Prevention Committee
Meeting Minutes of
Wednesday, February 26th, 2025
2:30 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Veronica Brisco, Tariem Burroughs, Keith Carter, Nicola D' Souza, James Ealy, Jeffery Haskins, Erica Rand, Dena Lewis-Salley, Jerome Pipes, AJ Scruggs, Stacy Smith, Clint Steib (Co-chair), Desiree Surplus (Co-chair), Juju Myahwegi, Mystkue Woods, Shakeera Wynne

Excused: Lorett Matus

Guest: Ariann Garcia (DHH), Ari Gzesh, Angela Petrone (DHH), Harlan Shaw (DHH), Jackson Suplita (DHH)

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

Call to Order/Introductions: D. Surplus asked everyone to introduce themselves and called the meeting to order at 2:32 p.m.

Approval of Agenda:
D. Surplus referred to the February 2025 Prevention Committee agenda and asked for a motion to approve. **Motion:** K. Carter motioned; J. Ealy seconded to approve the February 2025 Prevention Committee agenda via Zoom poll. **Motion passed:** 6 in favor, 1 abstained. The February 2025 agenda was approved.

Approval of Minutes (*January 22nd, 2025*):
D. Surplus referred to the January 2025 Prevention Committee Meeting minutes. C. Steib said D. Surplus was excused from the meeting and wouldn't have been able to call the meeting to order as stated in the meeting minutes. **Motion:** K. Carter motioned; J. Ealy seconded to approve the amended January 2025 Prevention Committee meeting minutes via a Zoom poll. **Motion passed:** 7 in favor; 3 abstained. The amended January 2025 minutes were approved.

Report of Co-chairs:
D. Surplus said the next Prevention meeting would be a combined meeting with the Comprehensive Planning Committee on March 20th.

Report of Staff:
S. Moletteri said the Office of HIV Planning (OHP) staff would be tabling at the Aging with HIV Symposium tomorrow at the DoubleTree Hotel. They mentioned tabling at the February 20th event was a success and they were optimistic about a promising turnout at the next event.

T. Dominique spoke about the controversy surrounding the mention of trans people at the federal level. She wanted to be mindful of the risks that today's presentation could pose on all the attendees' careers and asked them to discuss whether they should video record the meeting. The committee discussed the issue and weighed the options presented. Proponents of allowing video

recording at the meeting said barring the video recording would erase trans representation and the topic was not different from other controversial topics. Proponents of barring video recording said that they were willing to bar recording if it protected the attendee's careers since the federal government was now hostile toward the mention of trans individuals. They said it was enough that the meeting was still recorded in the meeting minutes. After much discussion, S. Moletteri launched a ZOOM poll. The results were 83% in favor of video recording the meeting. The committee would move forward with video recording the meeting.

Presentation:
-Understanding Psychosocial Behavioral Constructs Related to PrEP Interest Among Trans-masculine People Assigned Female at Birth (TM/AFAB)-
A. Gzesh introduced themselves and introduced the topic of their dissertation, trans-masculinity. The presenter followed the new guidelines set by HIPC where they allowed for questions throughout the presentation. A. Gzesh would pause the presentation, if needed, so that the committee members could ask questions.

A. Gzesh began their presentation with a brief explanation of the common terms related to trans-masculinity such as pre-exposure prophylaxis (PrEP), TM/AFAB (transmasculine/assigned female at birth), trans/gender diverse (TGD), cisgender men who have sex with men (C/MSM), psychosocial factors, gender-affirming care, and medical mistrust. Afterward, A. Gzesh explained what stigma was and the different types of stigma. The types of stigma included structural stigma, societal stigma, and anticipated stigma. Structural stigma were barriers to care created from institutional policies and healthcare systems. Societal stigma were barriers to care created from negative attitudes and marginalization. Anticipated Stigma was a barrier created from past experiences of discrimination leading to expectations of mistreatment and increasing medical mistrust.

Intersectionality was a framework that described how systems come together to overlap and create unique experiences for people. Intersectionality affected HIV prevention due to racism, sexism, classism, and ableism, all of which contributed to creating barriers to care. They said stigmas had contributed to delayed or avoided engagement with HIV prevention, leading to higher HIV risk, lower PrEP uptake and limited utilization of harm reduction services. A. Gzesh said that historically, funding and research had largely focused on cisgender MSM to the exclusion of trans-masculine people. For this reason, A. Gzesh had sampled people along the full trans-masculine spectrum rather than focusing on cisgender men.

Nearly 2 million people in the United States identify as TGD and this number was rising. A. Gzesh spoke about PrEP and how it reduced HIV acquisition by up to 96%. They said that while PrEP was useful, many did not know about it. They quoted an online research study of 1,800 people. 24% of those surveyed were eligible for PrEP but only 3% were actively using PrEP. A. Gzesh said clinicians were often unsure of eligibility and prescription regimen for trans-masculine people. Many clinicians do not know how medications would be impacted by gender affirming care and this leads to missed opportunities for care.

Social networks were an underutilized resource for HIV prevention. A. Gzesh said social networks could be a way to build trust and support for trans people. They hypothesized that since

there was great medical mistrust, people often referred to social media for their medical information and public health campaigns needed to leverage these networks for interventions. On the next slide, A. Gzesh talked about how stigma had led to identity threat. They said that while social oppression and psychological distress factors were difficult to change, interventions that target psychological moderators could yield promising results.

K. Carter asked how they could support underaged people who need PrEP but were prohibited by their family or finances. A. Gzesh replied that many health centers such as the Mazzoni Center or Planned Parenthood offered free PrEP. T. Dominique added that while programs may cover the cost of medication, it might not necessarily cover the screening costs. A. Scruggs suggested that they should frame screening and treatment as something that would protect minors from HIV and other sexually transmitted infections (STI) when talking to parents.

A. Gzesh disclosed their positionality statement. They wanted the committee to know that they were a Jewish trans-masculine person and were a member of the community they were researching. They explained that as a community member, they must bridge the gap between policy and reality as well as outsider and insider on the topic. With this in mind, A. Gzesh summarized the specific aims of the study. The first aim looked to examine the factors that impact risk behaviors and how risk behaviors impacted interest in PrEP. The second aim explored how TM/AFAB individuals gather information pertaining to HIV prevention and how they appraise the relevance of this information. The third aim was to describe both perceived strengths and deficiencies in current PrEP messages targeting C/MSM that could be adapted for TM/AFAB folks. A. Gzesh said they would only be focusing on the first two aims in the presentation due to time constraints.

The study used a cross-sectional convergent mixed methods design. A. Gzesh recruited 30 people and asked them to self-report whether they were HIV negative, TM/AFAB, and had met the CDC criteria. The recruitment strategy was through social media, word-of-mouth, and community networks. A. Gzesh said they were hoping to recruit people who were 16-34 years old. They had found people who were mostly 22 to 34 years old. They had hoped to recruit more people who were 16 years old in the next round of the study because they believed it was important to have data on younger individuals.

A. Gzesh had a multi-layered strategy to recruit trans-masculine people for the study but discovered it was not needed. They received many responses to the study from word-of-mouth and trans-masculine social networks. A. Gzesh concluded that the great number of responses signified unmet need in the community. They asked what strategies have been effective in building trust in marginalized populations and why this was important for the quality of research.

A. Scruggs replied that their provider had often spoken the same language which eased the tension of being in a medical space. He explained that this had allowed conversation to flow more easily.

A. Gzesh emphasized the importance of tailoring the inclusion criteria to the population they were researching. For example, they had to reframe the CDC criteria of condomless sex to the frame of the AFAB population. Many AFAB persons did not think of sex with a person who

could not produce sperm as condomless sex. A. Gzesh said they had also had to specify that hormone replacement therapy did not count as injection drug use since many had used injections for their testosterone therapy. They said these were examples of medical language being unable to mirror the lives of the population they were serving. C. Steib said that vaginal secretions could produce HIV transmissions. Though it was a low chance of this happening, it was possible. The interviews were semi-structured and were conducted by a researcher with a shared identity on ZOOM. They focused on the exploration of psychosocial factors and the appraisal/relevance of health information sources. A. Gzesh also had four focus groups with the goal of evaluating PrEP messaging and creating recommendations for improved messaging. They used reflex thematic analysis to find common themes and MAXQDA software to code the themes. A. Gzesh said they were cognizant of the power dynamics between study subject and researcher and made changes to the study to make participants feel more included. They had decided to use language used by their participants, had member check-ins, and had a community advisory board. There were 30 individuals in the study ranging from 22 to 34 years old with a medium age of 25.

A. Gzesh said the racial/ethnic demographics were 66.7% White/Caucasian. The study population education level was diverse. 60% of the study population identified as gay/homosexual while 0% of the population identified as straight/heterosexual. Other notable factors were that 20% of the study population had reported they experienced homelessness or unstable housing. About 23.3% had reported they had transactional sex work. 46.7% of the participant population reported major depression. 73.3% of the study population reported severe substance use. A. Gzesh said they had found that many participants often had low support from their family as opposed to the high support from their chosen families.

The study found a difference between the participant population's perceived risk of HIV transmission and their actual risk. About 20% of participants reported they never use a condom during sex. Many participants believed they were at low risk to have HIV transmission. Another notable theme from the study was that 33% of the participants did not know they were eligible for PrEP. Many had thought PrEP was exclusively for cisgender men. 23% of participants were currently on PrEP and 53.3% of participants indicated they would consider PrEP in the future.

A. Gzesh went into more detail about the themes uncovered by the study. They found that the participant population were more likely to look to social media for their health information needs if their provider was unable to support them. The participant support network determined their outlook on certain topics. Those who had a network that knew about harm reduction were more likely to use it over those who did not. Persons with a more positive outlook on the future were more likely to engage with preventative care than those who had a more negative outlook on the future.

A. Gzesh read quotes from the participants according to the themes they had found. The themes included stigma, medical trauma/mistrust, information seeking patterns, shape-shifting, risk perception, social networks/chosen family, messaging appraisal, future orientation, and harm reduction. A. Gzesh explained that shape-shifting was when people exaggerate their symptoms to meet the provider criteria so they could receive treatment. A. Gzesh said trans people were required to have letters for certain treatments while cisgender men were not because providers were uncertain with how treatment would interact with hormone therapy. Participants highlighted

that they preferred a provider who shared an identity with them whether this would be in terms of sex, gender, race or sexual orientation. Future orientation was how the participant viewed the future whether the participant had a positive or negative outlook on what would happen next. People who had a positive outlook on the future were found to be more risk averse.
A. Gzesh said they intended to share their study with community health workers, policy makers, and academics to help combat misinformation and create more inclusive healthcare. A. Gzesh asked the community some questions to stimulate discussion. The questions included whether the findings had resonated with them, best ways to share the findings in the future, possible gaps that could be addressed in the future, and what Philly could do to bridge the gap in PrEP marketing and messaging in light of the current political climate. C. Steib recommended contacting DHH to share the findings. A. Scruggs thanked A. Gzesh for the presentation and study. They said representation was necessary.

Discussion Item:
-Co-chair Nominations-
C. Steib, the current co-chair, would soon reach his membership term limit. Before then, C. Steib wished to find a new member to take his role. C. Steib said he was willing to stay on to support the new co-chair. D. Surplus, the other co-chair, described the duties of the co-chair and the requirements to be a co-chair. The position required the member to be a HIPC member for one year and be in good standing in attendance. D. Surplus nominated J. Ealy for co-chair. J. Ealy accepted the nomination. C. Steib had nominated M. Woods for co-chair. M. Woods had indicated she would accept the nomination.

The committee would not hold voting until the April Prevention Committee meeting because they had wanted to leave room for possible nominations. The next meeting would be a combined meeting with the Comprehensive Planning Committee (CPC).

Any Other Business:
None.

Announcements:
None.

Adjournment:
D. Surplus called for a motion to adjourn. **Motion:** K. Carter motioned, J. Ealy seconded to adjourn the February Prevention Committee meeting. **Motion passed:** Meeting adjourned at 4:04 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:
- February 2025 Prevention Committee Meeting Agenda
- January 2025 Prevention Committee Meeting Minutes