

**Philadelphia HIV Integrated Planning Council
Prevention Committee
Meeting Minutes of Wednesday, April 26, 2017
2:30-4:30p.m.**

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

Present: Jeanette Murdock, Gail Thomas, Loretta Matus, Mark Coleman, Paul Yabor, Gus Grannan, Clint Steib, Jen Chapman, Leroy Way, Mark Coleman

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

Call to Order: J. Chapman called the meeting to order at 2:36p.m.

Welcome/Moment of Silence/Introductions: J. Chapman welcomed 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. Steib moved, J. Murdock seconded to approve the agenda. Motion passed: All in favor.**

Report of Co-Chair: No report.

Report of Staff: M. Ross-Russell noted that the minutes for the previous HIV Prevention Planning Group (HPG) meeting had been approved at last week's Integrated Planning Council meeting. She stated that Prevention Committee minutes would be approved as usual at upcoming meetings.

Discussion Items:

- **Concurrence**

M. Ross-Russell noted that the HPG had historically been responsible for concurrence with the jurisdiction's prevention activities, as required by the CDC. She stated that concurrence would still need to take place on a committee level. She said that the Prevention Committee would vote to recommend concurrence, concurrence with reservations, or non-concurrence to the Planning Council, which would then make the final determination through a vote. She explained that the Prevention Committee would be responsible for explaining the concurrence process and presenting appropriate information so that the Planning Council could make an informed decision.

- **Discuss Future Planning Council Presentation**

M. Ross-Russell stated that there would need to be a presentation to the Planning Council explaining what concurrence was. She said the Prevention Committee could take responsibility for this presentation. She added that they could explain their role and activities as part of the presentation. She asked the group to consider who would put this presentation together and when it would happen.

J. Chapman asked when the presentation should be. M. Ross-Russell noted that concurrence was voted on in August. She suggested making the presentation sooner. G. Grannan suggested having the presentation in July.

J. Chapman asked if the explanation of concurrence should take place before the concurrence process in August. M. Ross-Russell stated that it should. She noted that the co-chairs of the Planning Council would need to sign off on concurrence following the vote.

G. Grannan asked if the Planning Council's co-chairs could decide whether or not to sign the letter of concurrence independently, or if they were obligated to follow the Planning Council's guidance. M. Ross-Russell explained that the Prevention Committee would submit their recommendation to the Planning Council, which would typically respect and take into consideration the work of the committee. She noted that, in the past, some committees had chosen not to make a recommendation on various issues. She said in these cases the planning body was responsible for determining what to do.

J. Chapman noted that the jurisdiction's prevention plan had typically guided prevention activities throughout the year, and its contents were usually fairly predictable. B. Morgan noted that there would be a new notice of funding opportunity (NOFO) that combined surveillance and prevention units coming out soon. M. Ross-Russell stated that it was coming out this May and would be due within 90 days of the announcement. She stated that a representative from the recipient would explain the changes to the group at a future meeting.

J. Chapman stated that she'd made a presentation in the past about concurrence. She asked if she could deliver an updated version of the presentation in May. M. Ross-Russell noted that the HIV Treatment Update was happening in May. She said that the concurrence presentation could be done in the May meeting if it was not too long. J. Chapman stated that the concurrence presentation was relatively short. She suggested that a preliminary concurrence discussion take place in May, with a longer conversation in July, leading up to concurrence process in August.

G. Grannan asked if the guidelines for concurrence would change with integration. M. Ross-Russell stated that they would not. J. Chapman said that more information on how to proceed with concurrence following integration would be received moving forward. G. Grannan stated that concurrence was not connected to the budget process. He suggested preserving the independence of the concurrence process as much as possible.

J. Chapman asked experienced members of the Prevention Committee to review and give feedback on her previous concurrence presentation.

M. Ross-Russell stated that there would also need to be a future presentation discussing Urban Coalition for HIV/AIDS Prevention (UCHAPS). J. Chapman asked when a UCHAPS presentation should be done. She noted that there were already many agenda items for the May Planning Council meeting. M. Ross-Russell stated that it was best to do the presentation as soon as possible, because it was necessary for the Philadelphia jurisdiction to have a community representative on the UCHAPS body.

C. Steib asked if the Planning Council could receive a primer about prevention activities. M. Ross-Russell stated that Planning Council co-chairs had discussed presenting introductory information at Planning Council meetings moving forward. She added that introductory prevention materials should be included in the trainings.

- **Prevention Cascade**

M. Ross-Russell noted that the Planning Council was required to prioritize fundable care services. She said that the priority setting process was based on the needs of the community. She said another legislative responsibility of the Planning Council was allocations. She explained that the processes influenced each other but were not directly connected.

M. Ross-Russell stated that prevention should be included in the priority setting process given the integration of the planning bodies. She said that the continuum of care was currently used in the process, but there was also a continuum of prevention that fed into the care continuum. She said that the Prevention Committee could work to put together a prevention cascade and determine how it connected with the care continuum. She stated that the process did not need to be carried out immediately, but it should be completed in the next year.

M. Ross-Russell noted that the care continuum spanned from diagnosis to viral suppression. She said that factors on the prevention side acted as influences prior to diagnosis, including social determinants. She said putting together a prevention continuum would be a detailed discussion.

G. Grannan asked if the prevention cascade model was currently supported by research. He noted that some prevention activities would need to continue past the point of diagnosis. He said that he regarded the care continuum as a way of mapping the medical needs of a person with HIV. He asked if this was the most effective way of looking at prevention. M. Ross-Russell said that the prevention cascade wasn't necessarily intended to be the most effective way of describing prevention. However, she said that the cascade could be used in priority setting and other processes so that prevention was incorporated into care. B. Morgan added that there had been a discussion looking at the prevention side independently as well. She noted that prevention could be looked at in terms of reducing community viral load. She stated that the cascade began at social determinants and condoms and continued all the way to PrEP. J. Chapman said that the prevention continuum could also be regarded as a set of steps.

M. Ross-Russell said that the group could discuss ways of looking at care and prevention together, regardless of the way they decided to do it. She stated that the prevention cascade was one of these methods. She said there were many models for prevention continuums.

P. Yabor stated that the end of the care continuum (viral suppression) was also the beginning of the prevention continuum, as a part of care as prevention. M. Ross-Russell noted that this was the circular model of prevention. G. Grannan stated that the ultimate goal of care was to get people virally suppressed.

J. Chapman asked if the group had any suggestions for proceeding with the prevention continuum. G. Grannan suggested asking people who had not previously participated in the prevention planning process how they conceptualized prevention. He said that determining the starting point for the continuum would help the Prevention Committee to explain their activities to the Planning Council.

P. Yabor asked if there were any possible presenters on existing prevention continuums, such as the circular model. J. Chapman stated that she'd heard a presentation on the model that was available online. She said she'd review these resources and bring them back to the group. P. Yabor stated that New York had made progress on incorporating their care and prevention activities, which he hoped would be emulated in Philadelphia.

G. Grannan suggested developing and asking the Planning Council basic questions about their views on prevention. He stated that, from those answers, the Prevention Committee could determine how to proceed with the continuum.

J. Chapman said that, at the last UCHAPS meeting, there was much conversation about the integrated prevention and care planning process. She stated that many areas had gone through similar processes in writing the integrated plan. She suggested the prevention committee also

discuss their notions of HIV care. G. Grannan suggested the Prevention Committee develop a list of acronyms and a glossary of terms. B. Morgan said that lists of acronyms and glossaries had already been made, and could be distributed to the bodies.

C. Steib asked if the group could review the ways care and prevention had worked together in the past. N. Johns stated that, in 2003, the RWPC and the CPG convened a workgroup to assess points where the care and prevention sides interacted and intersected. She said that the ad hoc collaborative workgroup had looked at several intersecting issues throughout the years, including linkage to care. She stated that needs assessment activities were intended to assist in both prevention and care planning.

J. Chapman asked if most of the prior collaborative activities had focused on biomedical prevention. N. Johns stated that areas of collaboration had varied over time. M. Ross-Russell said that one topic had been spreading prevention messaging in a care setting and care messaging in prevention settings. She stated that integrated work had taken place around these issues for many years. She noted that insufficient prevention information was being distributed to the relevant communities, which past and present collaborations had confirmed. B. Morgan said that care and prevention had also worked together around linkage to care in the past.

B. Morgan stated that Philadelphia was unique in that its care and prevention planning bodies had met in the same location and been supported by the same staff for many years. She said that this was not true in other areas.

J. Chapman asked how the Prevention Committee and Planning Council could take action based on needs assessment results. N. Johns stated that needs assessments such as the consumer survey were typically run through the Comprehensive Planning Committee (CPC) for review and input. She said that the last time the consumer survey was done, the CPC and Positive Committee had worked together in conjunction with AACO. She stated that concerns from AACO and the Positive Committee were forwarded to the relevant Planning Council committees. She emphasized that the Positive Committee had an important role in these processes.

P. Yabor asked if access to PrEP was an example of an activity the Prevention Committee would work on. B. Morgan said that it was. She stated that case management turnover was a known issue. She noted that case management turnover was often cited as a barrier to the distribution of information. She stated that access to the care system was often mediated through another person like a case manager.

- **PrEP**

B. Morgan noted that the HPG had talked extensively about PrEP in the past. She asked if the Prevention Committee would like to continue this discussion or take any actions. G. Grannan stated that PrEP was a bridge between care and prevention. He said that PrEP implementation was not always research-based.

N. Johns stated that AACO had recently conducted a survey. She said the survey assessed the knowledge of the Philadelphia testing workforce. She stated that knowledge about PrEP among testers was limited. J. Chapman asked if there was a way for the Prevention Committee to address the survey findings. M. Ross-Russell stated that the committee could address the findings once they had received a presentation on them. G. Grannan stated that a survey of front-line staff should encompass people further up the line. M. Ross-Russell recommended reviewing the results of the survey to begin the conversation. G. Grannan said he believed there were problems at the

level of clinical staff. M. Ross-Russell stated that it was highly possible that follow-up work for the Planning Council would come out of the presentation about the study.

J. Chapman asked if the survey was associated with HRSA. B. Morgan stated that it wasn't. J. Chapman asked if there was a date for the presentation. M. Ross-Russell said that a date had not yet been chosen. She said that the OHP had requested a presentation or overview on behalf of the Planning Council, which would likely be held in June or July. She noted that this was a busy time of the year for the planning bodies and recipient. P. Yabor stated that May's meeting of the Planning Council was held on the same date as the Pennsylvania HIV Planning Group (HPG) meeting. M. Ross-Russell said that OHP staff would attend the state HPG meeting.

N. Johns noted that there were questions about PrEP on the consumer survey. She stated that respondents were asked if their partners were taking PrEP. She also said the survey asked if people had been given information about PrEP.

J. Murdock asked how someone who was HIV-negative could get PrEP. She noted that PrEP could be expensive. M. Ross-Russell stated that it depended on what program the person was using to access PrEP. She noted that the manufacturer of PrEP drugs had contracts with agencies in Philadelphia to provide PrEP at a low cost. She added that there was a cost-reduction program available to help individuals to afford the service. N. Johns stated that PrEP was also available through insurance, including Medicaid, though there might be co-pays for visits. J. Murdock asked how partners of HIV-negative people could get PrEP. N. Johns replied that the HIV-positive partner could speak to their physician about getting PrEP for their partners. M. Ross-Russell noted that many health clinics also offered PrEP.

J. Murdock said she'd attended a meeting where she was told that HIV-positive people could not obtain PrEP medications for their partners. M. Ross-Russell said this was correct. G. Grannan said that some programs did fund PrEP, though Ryan White did not. N. Johns stated that people who wanted to access PrEP could also call the health information helpline.

- **UCHAPS (Urban Coalition for HIV/AIDS Prevention Services)**

J. Chapman distributed a brochure about the Urban Coalition for HIV/AIDS Prevention Services (UCHAPS). She displayed maps showing HIV prevalence and incidence in the US. She pointed out that prevalence and incidence rates were much higher in certain areas of the US. She said it was important to differentiate between a state's numbers and an urban jurisdiction's numbers.

J. Chapman displayed a map breaking down HIV diagnosis rates at a higher level of specificity. She gave examples of some maps that demonstrated the higher HIV diagnosis rates in urban areas.

J. Chapman noted that UCHAPS was a membership organization that was a partnership of health departments and community members from HIV planning groups from the most heavily impacted urban jurisdictions that received their money directly through the CDC. She stated that there were currently 9 UCHAPS jurisdictions, which together shouldered more than 1/3 of the nation's epidemic.

J. Chapman stated that UCHAPS members were guided by principles of community planning. She listed the different stakeholders who were involved as UCHAPS delegates. She said that delegations were made up of health departments and the community in equal numbers. She stated that UCHAPS was the only national organization doing HIV prevention work that had this form of equal government and community partnership.

J. Chapman reviewed UCHAPS key activities. She said they provided peer to peer technical assistance. She added that UCHAPS synthesized on-the-ground experiences into best practices. She said that best practices were currently being developed around syringe exchange, overdose prevention, and the use of pharmacy in prevention activities around drug use. She stated that Philadelphia was involved in the past in the development of best practices around transgender HIV prevention. J. Chapman stated that UCHAPS took collective experiences and data to inform federal initiatives. She concluded that UCHAPS educated policymakers on HIV prevention. She stated that UCHAPS had an active public policy workgroup that educated policymakers and did Capitol Hill and local lawmaker visits. She listed the 9 UCHAPS cities: San Francisco, Houston, Atlanta, Washington, D.C., Baltimore, Chicago, Philadelphia, New York, and Ft. Lauderdale. She also provided contact information for UCHAPS¹. She noted that these outlets could be used to communicate with UCHAPS directly.

J. Chapman stated that UCHAPS was operated by a small staff. She said that UCHAPS was currently hiring an executive director. She added that there was a board of directors that had a community and governmental co-chair. She stated that she was the community co-chair of the national organization. G. Grannan asked if she was still a voting member of UCHAPS. J. Chapman stated that both co-chairs were. She stated that the board was expected to understand the organization. She said they've struggled to have an equal mix of stakeholders, particularly those who had health department experience. She said UCHAPS was about to announce new board members.

M. Coleman asked how the cities represented on UCHAPS were chosen. He noted that Miami had a larger population than Broward County (Ft. Lauderdale). J. Chapman replied that Broward County, Fulton County, and Baltimore were recent additions. She said that the decision to add these jurisdictions was made by the CDC and was related to direct funding. G. Grannan asked if any localities had been removed from the list. J. Chapman stated that the city/county of Los Angeles had been removed. She said the next UCHAPS meeting would be in Los Angeles, which may mean that Los Angeles would be returning to UCHAPS soon.

L. Matus asked if UCHAPS participation was a required component of prevention planning. J. Chapman stated that it was not required. She noted that UCHAPS was a membership organization, so health departments paid membership dues to be a part of it. N. Johns stated that the city had been a member of UCHAPS since it began. She asked if the other members of UCHAPS were typically planning body members. J. Chapman stated that UCHAPS members were required to be planning body members.

P. Yabor asked how community members got involved in UCHAPS. J. Chapman said that she brought the conversations in the Planning Council to UCHAPS. She stated that there may be more specific opportunities to get involved in UCHAPS moving forward. She said that UCHAPS had recently been trying out webinars. She stated that webinars would allow broader participation.

Old Business: None.

New Business: None.

¹ See: <http://www.uchaps.org/index.shtml>, Twitter <https://twitter.com/UCHAPSusa> and Facebook <https://www.facebook.com/UCHAPS/>

Research Updates: None.

Announcements: None.

Adjournment: The meeting was adjourned by general consensus at 4:13p.m.

Respectfully submitted by,

Jennifer Hayes, OHP

Handouts distributed at the meeting:

- Meeting Agenda
- OHP Calendar

MEETING AGENDA

Wednesday, April 26, 2017
2:30 p.m. – 4:30 p.m.

Call to Order

Welcome/Moment of Silence/Introductions

Approval of Agenda

Report of Co-Chairs

Report of Staff

Discussion Items:

- Concurrence
- Discuss future Planning Council presentation
- Prevention Cascade
- PrEP
- UCHAPS (Urban Coalition for HIV/AIDS Prevention Services)

Old Business

New Business

Research Update

Announcements

Adjournment

PREVENTION COMMITTEE

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

The next Prevention Committee meeting will be held on
May 24, 2017 from 2:30-4:30p.m. at
the Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org