
Comprehensive Planning Committee

Meeting Minutes of

Thursday, February 19th, 2025

2:00 p.m. – 4:00 p.m.

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

Present: Tariem Burroughs, Keith Carter, Debra D'Alessandro (Co-chair), Nicola D'Souza, Gerry Keys, Juju Myahwegi, Patrick Mukinay,Carolynn Rainey, AJ Scruggs, Stacy Smith, Clint Steib, Shakeera Wynne, Xandro Xu

Excused: Gus Grannan (Co-Chair)

Guest: Avis Scott (DHH), Laura Silverman (DHH)

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

Call to Order: C. Steib called the meeting to order at 2:06 p.m.

Introductions: C. Steib asked everyone to introduce themselves.

Approval of Agenda:

C. Steib referred to the February 2025 Comprehensive Planning Committee (CPC) agenda and asked for a motion to approve. **Motion:** K. Carter motioned; T. Burroughs seconded to approve the February 2025 Comprehensive Planning Committee agenda via Zoom poll. Motion passed: 9 in favor, 1 abstained. The February 2025 Comprehensive Planning Committee agenda was approved.

Approval of Minutes (January 16th, 2025):

C. Steib referred to the January 2025 Comprehensive Planning Committee minutes. D. D'Alessandro noted that in the announcement section, she was making her announcement as a private citizen. **Motion:** D. D'Alessandro motioned; S. Wynne seconded to approve the amended January 2025 CPC meeting minutes via Zoom poll. Motion passed: 8 in favor; 1 abstained. The amended January 2025 CPC minutes were approved.

Report of Co-chairs:

D. D'Alessandro reported that G. Grannan would be excused from the meeting due to health reasons.

Report of Staff:

S. Moletteri announced that the Office of HIV Planning (OHP) staff had received the recommended members' letters of appointment from the Mayor's Office, so the recommended members would be able to vote in this meeting. In addition, S. Moletteri said OHP staff would

be tabling and hopefully recruiting new members at the Aging with HIV Symposium on February 20th. K. Carter added that the Symposium could be attended in-person or virtually.

Presentation:

-Priority Setting-

S. Moletteri reviewed the information from the last CPC meeting. The CPC had used various databases and surveys to inform their decisions in the Priority Setting Process. The information used included the Consumer Survey, Medical Monitoring Project (MMP), and Client Services Unit (CSU). S. Moletteri reminded the committee that they had accounted for community input as a significant factor in the process with community voices being 40% of the deciding factor in the Priority Setting Process.

The committee would review each service and rank the service with either a 1, 5, or an 8 with 1 being considered a non-essential, though still important, service while 8 was considered a service critical to community care. K. Carter asked if they would use the service definitions created by the Positive Committee. S. Moletteri replied that the Positive Committee service definitions had only covered services that were funded and they would also be reviewing and ranking all services, including the ones that were not funded. They said the service definitions could be included at a future meeting.

S. Moletteri presented the committee a bar graph comparing the care continuum between the 2023 eligible metropolitan area (EMA) data and the 2022 national data. The graph captured information on the percentage of people diagnosed with HIV, linked to care, receipt of care, and retained in care. S. Moletteri concluded based on the chart that the EMA showed mild improvement from the previous year.

The Ending the HIV Epidemic (EHE) plan was a strategy to stop HIV disease by reducing HIV transmission, increasing population knowledge of HIV status, decreasing confirmed HIV diagnoses, increasing linkage to care, increasing viral suppression, decreasing stigma to care, decreasing unhoused people with diagnosed HIV (PWDH), and increasing PrEP coverage. The plan created milestone goals to reach in 2025 and 2030. S. Moletteri reported that they were improving or making stable progress in all categories except decreasing stigma among PWDH.

The National HIV Behavioral Surveillance (NHBS) had conducted a survey on transgender women in 2019. They conducted a second cycle in 2023/2024 where they interviewed 266 transgender women. The survey had people aged 18 to 76 with the average respondent being 30. The racial/ethnic demographics of the respondents were 62% non-Hispanic (NH) Black, 17% Hispanic individuals, and 14% NH White. 37% of respondents self-reported they were HIV positive. The survey found common factors that contributed to HIV transmission. These common factors included unstable housing (31%), living below the federal poverty line (65%), discrimination (45%), and abuse (31% verbal, 19% physical). S. Moletteri noted that 2.1% of PWDH were transgender women. The mode of HIV transmission was 81% sexual transmission and 17.9% through injection. A. Scruggs asked if they could do something similar for trans men. T. Dominique replied it was unlikely given the current political climate since the survey was CDC sponsored. A. Scruggs said Philadelphia had a unique opportunity to capture data on trans

men since the city was very diverse. T. Dominique invited A. Scruggs to the next Prevention Committee meeting where they would have a presentation on trans-masculinity.

Using epidemiological data from DHH in 2025, S. Moletteri compared trends in diagnosis by HIV transmission. From 2021 to 2025, the percentage of men who have sex with men (MSM) who acquired HIV had increased from 50% to 52%. The percentage in diagnoses of PWID had decreased from 18% in 2021 to 7% in 2023. HIV diagnoses of heterosexual individuals had decreased from 32% in 2021 to 22% in 2023. S. Moletteri said they were seeing a trend of more PWID being diagnosed with HIV increasing in 2024. DHH would be monitoring the situation and keeping HIPC members informed.

S. Moletteri said 2023 saw a 20% increase for new diagnoses in people aged 13-24. People aged 30-49 accounted for 53% of late diagnoses in the Philadelphia EMA. People aged 50+ accounted for 57.3% of total HIV cases in the EMA. In 2021, concurrent diagnoses for people 50+ had significantly risen from 19% to 32% in 2021.

In 2023, MSM made up the largest percentage of newly diagnosed individuals (58.2%) and total percentage of PWDH (40%) within the Philadelphia EMA. The highest proportion of late diagnoses were also amongst MSM (44%). From 2022-2023, there was an 11% increase in new diagnoses among MSM. New diagnoses among PWID had recently decreased from 64 cases in 2022 to 27 cases in 2023. This was expected to increase in 2024. The majority of cases were between ages 30-49 (63%) at diagnosis, MSM (70.4%), and NH White individuals (52.3%).

Concerning race/ethnicity, NH Black individuals accounted for the highest percentage of newly diagnosed in 2023 at 53% as well as total HIV prevalence at 56%. NH Black individuals also saw the highest rate of late diagnoses. NH Black individuals had a rate of 38.7 per 100,000 for new diagnoses. New diagnoses rate per 100,000 population for Hispanic/Latinx was 25.9 per 100,000. For NH White individuals, the rate was 11.3 per 100,000. Trends in stigma scores and homelessness were highest among Hispanic/Latinx PWDH from 2021-2022.

According to 2023 Census Data, around 11.9% of people in the EMA were below the federal poverty line (FPL). Philadelphia had the highest percentage of people below the FPL in the EMA at 22%. In 2022, 91.2% of Ryan White HIV AIDS Program (RWHAP) clients were insured. Over half were insured through Medicaid. Another 18.9% of RWHAP had Medicare and 13% were insured through their employer.

S. Moletteri would discuss Project 2025 and the implications of the plan on healthcare. The plan would change the structure of federal health care agencies by defunding parts of the CDC and HHS. The plan would discourage testing and PrEP programs and programs they considered Diversity Equality Inclusion (DEI) initiatives. S. Moletteri said this would be harmful to priority populations such as women of color who were disproportionately affected by the epidemic. Project 2025 would target the LGTQ+ population and programs in a number of ways. Executive orders had focused the government on heteronormative language. The plan would make receiving

gender affirming care more difficult and erase queer protections in the law. It would also censure data collection on the LGBTQ+ population.

Immigrants would also be at risk under Project 2025. Those seeking asylum for HIV or LGBTQ+ reasons would find seeking refuge more difficult in the United States. Public benefits for immigrants could also be withheld. Sexual health education would be targeted by Project 2025. S. Moletteri highlighted that medications through mail could be prohibited if it was deemed obscene materials. This was a risk for abortion medications, but this also might put PrEP at risk.

The committee would move to rank the services now that S. Moletteri had finished their presentation on data. The first service to be ranked was Ambulatory Outpatient Care (AOC). This service provided diagnostic and therapeutic activities to the client by a licensed provider in an outpatient medical setting. The 2022 Consumer Survey indicated the service was the most accessed service with 53.81% of the survey respondents having used the service once despite 12% of respondents having difficulty accessing the service. C. Steib asked what the barriers to care were. S. Moletteri believed the barriers to access were COVID-19 and copay cost. D. D'Alessandro said this service was the core of HIV treatment and overall primary health care. A. Scruggs, S. Wynne, C. Steib, P. Mukinay, and C. Rainey wrote in the chat that they would be rating the service as an 8. S. Moletteri launched a ZOOM poll. 88% members rated the service as an 8, indicating that the service was critical to care. 12% of people rated the service as a 1, indicating that the service was non-essential.

Medical Case Management (MCM) was the provision of a range of client-centered activities focused on improving health outcomes. According to the 2022 Consumer Survey data, 84.6% of respondents had a medical case manager. MCM was the third most accessed service at 46.1% of respondents having used the service. P. Mukinay, C. Rainey, S. Wynne, C. Steib, D. D'Alessandro had rated this service as an 8 in the chat. C. Rainey said case managers were the patients' advocates and ensured that patients were connected to many of the services they require. S. Wynne, who worked as medical case manager for 8 years, said it was an important service, especially for those who lacked health literacy and/or needed support. D. D'Alessandro and K. Carter agreed with what was being said. P. Mukinay said MCM was a core service and was a key player for ensuring linkage to care and retention. C. Steib said MCM really helped people. S. Moletteri launched another ZOOM poll. 82% of the committee rated the service as an 8 while 18% of the respondents rated the service as a 1.

Oral Health Activities was dental care that included services such as outpatient diagnosis, prevention and therapy provided by dental health care professionals. Dental Care was the second most accessed service at 50% according to the 2022 Consumer Survey and had a 3% increase in the number of visits between 2022 and 2023. A. Scruggs rated the service as an 8, citing from his experience working with aging PLWH that it was a service in demand and priority. C. Rainey said she agreed with A. Scruggs and said oral health was essential to overall health. S. Wynne rated the service as an 8 and said it was difficult for people who did not have Medicaid or insurance to receive coverage for dental care. C. Steib said oral health was a need and was key to overall health. K. Carter and T. Burroughs agreed that the service was critical to care. A ZOOM

poll was launched to gauge the committee's thoughts on the importance of the service. 75% of respondents rated the service as an 8. 17% of respondents rated the service as a 5 while 8% of respondents had rated the service as a 1. T. Dominique asked what if all the service categories were rated the same score. S. Moletteri replied that the Client Services Unit (CSU) and the Consumer Survey were also factored into how they determined the service priority. They noted that the committee was also starting with the services that tended to be rated more highly.

Other Business:

D. D'Alessandro wondered if they were considering having an in-person meeting at the Health Federation. M. Ross-Russell replied it would be difficult to have a meeting off-site since they may need to move material to accommodate for the meeting being in-person. She said they now had the capacity to have in-person meetings at the OHP site. However, due to building security, the logistics of having an in-person meeting there was difficult. A staff person would either need to assist people entering the building or all the members would need to arrive at the meeting at the same time. D. D'Alessandro suggested members could text a staff member to be let into the building. The committee agreed to table the topic for a future meeting.

Announcements:

T. Dominique announced that the Prevention Committee would have a presentation on Trans-masculinity at their next meeting.

T. Dominique said Tyronne Smith had passed away. She said she would provide more detail on this when she has more to share.

G. Keys announced that this was her last meeting and she would be retiring. The committee thanked G. Keys for her many years of service.

Adjournment:

D. D'Alessandro called for a motion to adjourn. **Motion: C. Steib motioned, C. Rainey seconded to adjourn the February 2025 Comprehensive Planning Committee meeting. Motion passed:** Meeting adjourned at 3:50 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- February 2025 CPC Meeting Agenda
- January 2025 CPC Committee Meeting Minutes