

Philadelphia HIV Integrated Planning Council
Prevention Committee
Meeting Minutes of
Wednesday, April 24, 2019
2:30-4:30p.m.

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

Present: Mark Coleman, Lupe Diaz, Clint Steib, Loretta Matus, Gus Grannan, Katelyn Baron, Keith Carter, David Gana, Erica Rand

Excused: None.

Absent: None.

Guests: Caitlyn Conyngham, Ericka Aaron

Staff: Nicole Johns, Briana Morgan, Mari Ross-Russell

Call to order.

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

Welcome/Introductions

C. Steib asked the group if they were ok with skipping introductions because everyone present was acquainted. The group agreed.

Approval of Agenda

C. Steib asked for an approval of the agenda. **Motion:** K. Carter moved, D. Gana seconded to approve the agenda as presented. Motion passed by consensus.

Approval of Minutes (March 21, 2019)

C. Steib asked for an approval of the March 21, 2019 meeting minutes. **Motion:** D. Gana moved, E. Rand seconded to approve the meeting minutes for March 21, 2019 as presented. Motion passed by general consensus.

Report of Co-Chairs

L. Matus reported that she had to leave at 3:30p.m.

Report of Staff

B. Morgan announced Listening Session in Levittown on April 30th from 6:00-7:30p.m. at the Levittown Library. Flyers were available in the conference room and an event is posted on Facebook for members to share with their networks.

B. Morgan announced the Office of HIV Planning first brown bag lunch program will be May 3rd from 12:30 -1:30pm on living history of the local HIV epidemic. There will be some special guests visiting as well. The hope is that the panelists will bring their own perspectives to a rich and dynamic discussion. M. Ross-Russell shared that OHP staff have been looking at their own and other archives to get information to share at the event.

L. Matus asked about the Media Listening Session. B. Morgan noted that three Planning Council members attended, as well as several community members. She shared that most of the themes were around things familiar to the HIPC: People like being treated like a whole person, the importance of mental and emotional support within provider setting. She explained it was a small but engaged group. She noted that if anyone knows anyone in Bucks County to extend a personal invitation to the Levittown Listening Session. K. Carter said he had shared the event on Facebook and shared it with a provider in Bucks County.

Prevention Services Initiatives

C. Conynghan noted that most of the PDPH prevention work has been on the emerging outbreak of HIV in people who inject drugs (PWID). She shared that she presented at the National HIV Prevention Conference about the testing initiatives with PWID and their risk networks. She said she could bring that presentation to the next meeting. She informed the group that the number of new cases was increasing. She noted that there seems to be a significant sexual risk in this outbreak and concurrent sexual and injection risk in the networks. C. Conynghan offered to bring some data from the Philly Keep On Loving campaign as well. The committee agreed. D. Gana asked about the using the Philly Keep on Loving video at the Prevention Summit. C. Conynghan reported that the video file is on YouTube and in the PrEP Dropbox. She said that she can be contacted by agencies if they want to receive the file to share it in waiting rooms or events. The video is also available in Spanish.

B. Morgan asked about the outreach for HIV testing at 69th Street terminal. C. Conynghan reported that the city contacted the state about that location. She noted that she thought the state followed up with the local Delaware County provider. She noted that it was the state's responsibility to coordinate HIV testing in the suburban counties, it is not under Philadelphia's jurisdiction.

Discussion Items:

PrEP Workgroup Report (continued)

Pages 10-11

C. Steib noted that the group ended the discussion about the PrEP Workgroup on page 9 at the last meeting. D. Gana said that he was in the group that reviewed pages 10 - 12. He noted that

bullets one and three under discussion items should be highlighted. That group realized that there were people who may not be able to access typical clinic hours. He noted that they suggest including pharmacists in bullet 5. He noted that physicians are not always aware about how to prescribe PrEP. He explained that his group wanted to address stigma reduction through education initiatives for clinical providers and community members. He added that Club 15-09 should be explained within the document. The group had a question about “individual providers” under Key Elements. C. Conynghan noted that means provider sites not individual physicians/prescribers. C. Steib noted that it should be “individual provider sites”. G. Grannan said that a person may have an aligned health condition that might be relevant to the physician selection when individuals call provider sites. C. Conynghan said that that PDPH checks in with PrEP. provider sites to find out when the earliest appointment for PrEP as a quality measure, but they do not ask about co-morbidities.

C. Steib noted that telemedicine and telehealth can be used within the city or region to increase PrEP access. He noted that some rural areas use telehealth for PrEP and have been successful. M. Coleman asked about access to PrEP in the high-risk communities within the suburban counties. B. Morgan asked if the PA HPG had spoken about telehealth for PrEP. C. Steib explained that telehealth has been successful for PrEP in other areas but he hadn’t remembered any conversation at the PA HPG on these concerns. E. Aaron noted that telehealth was mentioned in the discussion in the report.

The group noted adding an explanation of Club 15-09 to the page 12. under Strategy 3.1.2

B. Morgan reminded the group to keep in mind anything that they want to highlight when the workgroup report is presented to the Planning Council, as well as any changes or additions.

Pages 12-13

G. Grannan noted that populations he works with do not think PrEP is available to them. If that’s their perception, it makes it true. C. Conynghan noted that there is some confusion about who should take nPEP and PrEP, what types of risk groups. G. Grannan observed that there has to be a champion within an organization to make sure services are provided to people who need them in culturally appropriate manners. He offered that there is a need for education for pharmacist techs and others to ensure appropriate services are delivered to everyone. K. Carter noted that he spoke with a provider who didn’t know about the PrEP campaign and had no materials. He noted that access to materials needs to be better. E. Aaron explained that PDPH has sent promotional materials out to all the PrEP providers on their list and other print and media resources are available for any provider who want them. She also explained that PDPH has shared the campaign with the executive directors of their funded organizations and there were press releases and lots of ads on social media. B. Morgan observed that it sounds like information was provided to the leadership of organizations but it isn’t trickling down to waiting rooms or individual physicians. C. Conynghan noted that she agreed with G. Grannan that nPEP is only available to people who get the prescription. She shared that Health Center 1 no longer gave out starter packs and was giving patients the full course of nPEP for insured and uninsured patients. She agreed that didn’t address all barriers to nPEP, it was a start. E. Aaron noted that the PrEP provider list also includes information about nPEP. She explained that for some provider sites the individual

needed to be patient of the clinic. She noted that at least 3 emergency departments in Philadelphia provided starter packs for nPEP.

Pages 14-15

G. Grannan noted that extending clinical education about PrEP was a concern of his group. He noted that their main questions were around the target population, and why trans men were excluded. He and E. Sergeant suggested adding people who inject drugs, sex workers, and PrEP navigators to target populations. He also questioned whether PDMP (database of prescriber activity by patient) could offer insight into who was taking nPEP or PrEP. He noted that universal basic PrEP protocols should be distributed and adhered to by all medical providers. His group also suggested that patient feedback should be integrated into the development and delivery of PrEP services. C. Conyngham noted that transgender persons who have sex with men are included in PrEP monitoring and evaluation plan. She explained that would include transmen who have sex with men. She noted that she would follow up on that to make sure it is noted accordingly in the workgroup report, to ensure the populations were more inclusive.

Page 16-17

The group reviewed these pages together. G. Grannan noted CABS are important way for clinicians to get feedback on the way they are providing services to improve service delivery. The group agreed. B. Morgan noted that this would be a good place to include G. Grannan's comments about improving access to nPEP and nPEP. K. Baron noted that "popular opinion leader (POL)" was a term that she wasn't familiar with. B. Morgan noted that it is a phrase from evidence-based interventions and the concept can be described with other language.

C. Steib thanked the group for the feedback. B. Morgan noted that all the notes and comments will be included in a draft by OHP for review by the committee at the May meeting. It will then be presented to HIPC after the committee agrees with those changes. C. Steib thanked E. Aaron and C. Conyngham for attending and answering questions.

UCHAPS (Urban Coalition of HIV/AIDS Prevention Services) Letter

L. Diaz explained that UCHAPS sent the UCHAPS Steering Committee a letter for endorsement addressed to Dr. McCray of the Centers of Disease Control and Prevention. She read the letter to the group which offered recommendations to any End the Epidemic plan from the Trump Administration. She noted that an answer was requested by 4:00pm today. No answer will be considered an affirmation and Philadelphia's name will be added as a signatory.

G. Grannan asked if the UCHAPS membership has changed, what jurisdictions were members now. L. Diaz noted that membership has changed over time. M. Ross-Russell noted that there are CDC directly-funded cities who are no longer UCHAPS members. She explained that historically the CDC directly-funded cities were the member jurisdictions, but now other large cities are welcome to join the membership. M. Ross-Russell noted that the HIPC would have to approve the signing of any letter on behalf of the Planning Council and the HIPC doesn't meet

until May 9th. She further explained that the HIPC bylaws will be similar for other community planning bodies' so she imagines other jurisdictions were having similar challenges with the short timeframe. She commented that a deadline of a couple days doesn't allow for local decision-making processes. L. Diaz noted that her first thought was that Philadelphia is a sanctuary city and was vulnerable to any fall out from this letter with the strong language around immigration issues. She said she doesn't want Philadelphia to suffer because of any statements within the letter. K. Carter asked what can be done by the HIPC and/or UCHAPS representatives to delay this submission or address these concerns. M. Ross-Russell suggested that the Philadelphia representatives speak up about their concerns. L. Diaz asked for the group's assistance in crafting an email during the meeting, since the deadline for response was in less than 30 minutes. C. Conynghan suggested that local representatives respond to explain how our process works and ask to have the jurisdiction removed from the letter. Members affirmed that suggestion and offered ideas.

The group had a general discussion about the End the Epidemic plan and recent federal programs and funding opportunities.

C. Steib asked L. Diaz to review the email she would be sending. She composed the email to ask for the removal of Philadelphia from the letter or extending the deadline because HIPC cannot vote until the May meeting. K. Carter asked if there were ways to talk to other jurisdictions about the letter. K. Baron noted there are monthly calls within UCHAPS but the letter wasn't discussed on the Steering Committee call that happened the day before. She noted that there was an all member call scheduled for May 28th and a face to face meeting in Baltimore on July 1-2. L. Diaz noted that she will be discussing this process and typos in the letter at the face-to-face meeting. B. Morgan suggested that L. Diaz ask how UCHAPS determined the specific recommendations within the letter.

L. Diaz noted that a third community representative needs to be selected so the three could work together to understand the process and represent the jurisdiction. M. Ross-Russell noted that she can help with the historical norms of UCHAPS but the development of this letter does not reflect the process UCHAPS used to follow. The group discussed the history of Philadelphia's participation in UCHAPS. M. Ross-Russell noted that cities pay dues to UCHAPS community participation expenses were covered by those dues historically, but that no longer happens. L. Diaz noted that other jurisdictions are not able to send representatives to in-person meetings because of concerns over cost.

K. Carter asked how can Prevention Committee support participation in UCHAPS. M. Ross-Russell noted that Ryan White money cannot be used for those prevention planning expenses. K. Carter noted that he was concerned that there would be UCHAPS meetings without Philadelphia representatives present. M. Ross-Russell noted that she can see if CDC funds can be used to pay for UCHAPS activities. C. Steib noted he would go to the July UCHAPS meeting with L. Diaz. The group discussed governmental participation on UCHAPS. K. Carter asked if the prevention committee's comments can be shared with the governmental representatives. C. Conynghan commented that the power of UCHAPS is the equality between community and governmental representatives. She noted that it is a bidirectional relationship and encouraged community representatives to reach out to governmental representatives to make sure appropriate communication is occurring. M. Ross Russell agreed that Philadelphia representatives should have a conversation about UCHAPS activities and the city's participation.

C. Steib asked what process would there be for him to attend UCHAPS meeting. M. Ross-Russell noted that if he is identified an alternate that it shouldn't matter. M. Ross-Russell noted that she will help facilitate conversation between AACO and HIPC representatives.

Old Business

None.

New Business

None.

Announcements

B. Morgan announced that she went to NJ HPG meeting and NJ is working on their ETE plan to roll out in June. They are hosting regional listening sessions. The South Jersey listening session on the evening of the May HIPC meeting at Our Lady of Lords in Camden.

Adjournment

C. Steib asked for a motion to adjourn. The meeting adjourned by general consensus at 4:21pm

Respectfully submitted,

Nicole D. Johns

Office of HIV Planning, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from March 21, 2019
- PrEP Workgroup Report
- PrEP Document Feedback Worksheet
- UCHAPS Letter