**Philadelphia HIV Integrated Planning Council**

**Prevention Committee**

**Meeting Minutes of**

**Wednesday, February 27, 2019**

**2:30-4:30p.m.**

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

**Present:** Eran Sargent, Gus Grannan, Katelyn Baron, Clint Steib, Mark Coleman, Dave Gana, Keith Carter, Janice Horan, Nhakia Outland, Erica Rand

**Excused**: Lorett Matus

**Absent**: Zora Wesley, Joseph Roderick, Jeanette Murdock

**Guests:** Caitlin Conyngham (AACO), Blake Rowley

**Staff:** Mari Ross-Russell, Nicole Johns, Briana Morgan, Dustin Fitzpatrick

**Call to Order**: C. Steib called the meeting to order at 2:36 p.m.

**Welcome/Moment of Silence/Introductions**: C. Steib welcomed Prevention Committee members and guests. A moment of silence followed.

**Approval of Agenda**: C. Steib presented the agenda for approval. **Motion** G. Grannan moved, B. Rowley seconded to approve the agenda. **Motion passed**: All in favor.

**Approval of Minutes** *(January 23, 2019)*: C. Steib presented the minutes for approval. **Motion**: E. Sargent moved, G. Grannan seconded to approve the January 23, 2019 minutes. **Motion passed**: All in favor.

**Report of Co-Chair**:

None.

**Report of Staff**:

M. Ross-Russell reminded members that at the November 28th meeting they asked if Judith Peters could present. M. Ross-Russell inquired what the Committee members wanted her to present on because Judith Peters would like to get a general idea beforehand. C. Steib asked if this conversation was captured in the November 28th minutes. B. Morgan responded that the general consensus gathered was that the Committee wanted a presentation on youth.

M. Coleman expressed that he would be interested in what schools are doing with STI/STD and HIV testing and prevention. C. Steib mentioned he would be interested in the Health Resource Centers (HRC) located in the schools. M. Ross-Russell informed members that Judith Peters is mainly responsible for programs surrounding HIV education in the school district. She explained that Judith Peters has been the Division of Adolescent and School Health (DASH) program contactor, which is under the jurisdiction of the CDC, for numerous years. She also works with Temple University when they do the Youth Behavioral Risk Surveillance Survey. She makes sure that the survey is conducted in the schools and oversees the questions. M. Ross-Russell stated that the next survey will most likely be this year as the last survey was conducted 2 years prior. C. Steib suggested that it had something to do with getting some information when the Committee was going through the plan. N. Johns stated that made sense because the plan had mentioned an activity around comprehensive sex education.

G. Grannan stated that he is interested in what she is seeing in injection drug use and how it intersects with DASH’s outreach to the trans community, and to see if they have any way of offering support. G. Grannan also stated that he is interested in hearing what they know about the pharmacy law, which is that age does not matter when it comes to buying needles. He stated that he is interested in knowing if students having access to information about syringes is subject to the regulations. M. Ross-Russell responded that she will communicate further with Judith Peters on this. She informed members that there are a lot of restrictions when interacting with schools.

N. Johns stated that OHP confirmed the first location for the listening sessions that ideally would be in all 9 counties throughout this calendar year. The first listening session will be in Delaware County (Delco) in April. OHP will be focusing on the suburbs first. The sessions will be assessing the barriers in the community surrounding HIV prevention and access to care. These sessions will also be soliciting public comments to hear the concerns of the community. She asked members to let OHP staff know of any community-based locations in the suburbs that they think would be a good place for these listening sessions. OHP staff wants to avoid RW providers for any potential perceived conflicts.

C. Steib asked who the audience is and N. Johns stated that it is community members. She stated that OHP is framing the questions and demographic survey to be open to anyone. OHP specifically wants community members to be involved, but providers will be welcome there as well. M. Ross-Russell informed members that they want it in public venues, such as churches or libraries, because they want the environment to be comfortable.

M. Coleman inquired if these listening sessions will address confidentiality surrounding HIV status. N. Johns stated that everyone is asked to keep it confidential, but people have the choice as to whether or not they want to disclose that information in a public setting. She emphasized that confidential discussions will not be transcribed, but there will be general notetaking. There will be no way to track comments to a specific person.

**Discussion Items:**

**PDPH PrEP Campaign**

C. Conyngham projected Philadelphia Department of Public Health’s (PDPH) website called “Philly Keep on Loving” in the front of the room. She informed members on February 14th, PDPH launched this campaign PrEP campaign. It will appear across a variety of platforms including busses, shelters, social media (i.e. Facebook, Instagram, YouTube), and geo-spatial sex-seeking apps. C. Conyngham read members the content of the website which explains more information on PrEP[[1]](#footnote-1). She explained to members that the website also provides a quiz for people to take, and based on the answers, they may get recommended for PrEP. AACO will be monitoring the success of this campaign and will be looking at the engagement on the website and which features are specifically are being used.

B. Rowley inquired about putting the PDPH logo at the top as opposed at the bottom. He raised the concern that it may produce a negative reaction in a user. C. Conyngham responded that they had a media company help with the placement of the logo on the website. C. Steib asked a question about what the quiz entails and if it addresses different subsets of populations. He stated that it seemed to be more MSM-focused. C. Conyngham stated that AACO tried to keep the quiz short and they had to decide how to split the difference between a comprehensive sexual history and users only staying on websites for short amounts of time. C. Conyngham responded that two questions on the quiz are more directed towards subsets of populations. The questions she referred to are “Do you or your partner(s) ever inject drugs?” and “Do you ever bottom?” She explained to members that all the questions are applicable to everyone. She stated that AACO does not want the quiz to function as a way of ruling out prevention tools, but as a guide to how they should continue their care. She agreed with C. Steib that the quiz could have covered more comprehensive questions such as transactional sex work or intimate partner violence. She explained that it was a decision based on possible discomfort individuals may feel from answering such a detailed quiz on the website and that users tend not to stay on a site for long.

M. Coleman inquired about the differences in agency recommendations on the frequency of STD/STI and HIV testing. He stated that some agencies may inform someone they should get tested every 3 to 6 months, but he expressed concern over telling someone to wait a certain amount of time. C. Conyngham responded that how frequently one gets tested depends on what their practices are like. In terms of recommendations, PDPH recommended at least once a year, but depending on the individual’s situation, that individual may get recommended to test more frequently. C. Conyngham stated that AACO really wants people to be engaged with HIV testing. So if people want to get tested more frequently, they should be able to do so.

G. Grannan inquired about how the quiz functions because when he answered “yes” to one question, it automatically recommended PrEP. Members expressed confusion over this because they were under the impression that users would take the whole quiz in order to determine their results. C. Conyngham affirmed that if anyone answers “yes” to any question that it circumvents to strongly recommending PrEP. She stated that PDPH worked with a developer to shorten the length of time that individuals are spending with the quiz.

G. Grannan raised concern for the at-risk populations, who for rational reasons, do not get tested and inquired how they would reach those populations. C. Conyngham explained that a documented negative HIV status is required in order to start PrEP. She stated that it would be irresponsible to provide someone with PrEP without documentation of a HIV negative status. She agreed with G. Grannan that HIV criminalization laws may affect whether individuals have documented testing done or not. G. Grannan stated that if he were coming to the website with no background in public health, there is nothing to suggest that access to PrEP is based on testing. He expressed that recommending testing for people without considering the risks is problematic. C. Conyngham understood his concern, but stated that speaking from a campaign perspective, single messaging is what advertisers recommend. She stated that PrEP is really effective at engaging folks with their medical providers and they can discuss with them what they may be involved in such as transactional sex, injection drug use, etc. She stated that the best answer she can offer is that the committees like this can advocate for policy changes. J. Horan asked if people are made aware that Truvada can affect the kidneys of long term users. C. Conyngham stated that there is not much data, but PDPH does have the most common side effects listed in their FAQs. She stated that it highlights that there could be rare kidney problems, but people taking PrEP are monitored by their providers. J. Horan inquired if it was mainly those who are positive that it may be affecting. C. Conyngham stated that the data suggests that this is true. C. Steib clarified that if people stop using Truvada that their kidney function usually returns to normal. C. Conyngham stated that hopefully members start seeing the campaign around on buses or their social media.

**PrEP Workgroup Draft Report**

B. Morgan informed members that this is the draft version of what was presented to the PrEP Workgroup and at the last meeting, the group suggested going through it more this month. C. Steib informed members that there was a comment period for PrEP Workgroup members. B. Morgan stated that once the PrEP Workgroup approves the Report, it goes to Prevention Committee, and then the Committee makes the decision to amend it or approve it. Then it will be presented to the HIPC for final adoption.

E. Sargent asked what exactly was the plan going to change. M. Ross-Russell stated that once the Report is complete and passes through the HIPC, it will go in as an addendum to the Integrated Plan. She stated that this will symbolize that this is something that the HIPC needs to do. N. Johns stated the goals and activities listed in the PrEP Workgroup report are already listed on the Integrated Plan. M. Ross-Russell stated that at the time they wrote the Integrated Plan, discussions around End the Epidemic were starting to emerge. She noted that the HIPC does not have End the Epidemic language reflected in their goals and objectives of the Integrated Plan because it did not happen at the time the Integrated Plan was written. She stated that now there is an initiative coming from Washington, D.C. She explained that these are things that the HIPC needs to consider on how to incorporate it into the Plan. She explained that the Integrated Plan is supposed to inform the provision of services EMA wide; the prevention specific things are for Philadelphia. E. Sargent was still confused about what change this would produce from the conversations they have had in the PrEP Workgroup. She specifically wanted to know more about accountability and usability for organizations. She asked if there were going to be benchmarks for these organizations. N. Johns answered that there is accountability for the responsible parties in the plan such as PDPH, HIPC, and various entities to report back on the progress. Overtime, the HIPC will see if they are working towards those goals. M. Ross-Russell stated the goals and plans that they have would ultimately trickle down to the providers in the RW system, but are written for the system, not the providers.

K. Carter asked about the federal End the Epidemic initiative and if it will be in the draft. B. Morgan responded that there is not enough information from the federal level to make any official changes. M. Ross-Russell explained that somewhere in the Integrated Plan it has to acknowledge the existence of End the Epidemic. E. Sargent asked if there was any word for new funding to End the Epidemic initiative because the sheet says new funds will be directed. B. Morgan emphasized it was not “directed”, but instead that the President is requesting funds. M. Ross-Russell explained existing funds may be allocated to this. She does not know if any new funds will be coming.

C. Steib returned to the PrEP Draft Report and asked if members wanted to go over it as a whole. The general consensus was that members are going to go home and look it over for the Prevention Committee March 27th meeting. C. Steib suggested that members put aside an hour to go through it thoroughly.

**End the Epidemic**

B. Morgan stated that the 3 sheets in the handout are all the information on End the Epidemic. She stated that the editorial is the most official word from the government. B. Morgan went over the 4 pillars of the strategic initiative on the Ending the HIV Epidemic handout, which are:

* Diagnose
* Treat
* Protect
* Respond

She informed members that this is gaining popularity and that New Jersey is working on its own End the Epidemic plan and may have something to present to the Governor by June. She stated that she does not know how exactly how it will impact us. B. Rowley stated that New York and San Francisco have already implemented End the Epidemic plans and they have seen a reduction in HIV diagnosis rates yearly. B. Rowley suggested for members to really think about putting this plan into motion and that he would not expect any additional funding.

**Priority Setting**

B. Morgan reminded members of what they discussed in the last meeting and how Comprehensive Planning Committee is working on the priority setting process. B. Morgan explained that the RW Services Along the Care Continuum 2015 handout is a visual representation of how the different stages of care, which are “Diagnosed”, “Linked to Care”, “Retained to Care”, and “Viral Suppression/Prescribed ART” are associated with different RW services. N. Johns informed members that Comprehensive Planning Committee met on February 21st. She explained that they are looking at how services engage and impact engagement, retention, and suppression of viral load by using some local data. N. Johns explained to members that the Comprehensive Planning Committee made the decision to no longer use the Care Continuum factor because of its subjectivity. She stated that they are going to finalize what information they will use to make their decisions at the next meeting.

N. Johns informed members that if they are interested they should come to the next Comprehensive Planning Committee meeting on March 21st, but priority decisions will not be made until April or May. She informed members that the April meeting may change from April 18th to April 25th at the same time from 2 – 4 PM. She stated that Comprehensive Planning wants to talk about disparities and what services can help sub populations get to engagement, retention, and suppression. She gave the example of how child care and substance abuse may not affect everyone in the RW system, but they are important to those populations that utilize them. M. Ross-Russell stated engagement, retention, and suppression brings the prevention component into the priority setting. K. Baron asked who makes these decisions and N. Johns stated that it is only a vote at the committee level and then brought to the full HIPC for approval.

**Allocations**

M. Ross-Russell explained that the allocations process is how the HIPC decides how much money is spent on each RW service. M. Ross-Russell stated it is an intense process, but trainings at HIPC meetings should help build people’s understanding to make an informed decision about the priority setting and the allocations processes. Trainings should help provide the necessary materials they need to make decisions on funding specific services. These trainings will begin in April and carry through July.

**Conference Room Tools**

B. Morgan asked the group what kind of materials would support them in their work. K. Baron asked where the priority setting list was. B. Morgan stated they will look for it or make a new one. K. Baron stated that it was helpful. C. Steib brought up that he has suggested a map of the EMA. N. Johns informed them that Comprehensive Planning members suggested artwork, murals and various things to decorate the pillars. C. Steib informed members that they should let OHP staff know their ideas.

**Old Business**:

None.

**New Business:**

K. Baron projected a UCHAPS Technical Assistance Survey for members to participate in. She stated that the questions focus on the jurisdictions’ technical assistance needs. M. Ross-Russell asked about the timeline and suggested sending it to the Committee members so they can gain more background information before taking the survey. A member asked what technical assistance means. M. Ross-Russell informed this member that it means training from jurisdiction to jurisdiction on a specific topic or issue.

C. Steib stated that Project Inform submitted updates to their PrEP manual. They have some guidelines for screening HIV infection, PEP transition to PrEP, and PrEP for anal sex information.

**Announcements:**

M. Coleman informed members that Dr. Donald Carter, who was extremely active in the community, passed away and he will be truly missed.

**Adjournment**: The meeting was adjourned by general consensus at 4:28 p.m.

Respectfully submitted by,

Dustin Fitzpatrick, OHP Staff

Handouts distributed at the meeting:

* Meeting Agenda
* Meeting Minutes from January 23, 2019
* Ending the HIV Epidemic A Plan for the United States Editorial
* PrEP Workgroup Draft Report 2018
* Ending the HIV Epidemic: A Plan for America Goal and Key Strategies
* Ryan White Services Along the Care Continuum 2015
* OHP Calendar

1. Please refer to the following link for more information: https://www.phillykeeponloving.com/. [↑](#footnote-ref-1)