

**HYBRID: Comprehensive Planning Committee/Prevention Committee
Meeting Minutes of
Thursday, November 20th, 2025
2:00 p.m. – 4:00 p.m.**

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

Present: D. D'Alessandro (Co-Chair), J. Ealy (Co-Chair), N. Houston, P. Mukinay, D. Lewis-Salley, J. Myawegi, A. Scruggs, D. Surplus (Co-Chair), S. Wynne (Co-Chair)

Guests: Dan Ansel, K. Fisher (Recommended), Gita Krull-Aquila (DHH), Azeezat Siyanbola, Javontae Williams

Staff: Tiffany Dominique, Debbie Law, Sofia Moletteri, Kevin Trinh

Call to Order/Introductions: J. Ealy asked everyone to introduce themselves and called the meeting to order at 2:17 p.m.

Approval of Agenda:

D. D'Alessandro referred to the November 2025 Comprehensive Planning Committee (CPC)/Prevention Committee agenda and asked for a motion to approve. A Zoom poll was launched for virtual attendees, and in person members voted through a show of hands. **Motion:** **K. Carter motioned; J. Ealy seconded to approve the November 2025 CPC/Prevention Committee agenda via Zoom poll. Motion passed: 9 in favor.** The November 2025 CPC/Prevention Committee agenda was approved.

Approval of Minutes (October 22nd, 2025):

D. D'Alessandro referred to the October 2025 CPC/Prevention Committee Meeting minutes. D. D'Alessandro proposed the minutes include the date of the next Aging with HIV Symposium which would be on May 5th 2026. A Zoom poll was launched for virtual attendees, and in person members voted through a show of hands. **Motion:** **D. D'Alessandro motioned; K. Carter seconded to approve the amended October 2025 CPC/Prevention Committee meeting minutes via a Zoom poll. Motion passed: 9 in favor.** The amended October 2025 CPC/Prevention Committee meeting minutes were approved.

Report of Co-chairs:

J. Ealy said he had two speakers queued to speak for the January and March Prevention Committee meetings.

Report of Staff:

S. Moletteri said they were hosting the Philadelphia town hall on December 3rd. They would close registration on November 25th. Currently, they had 19 people registered and were looking to increase the number to 25. They asked the members to share news of the town hall and recommend anyone who was interested

K. Trinh said they were still interviewing candidates for the Support Coordinator position and were set to interview new candidates. He then asked the members to suggest locations that they could table at. T. Dominique said they were looking to recruit more members in PA and NJ, as well as participants for the NJ and PA town halls, and would like suggestions for locations in those counties.

Discussion Items:

-Review of Priority Setting Process Procedure-

The two committees would be meeting to review the Priority Setting Process. S. Moletteri said they were planning to have a smaller Priority Setting in-between the main Priority Setting they would routinely do. Initially they had the Priority Setting Process every three years. Now they were moving to a yearly Priority Setting Process. This yearly process would be more concise compared to their triennial process.

S. Moletteri presented the committee members with the webform on the Office of HIV Planning (OHP) website, which defined the new proposed process, and went through the different steps listed. The website listed the service priorities from the previous year and the service rankings. From this page, the HIPC members could find more information on each of the services. G. Krull-Aquila asked if they provided data on the degree each service was used in the last year. T. Dominique said that while they used the utilization data in Priority Setting, it was not as detailed as the data in their allocations meetings. She explained that they didn't receive the more detailed utilization data until June and July.

In a Google Form, which was linked through the website, the committee members could select three services to be reevaluated. After they had selected their services, they were required to submit a short explanation for their choices. The webform would be submitted anonymously a month before the meeting where they would review the top 5 services and the anonymous comments from the webform. The OHP staff members would combine the Community Voice results with the Medical Monitoring Project (MMP), Client Services Unit (CSU), and the Consumer Survey datasets. The final Priority Setting ranking would be shared with all the members.

T. Dominique asked what would happen if the services were tied in the voting. S. Moletteri said they could rank the services again. D. Law said in the past, when a tie had occurred, they chose the vote from the priority setting dataset whose ranking had the greatest weight. During the Priority Setting Process, each group was given a weight in their ranking. HIPC would represent the community voice and their vote would represent 40% of the weighted vote. Consumer Survey, Client Services Unit and Medical Monitoring Project each had a weighted vote of 20%.

S. Moletteri said they used to have more ties when they had less people voting. If they had more people voting in the Priority Setting, ties would become more unlikely. They said they would look to other Eligible Metropolitan Areas (EMA) to learn how they resolved this issue. D. D'Alessandro said Robert's Rules of Order stated the co-chair would break a tie with their vote. K. Carter suggested voting until they had come to a consensus. D. D'Alessandro said that could result in an infinite stalemate. T. Dominique said they had two co-chairs in the CPC. With two

co-chairs, they could still have a tie. J. Williams suggested basing the vote on the weight of the allocations. T. Dominique said they didn't base their choices on funding.

T. Dominique suggested having a discussion to decide a tie. S. Moletteri said the discussion could take the form of a live meeting. They said they would have the discussion during the early portion of the meeting and end with a poll to decide the ranking. Returning back to the form, S. Moletteri said the respondents would be required to make three choices for their top service. D. D'Alessandro said they should require participants to answer the open-ended question to explain their selection. The committee agreed the participant should be required to answer the open-ended question before moving on in the webform.

S. Moletteri said they would create a document and would include the members' feedback. The committee members wouldn't be voting on the document in this meeting, but they would be voting on it next meeting.

-Review of Breakout Group Process-

K. Trinh informed the committee members that they would be hosting the Philadelphia town hall on December 3rd. During the town hall, they would allow the participants to break into groups and discuss five different questions. He asked the members to help create a list of questions. Afterward, the OHP staff would reveal the list of questions that they created.

During the town halls, each group would have 15 minutes to discuss their questions. After discussions, each group would have 2-3 minutes to present what their group had discussed. The questions would be focused on how consumers access care, learn about care and what their barriers to care were. K. Carter wanted to ask for the person's customer experience while visiting their medical practitioner. He wondered how many people travel outside of their city to receive care. D. D'Alessandro said there were people who traveled outside of their city to receive care because they didn't trust their local medical provider. K. Carter agreed. T. Dominique said Dr. Brady wrote a paper about Hispanic people in Philadelphia who traveled for care. She said she would look for the paper to find more details. K. Carter asked if they needed language services. S. Moletteri replied that none of the town hall registrants had requested language assistance as of yet. T. Dominique said the registrants didn't ask for language services but it didn't mean they didn't need it. She explained there may be people embarrassed or hesitant to admit they had language barriers.

K. Carter said they could ask how long the wait times to see a specialist provider. D. D'Alessandro suggested asking if there was anything that made it difficult to stay in care. J. Williams offered a question that asked if the person had ever decided against sharing their HIV status. He wanted to know if people encountered stigma if they disclosed their status. G. Krull-Aquila said they should ask what people liked about their HIV care. K. Carter agreed this was a good question since knowing what went well was equally useful information as what went wrong. After creating 10 questions, the OHP staff revealed the question that they had created.

The OHP staff had created this list of questions:

1. What concerns you most about accessing health care

2. What difficulty, if any, do you have about getting your HIV care? Is there anything about it that is confusing or overwhelming?
3. Are there any barriers that make it hard for you to access HIV care?
4. Where do you get accurate information about available HIV services in the region?
5. What limits your interaction with your HIV providers?
6. What supports do you need and don't get that would aid you in better healthcare?
7. How does the cost of healthcare impact your use of it?
8. How does your past experience with healthcare impact your current use of it?
9. Describe your relationship between you and your provider.
10. Describe your experience trying to reach your provider.
11. How do you receive information about your health?
12. What information is most useful for making decisions on your health?
13. Have you ever felt dismissed or uncomfortable in a provider setting? Describe your experience.
14. How do you feel where your provider is located and their operating hours?
15. What kind of support around dating/sexual health is missing or difficult to access?

After the discussions, the CPC and Prevention Committee had created 10 questions:

1. Describe your customer service/experience as a patient.
2. Do you have to cross counties to receive service? How does distance affect your level of care/adherence?
3. How long do you have to wait for appointments? Which services do you have to wait for the longest?
4. Is there anything that makes it difficult for you to stay in care?
5. Is there anything that makes you not want to return to a service provider? Give examples.
6. When seeking care do you ever choose NOT to share your HIV status with your provider?
7. What do you like about your HIV provider?
8. How do providers make information accessible to you?
9. How do providers help you understand the information in a visit?
10. How are your basic needs impacting your access to care?

D. D'Alessandro commented that many of the questions listed were follow-up questions that would naturally appear in conversation as they asked questions. T. Dominique asked which topics or themes they should focus their questions on. D. D'Alessandro said they should focus their questions on HIV care. K. Trinh asked if the staff members should be circling around the breakout groups while the participants would take notes. S. Moletteri said there was an option to have the staff members sit down with the participants to take notes. D. D'Alessandro said that based on her experience, that while it was great to involve the participants in notetaking, assigning staff members to take notes would lead to more consistent and more informative notes.

S. Moletteri said they would finalize the list of questions and send the list to the committee members.

Any Other Business:

K. Carter said that they were moving the Poz Committee's meetings to Tuesdays in the hope of increasing attendance.

K. Trinh asked the members if they wanted to combine the CPC and Prevention Committee meetings for December 18th. D. D'Alessandro said she was not opposed to another combined meeting. S. Moletteri asked if they wanted to meet in December at all. The group felt that they should. S. Moletteri agreed and said they would finalize the Priority Setting process and review Town Hall updates from the December Philadelphia Town Hall. She believed that a combined meeting would sustain the momentum the two committees had developed over several months. K. Trinh said he would contact J. Ealy and D. Surplus to hear their opinion since they were the Prevention Committee Co-Chairs.

Announcements:

T. Dominique said the Division of HIV Health (DHH) was hosting an event for World AIDS Day at the Mayor's Reception Hall. A. Scruggs said they were postponing the HIV is Not a Crime Ball until February 28th.

Adjournment:

D. D'Alessandro called for a motion to adjourn. **Motion: K. Carter motioned, D. D'Alessandro seconded to adjourn the November 2025 CPC/Prevention Committee meeting. Motion passed:** Meeting adjourned at 4:04 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- November 2025 CPC/Prevention Committee Agenda
- October 2025 CPC/Prevention Committee Meeting Minutes
- Breakout Group Questions
- Town Hall Agenda