MEETING AGENDA

VIRTUAL:
Thursday, May 9th, 2024
2:00 p.m. – 4:30 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes (April 11th, 2024)
- Report of Co-Chairs
- Report of Staff
- Presentation
  - Quality Management and Client Services by DHH
- Discussion Item
  - Final Spending Report
- Committee Reports:
  - Executive Committee
  - Finance Committee – Alan Edelstein & Adam Williams
  - Nominations Committee – Michael Cappuccilli & Juan Baez
  - Positive Committee – Keith Carter
  - Comprehensive Planning Committee – Gus Grannan & Debra Dalessandro
  - Prevention Committee – Desiree Surplus & Clint Steib
- Other Business
- Announcements
- Adjournment

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org
The next HIV Integrated Planning Council meeting is
VIRTUAL: June 13th from 2:00 p.m. to 4:30 p.m.
Please contact the office at least 5 days in advance if you require special assistance.

Staff Directory

Mari Ross-Russell - Director, Finance Committee, Executive Committee
Email: mari@hivphilly.org

Tiffany Dominique — Prevention Committee
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Debbie Law — Nominations Committee
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Sofia Moletteri— Comprehensive Planning Committee, Poz Committee, Website
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Kevin Trinh — Minutes & Attendance
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Philadelphia HIV Integrated Planning Council
Meeting Minutes of
Thursday, April 11th, 2023
2:00 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Alan Edelstein, Jim Ealy, Desiree Surplus, Lupe Diaz (Co-Chair), Keith Carter, Kenneth Cruz-Dillard, Emily McNamara, Greg Langan, Gus Grannan, Melissa Miller, Pamela Gorman, Evan Thornburg (Co-Chair), Michael Cappuccilli, Veronica Brisco, Alecia Manley, Clint Steib, Sharee Heaven (Co-Chair), Adam Williams, DJ Jack, Lorett Matus, Mary Evelyn Torres

Guests: Ameenah McCann-Woods (DHH), Maddison Toney (PADOH), Javontae Williams (DHH), Faith Kane, Ashlyn Nikke

Excused: Mystkue Woods, Gerry Keys, Erica Rand, Jose DeMarco, Shane Nieves, Jerome Pipes, Debra D'Alessandro

Staff: Tiffany Dominique, Debbie Law, Sofia Moletteri, Mari Ross-Russell, Kevin Trinh

Call to Order: L. Diaz called the meeting to order at 2:06 p.m.

Introductions: L. Diaz asked everyone to introduce themselves.

Approval of Agenda: L. Diaz referred to the April 2024 HIV Integrated Planning Council (HIPC) agenda and asked for a motion to approve. **Motion:** K. Carter motioned; L. Matus seconded to approve the April 2024 HIPC agenda via a Zoom poll. **Motion passed:** 12 in favor, 4 abstained. The April 2024 HIPC agenda was approved.

Approval of Minutes (*March 14, 2024*): L. Diaz referred to the March 2024 HIPC meeting minutes and asked for a motion to approve. S. Heaven said she was not included on the list of people present. G. Grannan wanted to change the phrase "their 30-day waiting period had lapsed" to "their 30-day waiting period had passed." **Motion:** K. Carter motioned; A. Manley seconded to approve the amended March 2024 HIPC minutes via a Zoom poll. **Motion passed:** 12 in favor, 4 abstained. The amended March 2024 HIPC meeting minutes were approved.

Report of Co-Chairs:
S. Heaven said she received projected allocations for Housing Opportunities for Persons With AIDS (HOPWA), but she did not receive the final award amount for Philadelphia and the surrounding counties.

Report of Staff:
M. Ross-Russell reported to HIPC members that they could be receiving the final award in the near future. She stated that once they received the final award, they would go forward with their current funding year allocation meeting.

S. Moletteri announced that the epidemiological infographics were uploaded to the Office of HIV Planning (OHP)'s website and were available to the public for viewing. They then showed the members where to find the "blurbs" and the full epidemiological profile.

L. Diaz asked M. Toney if she wanted to present a report on the current situation with the state department of HIV Health. M. Toney said she did not hear from their program managers about any specific update. She said, as an administrator, she was working on the overview for the CDC application and their work plan.

Presentation:
-Overview of CDC Application-
J. William reminded the members of the upcoming event DHH was hosting called Sex Med. The sexual wellness conference would take place on May 3rd. He invited the HIPC members to volunteer at the event.

Turning to the topic of the presentation, J. Williams explained DHH would need to apply for a CDC grant every 5 years. He said the previous award had funded their core prevention, surveillance, and End the Epidemic (EHE) activities. This funding opportunity had expired and they were applying for a new opportunity. J. Williams gave an overview of the new funding opportunity which was called PS24-0047. The purpose of the award was to implement a comprehensive, person-centered HIV prevention and surveillance program to prevent new HIV infections and improve the health of people living with HIV (PLWH). The notice of funding opportunity (NOFO) priorities were to increase knowledge of HIV status, reduce HIV transmissions, prevent HIV infections, improve linkage to care and viral suppression and maintain elimination of perinatal transmission.

J. Williams said there were 6 strategies in their work plan, but he was only going to review 4 of them in the meeting. The other two strategies would be covered within his colleague's presentation. J. William would describe the strategy and then all the activities and sub activities under the strategy.

Strategy 1's goal was to increase knowledge of HIV status to 95% by ensuring all people with HIV receive a diagnosis as early as possible. J. The first activity was to implement HIV testing in health care settings, including routine opt-out HIV screening. The second activity aimed to implement HIV testing in non-health care community settings, including HIV self-testing. The third activity was to support integrated screening of HIV in conjunction with screenings for STIs, TB, viral hepatitis, and mpox for a syndemic and person-centered approach. The EHE activity for this strategy was to continue funding of community pharmacies for rapid HIV testing services.

Strategy 2 focused on implementing a comprehensive approach to treat people with diagnosed HIV rapidly and effectively to achieve viral suppression. The second activity centered on supporting people with diagnosed HIV to receive rapid and effective treatment to achieve 95% viral suppression. The EHE activity was to create an easily accessible provider-initiated retention in care support service and to scale up data to care efforts. J. Williams said DHH would support

harm reduction services, including SSP and a whole-person approach to HIV prevention services. He reassured the HIPC members that DHH supported evidence-based strategies and that harm reduction, including SSPs, were evidence-based. The next activity stated that DHH would use social marketing campaigns and other communication efforts to increase awareness of HIV, reduce stigma, and promote testing, prevention, and treatment. The next activity of the strategy was to conduct healthcare and surveillance activities to support the goals of perinatal HIV Incidence of less than 1 per 100,000 live births and a perinatal transmission rate of less than 1%. The EHE activities for this strategy focused on promoting the use of the TelePrEP and PEP hotline and promoting awareness of PhillyKeepOnLoving.

Strategy 3's goal was to prevent HIV transmission by increasing PrEP coverage to 50% of estimated people with indications for PrEP, increasing PEP services, and supporting HIV prevention, including condom distribution, prevention of perinatal transmission, harm reduction, and syringe services program (SSP) efforts. The first activity to support this strategy was to promote awareness and access to PrEP and PEP services. Activity 2 was to continue condom distribution.

J. Williams briefly spoke on strategies 4 and 5. Strategy 4 centered on responding quickly to HIV clusters and outbreaks to address gaps and inequities in services. Strategy 5 focused on HIV surveillance activities to ensure accurate, timely, and actionable data.

Strategy 6 focused on supporting community engagement and HIV planning. The first activity focused on conducting strategic community engagement such as promoting events and working with influencers to raise awareness for PrEP as well as outreach to the aging population. The second activity was to establish and maintain an HIV Planning Group (HPG). This activity included supporting HIPC and working with the OHP staff. The third activity focused on conducting and facilitating an HIV planning process and the development of the Integrated HIV Prevention and Care Plan. The EHE activity for this strategy was to reconvene the EHE advisory Committee to focus on EHE-specific activities in the jurisdiction and maintain the EHE core team.

With the presentation completed, J. Williams turned to the HIPC members for questions and comments. He mentioned that the work plan was still a draft until it was finalized and submitted. S. Moletteri asked if they could post the presentation to the OHP website. J. Williams asked to hold off posting the presentation to the website until it was finalized and submitted. M. Ross-Russell said the meeting minutes and presentation would not be placed on the website until after the application was submitted.

J. Ealy asked if they had testing data at their pharmacy sites. J. Williams said their pharmacy program was developed last year. He said it was underutilized and they have continued to track who used the program. He said he would be happy to ask if the data could be presented to HIPC members. A. Williams said that the work plan missed an opportunity to collaborate with their existing Philadelphia Department of Public Health Ambulatory Health Service health centers. J. Williams said this was an application that was still being drafted and they had written that they would be collaborating with other organizations including the health centers. He mentioned the application was specifically for DHH prevention, surveillance and EHE services.

-Epidemiological Update to Include Medical Monitoring Project (MMP) and National HIV Behavioral Surveillance (NHBS)-

M. Miller said her presentation would be mainly focused on Philadelphia but she would have some information on the eligible metropolitan area (EMA) as a whole.

She started the presentation with a chart titled "Newly Diagnosed HIV, AIDs and Deaths - Philadelphia 1985-2022." She said the chart depicted a decline in AIDS and newly diagnosed HIV. She said the number of deaths among people with HIV had relatively remained stable with a slight increase in recent years from 2019 to 2022 due to the opioid crisis.

She reported that there were 382 newly diagnosed cases of HIV in 2022 in Philadelphia. 58.6% were Non-Hispanic Black, 19.9% were Hispanic/Latinx and 17% were Non-Hisnpanic White. M. Miller said that though these numbers seemed high, they were still lower than the numbers they had in 2018 and 2019 before the pandemic. She said the largest proportion of new cases were assigned male at birth (AMAB) at 75.4% of cases and men who had sex with men (MSM) who accounted for 51% of cases. MSM and people who inject drugs (PWID) still had the highest rate of HIV transmission. She said they observed increases in the number of newly diagnosed cases who were between ages 30-39 at 35.3% of the cases. She said they had also observed a decrease in the number of MSM newly diagnosed with HIV.

In addition to newly diagnosed cases, DHH recorded data on the number of individuals who were concurrently diagnosed with HIV and AIDS. She said these cases represented a missed opportunity for early diagnosis. In 2022, the proportion of individuals concurrently diagnosed with HIV/AIDS was 18.6% compared to 19.7% in 2021. M. Miller spoke about the rate of HIV transmission among different race and ethnicity groups. She noted Non-Hispanic Blacks had an HIV transmission rate of 37.2 per 100,000 compared to 32.3 per 100,000 people from the Hispanic population and 11.9 per 100,000 for the Non-Hispanic White population.

M. Miller expanded the scope of the presentation to include data from the EMA as a whole. In 2021, 653 new HIV diagnoses were reported across the EMA. Over 56% of the diagnoses occurred in Philadelphia. The highest proportion of late diagnoses were among those who were AMAB, NH Black individuals who were older than 30 years old and were part of the MSM population.

M. Miller returned to speaking about HIV cases in Philadelphia. She said in 2022, there were 18,658 persons living with diagnosed HIV (PWDH). The data reflected newly diagnosed data depicting AMAB, MSM, those over the age of 50, and NH Black populations representing the largest proportion of PWDH.

DHH recognized that individuals often had comorbidities, so collaboration was key to creating a more holistic approach for the people they were serving. M. Miller spoke about how Hepatitis C coinfection was the highest among people who injected drugs and those who were over 50 years old.

M. Miller gave an overview of the demographics of PLWH starting with gender demographics. Among PLWH, 70.1% were cis gender men, 27.4% were cisgender women, 2.3% were transgender women, <1% were transgender men and <1% identified with additional gender identities. Among the 422 transgender women diagnosed with HIV, 80.8% had tested positive via sexual transmission and 18% through injection drug use transmission. M. Miller said the data for transgender men was more limited. Out of 24 transgender men living with HIV, 77.3% were diagnosed after sexual transmission.

Afterward, M. Miller discussed the results of the National HIV Behavioral Surveillance (NHBS) cycle among transgender women. The NHBS was a survey conducted in 2019 and was completed in 2020. There were 220 qualitative interviews involving persons who were aged 18 to 69 with the average age being 35. Of the participants, 64% were NH (Non-Hispanic) Black, 18% were Hispanic/Latinx, and 10% were NH White. 47.3% of participants self-reported as being HIV positive. Through the interviews, the cycle found factors that may be related to HIV transmissions. These factors included unstable housing, living below the federal poverty line, discrimination, and abuse (40% verbal, 19% physical). She emphasized that addressing the root causes of transmissions and barriers to treatment was important to stop further transmissions.

In total, M. Miller said there were 27, 421 PWDH across the EMA in 2021. Philadelphia accounted for 67.5%, the highest out of the 5 counties. The largest proportion were AMAB at 70.6%. Those who were aged 50 and over accounted for 56.9% of the PWDH population and MSM accounted for 39.3% of PWDH.

M. Miller went over the data regarding the HIV care continuum in Philadelphia in 2022. She went over the data for linkage to care, receipt of care, retention and viral suppression. She then compared the rates of the data in Philadelphia to the national average. She concluded that they were below the national average, but were trending in a positive direction.

After reviewing the data on the HIV care continuum, M. Miller reviewed the goals of the EHE. Their goal was to reduce new HIV transmissions by 75% in 5 years and at least 90% in 10 years. The plan would focus on 5 pillars: Diagnose, Treat, Prevent, Respond and Workforce Development. She then briefly reported the progress DHH was making towards reaching the EHE goals. She recommended that the HIPC members would read the full report online. She cautioned that some of the information was impacted by COVID-19's impact on testing. She said they were seeing improvements in reducing new HIV transmissions, the number of people who know their HIV status, rate of viral suppression, and increased PrEP coverage.

M. Miller began speaking about the PrEP continuum. She said the PrEP continuum allowed them to monitor PrEP awareness and the adherence to PrEP for HIV negative individuals. She reported PrEP awareness was highest among transgender women and PrEP adherence was the highest among MSM. She said the key takeaway from the data was that less than half of all MSM, PWID, and heterosexuals discussed PrEP with their provider in the last year.

The next topic in the presentation was health equity. M. Miller described health equity within their report as the process of highlighting disparities in the EMA such as environmental factors that may contribute to HIV transmission. They collected information about stigma using a 10

question survey given to participants. Overall, M. Miller said the highest stigma score was within the Hispanic/Latinx population. She noted there was also an increasing proportion of homelessness among NH Black individuals. She said the information was not perfect and had high confidence intervals.

M. Miller briefly spoke about data to care. She said DHH had monthly data exchanged between participating facilities and PDPH to determine which patients were out of care and refer eligible patients to field service specialists. The specialists would address barriers and reengage them back to HIV care. She reported that 49% of individuals who were referred were linked back to care. The populations with the lowest rate of relinkage were transgender individuals, individuals aged 25-29, NH white individuals, and MSM. She then reviewed a list of barriers that may have prevented individuals from receiving care. Data collected through Data to Care and Field Services indicated the most prominent barrier were provider or structural barriers.

Lastly, M. Miller said she would reveal information about their HIV Outbreak Response. She said HIV among PWID cases peaked in 1992 at 819 new diagnoses, but have decreased continuously with the introduction of syringe sharing in 1992. In 2018, the number of cases among PWID rose to 71 diagnoses from 33 in 2016, representing a 115% increase. M. Miller said they were advocating for the use of SSP and other harm reduction methods. This trend would continue with 62 new cases in 2022. M. Miller stated that there have been 335 new HIV diagnoses in total among PWID since 2018. Most were aged 30 and older, NH white, and AMAB. She noted that during 2018, a greater proportion of diagnoses were among NH Black and Hispanic/Latinx PWID.

M. Miller said that they recognized the policy landscape could change soon and they would keep all their partners updated on the latest news. M. Miller said that the members could contact her at Melissa.Miller@phila.gov if they have any questions or concerns.

Action Item:
-Request for Letter of Concurrence-
M. Ross-Russell said they were asked to submit a letter of concurrence to signify that they agree with the activities of the Recipient. She explained that the letter of concurrence was for the CDC application that DHH was about to submit to the CDC. J. Williams added that they asked HIPC to submit a letter of concurrence every 5 years because the CDC grant cycle was every 5 years. M. Ross-Russell said they would vote on the letter through a roll call vote. The vote was conducted through a Zoom poll.

Motion: A. Edelstein motioned; M. Cappuccilli seconded to approve the Letter of Concurrence.

Motion passed: 12 in favor, 5 abstained. The motion to approve the Letter of Concurrence was passed.

Committee Reports:
-Executive Committee-
None.

-Finance Committee-
None.

-Nomination Committee-
M. Cappuccilli reported the Nominations Committee had met to discuss the results of their outreach to members whose attendance was in jeopardy. They had also discussed having an additional meeting to discuss applications. L. Diaz and M. Cappuccilli invited the HIPC members to join the Open Nominations Panel in the upcoming meeting.

-Positive Committee-
K. Carter announced that the next Positive Committee would meet on April 15th.

-Comprehensive Planning Committee-
G. Grannan reported that the CPC had met in the previous month and finished reviewing the service standards with A. McCann-Woods. He said their next meeting was the following week.

-Prevention Committee-
C. Steib said J. Williams had presented at their last committee regarding the CDC application and work plan.

Other Business:
S. Moletteri described their experience at the PA HPG state meeting. They reported that one of the committees at the HPG was working on an Aging with HIV survey similar to their Consumer Survey. They said the HPG meeting had discussion about protocol and bylaws, especially regarding membership. They said there was also discussion about updates on harm reduction vending machines. S. Moletteri said the PA HPG gave an update on the MAAETC case management training series and had received feedback from the participants. The training had information on HIV fundamentals, trauma-informed care, and cultural competency.

A. Edelstein asked if it was appropriate for the HIPC to take a stance on the topic of SSP reduction and send a letter to the appropriate officials. M. Ross-Russell advised having a sign on letter to express the number of persons who supported syringe exchange. M. Ross-Russell said she could write the letter and it would be a question of whether the members would support it. L. Diaz suggested having a poll to see how many would support the letter. S. Moletteri conducted a Zoom poll. They said 7 members supported the letter. Two people said they would not support the letter and 3 people were unsure. M. Ross-Russell asked the members to email her if they were interested in including their signatures on the letter from HIPC.

Announcements:
None.

Adjournment:
L. Diaz adjourned the meeting without a motion at 4:30 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- April 2024 Agenda
- March 2024 HIPC Committee Meeting Minutes