the health department for review.

M. Ross-Russell explained that no information from surveys would be stored on the survey website, including IP addresses, and cookies would not be used to collect information on visitors. She stated that the OHP did not maintain any client lists and associated no names with individual surveys. She invited feedback at upcoming Comprehensive Planning Committee meetings.

T. Dominique asked if HPG members could help with survey distribution. For instance, they could speak with providers in the community to encourage them to get the survey to their clients. M. Ross-Russell replied that the survey was typically sent out to providers first, and then providers who had not distributed the survey received follow-up calls.

C. Conyngham pointed out that the surveys were mailed out to many clients. She asked how people would receive the survey if they did not have addresses or were housed in shelters. M. Ross-Russell explained that the OHP worked with provider agencies to make surveys available in house at those organizations. She noted that organizations helped inform their clients that the survey was available. She stated that the OHP mailed packets to providers containing the survey, a letter of introduction, and postage paid envelopes. She stated that the online survey might help increase the reach. She noted that 3000-3500 paper surveys would be sent out. She said that return rates in the past had averaged about 20-25%, and hopefully the online survey would increase that rate. B. Morgan stated that past return rates were based on surveys sent out from the OHP, but it was not known how many were lost at the provider level.

**Discussion Item:**

- **Care/Prevention Integration**

B. Morgan stated that the Integrated Executive Committee had met last week and discussed care and prevention integration. She said co-chairs from the care and prevention side discussed the integration process. She noted that the RWPC and HPG supported integration of the two bodies, and they'd voted to designate the Integrated Executive Committee as the group responsible for implementing integration. She stated that the group discussed the structure of the new integrated body. She said they planned to retain most of the subcommittee structure of the RWPC, with the addition of a prevention subcommittee. She noted that there were currently 5 standing subcommittees of the Planning Council. She said that prevention and care would both be represented on the subcommittees. She noted that some prevention-specific issues like PrEP would be discussed in the prevention subcommittee, whereas issues that spanned both sides like linkage to care would be discussed in one of the other subcommittees or a combined meeting.

G. Grannan noted that the community prevention co-chair fulfilled certain responsibilities. He asked how those responsibilities would be filled after the bodies unified. B. Morgan replied that the Integrated Executive Committee was discussing this issue. She said they'd discussed having 3 co-chairs for the integrated body. She noted that the prevention-specific co-chairs might be asked to attend UCHAPS meetings. M. Ross-Russell stated that representatives of the prevention side would be included in care-related discussions and vice versa. She noted that discussions about how to encourage equitable participation from both prevention and care would be continued throughout the coming months.

T. Dominique asked about the timeframe for integration. B. Morgan stated that there would be Integrated Executive Committee meetings once a month to discuss integration, for the next 4 months. She said there was no standing meeting time, and meetings had been scheduled through Doodle. She noted that anyone who was interested in participating in the Doodle and possibly attending the meeting was welcome to. She stated that all HPG members would be included on those emails.

M. Ross-Russell stated that J. Chapman would follow up with UCHAPS to see what their requirements were regarding jurisdictional representation on UCHAPS. T. Dominique noted that J. Chapman would be attending a UCHAPS meeting in Chicago next month.

- **RWPC Report – OHP Staff**

J. Hayes reported that the Planning Council voted to approve a reallocation request from AACO to move funding in NJ from medical case management to outpatient ambulatory care. She added that the Planning Council also discussed integration and heard standard subcommittee reports.

**Old Business:** None.

**New Business:** None.

**Research Updates:** T. Dominique stated that the Delaney Collaboratory to Cure HIV was funded in August for 23 million dollars, and that Philadelphia FIGHT was a partner involved in the program. She stated that they were in the process of developing a community advisory board looking at cure research. She asked anyone who was interested in participating in the CAB to speak with her. She said they were hoping to have the board up and running by December.

She noted that the study HBCN 704 at the University of Pennsylvania looked at an infusion to prevent people from getting HIV. She stated that the study was on a nationwide quasi-safety pause, limiting enrollment to 2-3 people a month. She noted that there had been no adverse effects from the study so far.

T. Dominique stated that a PrEP study would be open by the end of the year, concerning injectable PrEP. She said they hoped to have 90-100 people enrolled in the study. G. Grannan asked how long the injectable PrEP product would last. T. Dominique said she was unsure about the durability of the product. She stated that she'd check on it and email the group. C. Conyngham said that PrEP injectables that were currently being studied lasted about 6 weeks.

T. Dominique reported that the AIDS Clinical Trial Group was doing work about REPRIEVE, and a study was open at 3 different sites: Temple University, Drexel Trials, and the University of Pennsylvania. She noted that the study was seeking people living with HIV/AIDS who have never used statins. She noted that this was one of the biggest treatment studies going on citywide.

**Announcements:** G. Grannan announced that on October 28<sup>th</sup> at ActionWellness, the Sex Workers Outreach Project (SWOP) Philadelphia and Project SAFE would host a public listening session from 1-3pm. He said a few city council members were going to attend. He asked anyone who was interested to get in touch with him.

L. Matus reported that Saturday, October 15<sup>th</sup> was National Hispanic HIV Awareness Day. She said free HIV testing would be offered on 8<sup>th</sup> and Lehigh from 2-4pm. She stated that Walgreens would also offer flu shots at the event.

M. Pearsall said AACO supported Club 15-09 to offer health services for people at risk of HIV as well as people who were HIV positive. He stated that the program would open on October 3<sup>rd</sup> in partnership with many local organizations. He noted that there was a PrEP component to 15-09 as well.

T. Dominique said that, this Friday, the Penn Mental Health AIDS Resource Center was doing a Connecting the Dots event at Community Behavioral Health. She said the group was currently at capacity but was looking to eliminate gaps in knowledge about HIV among mental health providers.

T. Dominique stated that AIDSWalk would be held on October 16<sup>th</sup>.

**Adjournment:** Motion: L. Matus moved, G. Grannan seconded to adjourn the meeting at 3:12pm. Motion passed: all in favor.

Respectfully submitted by,

Jennifer Hayes, OHP

Handouts distributed at the meeting:

- Meeting Agenda
- August 17, 2016 Meeting Minutes
- OHP Calendar

# MEETING AGENDA

*Wednesday, September 28, 2016*

*2:30 p.m. – 4:30 p.m.*

Call to Order

Welcome/Moment of Silence/Introductions

Approval of Agenda

Approval of Minutes (*August 17, 2016*)

Report of Co-Chairs

Report of Staff

Discussion Item:

- Care/Prevention Integration
- RWPC Report – *OHP Staff*

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, October 26, 2016 from 2:30-4:30p.m.** at  
the Office of HIV Planning, 340 N. 12<sup>TH</sup> Street, Suite 320, Philadelphia, PA 19107  
(215) 574-6760 • FAX (215) 574-6761 • [www.hivphilly.org](http://www.hivphilly.org)

**Philadelphia HIV Prevention Planning Group (HPG)**  
**Meeting Minutes of**  
**Wednesday, August 17, 2016**  
**2:30-4:30p.m.**

Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 320, Philadelphia, PA 19107

**Present:** Jennifer Chapman, Caitlin Conyngham, Tiffany Dominique, Gus Grannan, Loretta Matus, Clint Steib

**Absent:** Fred Graham, Daniel Harris, Mark Anthony Wilson, Jr., Nick Wood, Paul Yabor

**Guests:** Joseph Roderick, Leroy Way, Mark Coleman

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

**Call to Order:** J. Chapman called the meeting to order at 2:40p.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:** L. Matus moved, L. Way seconded to approve the agenda. **Motion passed:** All in favor.

**Approval of Minutes (July 21, 2016):** J. Chapman presented the minutes for approval. G. Grannan asked that "safe injection" be amended to "safer consumption" on pg. 4. **Motion:** J. Chapman moved, G. Grannan seconded to approve the July 21, 2016 minutes as amended. **Motion passed:** All in favor.

**Report of Co-Chair:** None.

**Report of Staff:** N. Johns reported that the Integrated HIV Prevention and Care Plan was nearly complete. She stated that it would be posted on the OHP website in September.

B. Morgan reported that the City of Philadelphia had posted a community health explorer tool, which could be accessed on their Github page<sup>1</sup>.

**Discussion Item:**

- **Care/Prevention Integration**

J. Chapman stated that the HPG and RWPC had considered integrating several years ago. She noted that collaboration between the two bodies had increased in the past several years, and several joint meetings had been held. She added that the HPG and RWPC worked together on the integrated plan. Therefore, the Integrated Executive Committee had discussed reintroducing the discussion of care and prevention integration.

J. Chapman stated that today's slides came from a CDC/HRSA presentation at the 2015 United States Conference on AIDS (USCA). She stated that integrated planning was the process by which HIV planning groups work together to review information about the HIV epidemic in the jurisdiction, provide recommendations for and/or allocate resources for interventions and services to address the epidemic, and review needs assessments and/or service utilization to further inform

---

<sup>1</sup> <http://cityofphiladelphia.github.io/community-health-explorer/>

recommendations. She noted that integrated planning could be accomplished through collaboration on joint projects, integration of planning products, and partially or totally integrating planning bodies.

J. Chapman reviewed a list of reasons why the groups might integrate their planning activities. She said these included developing a coordinated jurisdictional response to HIV, avoiding duplication of processes, intersections and shared knowledge, sharing resources economically, and increasing collaboration and communication. She noted that prevention and care were increasingly overlapping in both activities and funding. Further, many national policies supported integration, including the National HIV/AIDS Strategy (NHAS).

J. Chapman noted that new strategies for HIV prevention impacted care settings. She added that prevention planners should pay attention to both care and treatment because of a great deal of overlap in the areas of PrEP, treatment as prevention, and linkage to care, among other topics.

J. Chapman reviewed common goals of prevention and care. These include ensuring that individuals learned their HIV status; ensuring that HIV positive individuals were linked to medical care, supportive services, and prevention services that met their needs; and ensuring that high risk HIV negative individuals were linked to prevention services.

J. Chapman stated that there were several possible barriers to integrated planning. She said that prevention tended to focus on Philadelphia, whereas the care side focused on Philadelphia along with 8 surrounding counties in Pennsylvania and New Jersey.

J. Chapman reviewed some potential benefits of integrated planning. She said integrated planning allowed development of a common mission, encouraged sharing of knowledge and data, maximized limited resources reduced planning costs, created comprehensive services, and fostered integration of prevention into care services and vice versa.

J. Chapman explained that many states had successfully integrated their care and prevention planning bodies, including the commonwealth of Pennsylvania. She noted that the group could look to these jurisdictions for guidance and experience. She stated that integration had gained wide acceptance.

J. Chapman stated that the HPG and RWPC would work together to establish a timeframe for integration. She noted that the groups would be able to use materials from their previous discussions about integration, which would shorten the timeframe needed for the integration process.

C. Steib said he supported the idea of care and prevention integration. He stated that it could facilitate the sharing of information. He asked how integration would affect voting in the RWPC and HPG. He noted that there had been a transition to integration on a federal level.

G. Grannan stated that he was concerned that prevention voices would be silenced by integration. He noted that Ryan White took a medical approach to HIV/AIDS care. He stated that it did not address social determinants that were relevant to prevention. He noted that Ryan White funding was much greater than CDC prevention funding.

C. Conyngham noted that HIV treatment was one form of prevention. She stated that there was a great deal of overlap between care and prevention, and one affected the other. She discouraged the mindset that the two groups were competing over resources. She stated that combining care

and prevention could be a step toward decreasing stigma, because the planning process would address both HIV positive and negative people.

G. Grannan reiterated that prevention funding was scarcer than care funding. C. Conyngham noted that linkage to and retention in care helped to prevent HIV. G. Grannan noted that many people were not in medical care. He stated that some prevention work was distinct from clinical work.

M. Ross-Russell noted that most providers represented in the RWPC offered prevention services as well as care services. She reiterated that national goals, including the NHAS, encouraged integration. She stated that the city received a significant amount of prevention funding. She noted that the HPG did not have the same legislative authority as the RWPC. She suggested that integration could actually help to amplify prevention voices. She stated that the Planning Council had embraced discussion from a prevention standpoint in the past. She noted that stigma and social determinants were parts of the conversation on the care side. She stated that the HPG and RWPC could benefit from one another. She noted that the HPG and Planning Council would both decide whether or not they wanted to pursue integration, and the OHP would provide support according to their decision.

C. Steib encouraged the group to take steps to ensure the prevention side was heard at integrated meetings. He suggested that prevention representatives place relevant items on the agenda.

T. Dominique asked if there would be long-term consequences if the planning bodies did not merge. M. Ross-Russell replied that there may not be repercussions, but the federal government (HRSA and the CDC) encouraged integration. She noted that one obstacle to integration could be the differences between Philadelphia and 8 NJ and PA counties. She added that there were some barriers and disconnects around PrEP, syringe access, and other services between care and prevention and the different regions of the Ryan White Part A EMA. J. Chapman noted that prevention providers could contribute expertise on many topics like PrEP.

J. Chapman stated that she'd like to ensure care and prevention were treated as equals if integration was to occur. She noted that this included collaborating on dates and times for the meetings. She stated that some other regions had dissolved both planning bodies and formed a new integrated planning body. She said some planning bodies had asked members to reapply. B. Morgan reported that the commonwealth of PA had formed a temporary integrated body, and all members of the interim planning group were included as members when the new integrated planning body formed. She noted that integrating the HPG and RWPC may proceed more quickly than state-level integration had.

C. Steib asked if the Planning Council was generally supportive of integration. J. Chapman stated that many Planning Council committee co-chairs had expressed support for the idea at the most recent Integrated Executive Committee meeting.

N. Johns noted that she provided staff support for the Comprehensive Planning Committee of the RWPC. She stated that the Comprehensive Planning Committee addressed many topics that overlapped with prevention. She said some of those topics included social determinants, substance use, and access to primary care. She stated that these issues were not exclusively clinical or medical. She noted that representatives of the HPG could provide expertise on some of the topics that the Comprehensive Planning Committee discussed.

J. Chapman asked participants if they'd like to move forward with their discussions about integration. **Motion:** J. Chapman moved, C. Steib seconded that the group move forward with the process of integrating the RWPC and HPG, pending Planning Council support. **Motion passed:** 5 in favor, 1 opposed, 0 abstained.

L. Matus suggested that the group review materials that they'd developed during their previous discussions of integration. J. Chapman distributed a handout comparing the care and prevention planning bodies (*see-attached sheet*). She stated that there was also a draft version of bylaws for an integrated group. B. Morgan noted that the bylaws were in an early stage. She stated that some Planning Council subcommittees would need to remain, including the Finance Committee and Positive Committee. However, committees may be added (e.g. a prevention committee). She noted that the group might also include other bylaws that ensured equitable participation of care and prevention in the integrated planning body. She stated that the prior draft bylaws did not include any such provisions. She noted that the draft bylaws were used as a guide for the HPG's bylaws when the PPG was dissolved and the HPG was created several years ago.

J. Chapman noted that an ad-hoc governance committee had been formed several years ago, when integration was initially being discussed. She stated that the group was charged with creating written recommendations for integration. She said they drafted a list of principles. She asked the HPG if they were interested in forming a similar ad-hoc governance committee concerning integration. She noted that both HPG and RWPC members would participate. She stated that the group had met once a month in the past. Several members expressed interest in joining such a committee.

J. Chapman stated that she'd speak with colleagues from other jurisdictions that had pursued care and prevention integration. She said she'd compile materials to bring to the first meeting of the designated governance committee.

J. Chapman stated that the group would continue their discussion after hearing back from the RWPC. She asked the group to think about topics they'd like more information about. She stated that it would be necessary to orient HPG members to RWPC terminology and procedure. N. Johns said that an orientation could be held to share information about the Planning Council with HPG members.

- **RWPC Report – OHP Staff**

B. Morgan stated that the RWPC met on August 4<sup>th</sup>. She said visitors from HRSA had attended the meeting, as a site visit was being held that week. She reported that the Planning Council voted on EMA-wide allocations for the 9-county area.

**Old Business:** None.

**New Business:** None.

**Research Updates:** T. Dominique reported that the Wistar Institute had received a \$23 million grant for HIV cure research. She noted that many collaborators would participate in the project, including Philadelphia FIGHT. She stated that the site was one of 5 chosen across the country.

**Announcements:** T. Dominique stated that on September 19<sup>th</sup> the Center for AIDS Research Community Advisory Board (CFAR CAB) would hold a policy briefing for elected officials on HIV, starting at 9am at the Doubletree hotel at Broad and Locust. She said that on September 30<sup>th</sup> the University of Pennsylvania Mental Health AIDS Research Center CAB was having an event

called Connecting the Dots, discussing mental health and HIV. She said the training would be held from 8am-3pm at Community Behavioral Health (CBH) at 801 Market St. She said that registration for the event would be organized by COMHAR. She stated that AACO and American Public Health Association (APHA) credits would be offered for attending the event.

M. Coleman stated that August 26<sup>th</sup> was the anniversary of women's suffrage in the United States.

**Adjournment:** The meeting was adjourned by general consensus at 3:41p.m.

Respectfully submitted by,

Jennifer Hayes, OHP

Handouts distributed at the meeting:

- Meeting Agenda
- July 21, 2016 Meeting Minutes
- RWPC/PPG Comparison Chart
- OHP Calendar

DRAFT