

MEETING AGENDA

VIRTUAL:

Wednesday, October 27, 2021

2:30 p.m. – 4:30 p.m.

- ◆ Call to Order

- ◆ Welcome/Introductions

- ◆ Approval of Agenda

- ◆ Approval of Minutes (*September 22, 2021*)

- ◆ Report of Co-Chairs

- ◆ Report of Staff

- ◆ Discussion Items
 - The Consumer Survey

- ◆ Other Business

- ◆ Announcements

- ◆ Adjournment

Please contact the office at least 5 days in advance if you require special assistance.

The next Prevention Committee meeting is

VIRTUAL: Wednesday, November 24, 2021 from 2:30 – 4:30 p.m.

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**Philadelphia HIV Integrated Planning Council
Prevention Committee
Meeting Minutes of
Wednesday, September 22, 2021
2:30-4:30 p.m.**

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

Present: Keith Carter, Kailah King-Collins, Gus Grannan, Loretta Matus (Co-Chair), Clint Steib (Co-Chair), Desiree Surplus, Adam Williams

Guests: Javontae Williams (AACO)

Staff: Debbie Law, Beth Celeste, Julia Henrikson, Mari Ross-Russell, Sofia Moletteri, Elijah Summers

Call to Order: L. Matus called the meeting to order at 2:35 pm

Approval of Agenda: L. Matus presented the September 2021 Prevention Committee agenda for approval. **Motion:** K. Carter motioned, G. Grannan seconded to approve the September 2021 agenda. **Motion passed:** 5 in favor, 3 abstained.

Approval of Minutes (August 25, 2021): L. Matus presented the previous meeting's minutes for approval. **Motion:** K. King-Collins motioned, K. Carter seconded to approve the August 2021 meeting minutes. **Motion passed:** 5 in favor, 2 abstained.

Report of Chair:

L. Matus thanked everyone for attending the last HIPC meeting on behalf of the Prevention Committee.

C. Steib reported that in the 2-day Synchronicity Conference from the DC Dept. Health was doing a pilot program with HOPWA on PrEP Housing. This program was an 18-24 month agreement for people who were not positive but seeking PrEP. It was a program combining case management, behavioral health, wellness, education, employment, and sexual health. It followed the Master Lease model: individuals would agree to PrEP and, in turn, receive assistance on housing either through placement or financial assistance. K. Carter asked who was in charge of funding, and C. Steib answered that it was unclear due to the number of panelists. He mentioned reaching out to those on the panel. C. Steib asked J. Williams if it was possible to have AACO gather more information about the program. J. Williams responded that he would look into it but warned that the housing program contained other factors that AACO did not directly engage in. This was one of the reasons that the HOPWA program was reorganized into another part of the City government.

A. Williams suggested that this was an opportunity for inter-agency collaboration within the City. M. Ross-Russell added that she received the contact information of the person who supported Washington D.C.'s Planning Body. If anyone had questions, they could refer them to her at the end of the meeting.

Report of Staff:

S. Moletteri reported that CPC was meeting next Thursday, September 30th at 2 p.m. Additionally, they sent out a Doodle poll for the next Ad-Hoc Workgroup meeting which would be held on Tuesday at 2 p.m.

M. Ross-Russell reported that she found the Consumer Survey tools from Newark, NJ, and Sacramento. She was still waiting to hear back from Miami and Atlanta, both of which offered to put her in contact with their consultants.

Discussion Items:

—HNSP, EHE, and the Consumer Survey—

J. Henrikson opened this part of the meeting by stating the goals of the HNSP, EHE, and the Consumer Survey. Refer to each of the three plans for more details. L. Matus asked the method through which the consumers would receive and complete the Consumer Survey given its length. J. Henrikson answered that most times, OHP would send it via mail and consumers would complete them on paper. K. Carter reiterated M. Ross-Russell's point from a previous meeting, explaining that they were cognizant of how pre- and post- COVID-19 might skew answers. C. Steib asked how many questions they had on their Consumer Survey as compared to Sacramento and Newark. M. Ross-Russell answered that they had 58 questions and 14 pages thus far. The last time M. Ross-Russell compiled the survey, there were about 900 variables to take into account. Newark distributed their survey annually, whereas Philadelphia's was completed every 5 years, so it was more comprehensive. Additionally, the environment in which they would be conducting this survey was amidst a pandemic. They would have to keep this in mind.

M. Ross-Russell stated that asking and accounting for questions pre- and post-COVID was important because the prior 12 months had been primarily about the pandemic and how they would need to craft this information according to the world in 2020-21. In addition, the last Consumer Survey taking place in 2017 had 300 paper-copy respondents and about 90 online respondents. K. Carter suggested that a low online completion rate could be because of the digital divide. M. Ross-Russell answered that when people were doing well they were less likely to respond. It also depended on where people were and the amount of time they had to respond. A. Williams asked how people were compensated for completing the survey. M. Ross-Russell answered that they were not compensated for their participation. A. Williams responded that people might be hesitant to respond due to the lack of incentive/ compensation. M. Ross-Russell added that they could not offer monetary compensation. They could offer gift cards, etc. for

participation in focus groups; however, the surveys were anonymous and there was no way to contact consumers after they submitted their answers. A. Williams added that the reasoning made sense, but explained that it might be ethically questionable to expect so much from marginalized groups without properly incentivizing them for their time.

M. Ross-Russell stated that consumers had to be willing to send their information in order to offer compensation. A. Williams asked if the surveys needed to be a paper-based or if they could also offer surveys online or via iPads. He added that a colleague of his distributed a survey and was able to track the results for compensation--he was open to asking them how they did so. M. Ross-Russell added that the information in the survey must be compliant with the IRB's board.

K. Carter asked which EMAs in the country compensated their consumers for survey completion. M. Ross-Russell answered that none of the Planning Bodies were allowed to use federal funds to compensate individuals. C. Steib asked when the survey was due to the IRB, and M. Ross-Russell answered that the goal was to submit the letter of exemption before the December 2021 IRB meetings--if not, it would be submitted in February 2022.

K. Carter asked which prevention-related questions from the Newark survey were relevant. J. Henrikson suggested going line-by-line as a way to begin the discussion. A. Williams suggested that they add "I have asked my provider for PrEp, but they disagreed." They followed up by asking if all the questions on the survey needed to be multiple choice or if there was room for short answer questions. J. Henrikson added that write-in answers created a barrier in synthesizing information in graphs and data. M. Ross-Russell said this was true but that there was still room for open-ended and short answers.

C. Steib stated that the prevention-related questions he saw addressed U=U (undetectable = untransmittable), specifically questions #24, #31, and #32. He said that there were not any prevention-related questions on the Sacramento survey. C. Steib and asked if the Prevention Committee wanted to add their own section to the survey to specifically ask HIV prevention-related questions. M. Ross-Russell explained that the questions from 5 years ago were not indicative of the achievements that had been made in HIV prevention. K. Carter asked if it was possible to create a separate prevention survey. J. Henrikson clarified by asking if he meant creating a Prevention Survey in addition to the already-existing Consumer Survey. Regarding the Consumer Survey, its purpose was to ensure there were prevention-related questions to better understand the full scope of prevention activities in the EMA. K. Carter suggested that it could be an activity for the future. M. Ross-Russell further explained that the reason they included it in the Consumer Survey versus a separate Prevention Survey was because they distributed surveys through providers to reach people that utilized their services.

C. Steib asked what they would like to capture in terms of prevention within the Consumer Survey. A. Williams clarified that the survey was for PLWH, and prevention questions would better address people not living with HIV. M. Ross-Russell answered that the original thought of including prevention-related questions was that they wanted to ask individuals what their

experiences were with the prevention system. Going back to K. Carter's point of creating a separate Prevention Survey separate from the Consumer Survey, they could do so through an online tool like SurveyMonkey.

J. Henrikson continued that it was possible to look at prevention outside of the scope of the Consumer Survey. They could also evaluate how the goals of the HIV National Strategic Plan and EHE aligned with the goals of HIPC's and Prevention Committee's moving forward. K. Carter stated that they looked to the National Strategic Plan as a way to gather more questions for prevention. J. Henrikson brought up the goals of the HNSP and reminded the group about the discussion last meeting regarding Goal 1: Increase Awareness of HIV.

C. Steib said that the Sacramento survey had a question asking consumers about pregnancy and prenatal care. He asked if there was a similar question on the Philadelphia EMA's Consumer Survey regarding mother-to-child transmission to address this type of prevention activity. K. Carter asked what the mother-to-child prenatal HIV transmission rate had been in the last year for the EMA. C. Steib answered that there had been several years where the city did not have prenatal transmission, but unfortunately, this year there had been two such cases. He went on to say that both cases were due to substance use.

J. Henrikson continued by opening the Consumer Survey to go through the prevention-related questions to see what people wanted to add from the Sacramento or Newark surveys. C. Steib said that section seven had questions specifically around family planning, birth control, and GYN care that may capture that specific part of prevention. He referenced questions #54, #55, and #56 in the Consumer Survey. S. Moletteri said this section was specifically for people who receive gynecological care and that the questions were prevention-related as they pertained to family planning and birth control. S. Moletteri also clarified that people who do not receive this care were asked to skip these questions. C. Steib suggested that we follow Sacramento's lead, phrasing the question to ask whether someone is currently pregnant or in prenatal care. He also asked if the questions may be reworded to better capture prevention goals. S. Moletteri asked if he meant that it would still be specific to women. C. Steib responded yes, and suggested adding a question about whether or not they receive gynecological care, and if they answer "yes" there would be additional questions, and if they answer "no" they would move on to the next section.

J. Henrikson agreed with the inclusion of both "women's health" and "gynecological care" because the former is more colloquial and those who receive the service would be able to be accounted for. A. Williams followed up that the term "women's health" is exclusive to a binary. J. Henrikson replied that she thought the coupling of these two phrases would better help consumers answer the question.

A. Williams added that he liked the idea of adding "treatment as prevention" questions as well as asking about people's partners and PrEP utilization, like in the Sacramento survey, stating that this would be valuable data to collect. M. Ross-Russell answered that there were similar questions in the survey already, referring to Question #32. A. Williams wondered if it was

possible to add a question asking what led to the discussion with their partners about PrEP and other forms of care as prevention, stating that having that information could help with marketing materials and prevention language. S. Moletteri followed up that Question #32 was just one of the many questions that would be asked surrounding prevention and wanted people to know adding more was an option.

S. Moletteri went on to ask what people thought of adding the question “I have asked a provider about PrEP, but they disagreed.” which would be answered with any of the following: yes, no, not applicable, have not asked. A. Williams suggested that it may be a third-party question because PLWH would not ask about PrEP services unless for their partner. M. Ross-Russell clarified that one of the questions in need of an answer was what services consumers tried to gain access to but weren’t able to receive. She suggested it could be phrased like “if you wanted PrEP at one point did your provider refuse?”

A. Williams called these suggestions monumental and introduced the concept of the “purview paradox,” where providers may think another provider is asking these questions to consumers. M. Ross-Russell agreed that the assumption that these questions were being asked does a disservice to the consumers, so it was important to get that data. She went on to say the reason for including other EMAs in the meeting packet was not just to cherry-pick questions but to see what other cities were asking of their consumers to better generate questions for the consumer survey. C. Steib asked, regarding mother-to-child transmission, if there were any such questions about substance use. S. Moletteri said a question was raised by the Comprehensive Planning Committee asking something similar and asked if C. Steib could elaborate. He explained that there could be a question asking about prevention of HIV transmission through substance use or injection drug use. K. Carter agreed that the conversation in CPC was very robust and asked if any questions surrounding the topic were generated. G. Grannan answered that the conversation was more about organization within the survey, e.g., whether we wanted them with the sexual questions or mixed into the survey. He suggested that this could serve as a transitional question between sections.

C. Steib asked if it was established that the person completing the survey was pregnant if it was enough to ask whether that person had access to new needles and other injection equipment. G. Grannan responded that in Sacramento’s survey, they ask specifically about substance use in the last six months not prescribed by a medical professional. C. Steib asked if it was possible to phrase these questions in a way that could be coded on the survey. M. Ross-Russell answered that it was possible and that it depends on how the data is analyzed.

C. Steib stated that Question 18 in the consumer survey a general question of “in the last 12 months have you shared injection equipment, used street drugs, traded sex for money, drugs, or any services” was lumped in with condom use (ex. Have you used a condom during oral sex). C. Steib continued that the committee discussed expounding upon the substance abuse questions and, without directly taking from the Sacramento survey, felt that their questions better answer the questions raised from the Comprehensive Planning Committee’s previous discussion. S.

Moletteri agreed and continued by saying it could be an opportunity to expand Question #9 from the consumer survey and add “access” to the language in order to make it more robust. C. Steib said he would add the question “have you taken drugs in the last 12 months that have not been prescribed to you.” M. Ross-Russell let the group know that the purpose of sharing the tools among other EMAs was to share information, reassuring the Committee that they should not feel as though they were “taking” questions from others.

S. Moletteri asked if the group would like to add Question #9 from Sacramento’s survey tool to the consumer survey because it asked about the details of sharing injection equipment. A. Williams stated that the question did not include injectable silicone or hormones, which are more likely to affect Transgender and Non-binary individuals. C. Steib agreed and said without this information, the data being collected was regarding Hep C, not PLWH. S. Moletteri suggested adding injectable hormone replacement therapy. A. Williams stated that there is an unregulated market of street injectables that increases the chance of HIV transmission, especially considering Botox, fillers, etc. M. Ross-Russell suggested that Question #9 be formatted as “Select all that apply” because there were several options that could be added in order to get a fuller scope of substance use behaviors. K. Carter asked if there was a discernible difference between asking “select all” versus “yes/no” questions. C. Steib suggested adding the question, “Have you ever shared needles or other injection equipment for hormones, Botox, etc.?” M. Ross-Russell stated that she would leave piercing and tattoos in the question because survey responders may have been recently incarcerated. S. Moletteri stated that Question #9b from Sacramento’s survey felt vague enough that they did not have to specify what the consumer was using the syringes for (Botox, etc.). Instead, they could add the substances mentioned in Question #8 of the Sacramento survey in the consumer survey which asked, “What substances do you use?” K. Carter suggested asking “What substances are you using?” as an open-ended question.

M. Ross-Russell suggested that the questions from Sacramento’s survey were likely formulated so as to evaluate services. Therefore, Sacramento’s Question #8 could become “have you ever been injected with a substance not subscribed by a medical person?” If the point was to find out and understand gaps, barriers, and needs then they needed to be more inclusive in their questions. G. Grannan suggested adding “hormones” very generically because it would address people on HRT as well as those who used steroids to gain muscle mass. A. Williams agreed and said botox and other injectables should be added under a section of gender-affirming behaviors. M. Ross-Russell asked if “pumping parties” still existed. For clarification, she explained that these were gatherings of people who used street silicone for body enhancements. G. Grannan answered that he did not know despite working with the community. M. Ross-Russell clarified that the question was less about the individuals’ participation and more about finding out if this type of risk behavior was still prevalent.

A. Williams stated that sex parties were a fairly common occurrence. When participating in group sex, some people may be on PrEP. However, others may not be on PrEP or also under the influence of one or more substances while engaging in risky sexual behavior. He felt that a

question about sex while under the influence would be a good idea. M. Ross-Russell said OHP staff would include changes from CPC and Prevention Committee and integrate them into the draft of the Consumer Survey.

Any Other Business:

None.

Announcements:

C. Steib announced that the AIDS Walk registration was open on their website. A. Williams shared that 10/27 is Gay Mens HIV Awareness Day. G. Grannan announced that on October 29th Youth Pride at William Way Center at 3pm.

Adjournment: C. Steib called for a motion to adjourn. Motion: K. Carter motioned, A. Williams seconded to adjourn the September 22, 2021 Prevention Committee meeting. Motion passed: All in favor. Meeting adjourned at 4:30 p.m.

Respectfully submitted:

Elijah Sumners, staff

- October 27, 2021 CPC Meeting Agenda
- September 19, 2021 CPC Meeting Minutes
- FY20-21 Sacramento TGA HIV/AIDS Care Needs Assessment Survey
- Newark EMA Consumer Survey Tool - Telehealth