

**Philadelphia HIV Integrated Planning Council  
Prevention Committee  
Meeting Minutes of  
Wednesday, September 28, 2017  
2:30-4:30p.m.**

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

**Present:** Keith Carter, Mark Coleman, Tiffany Dominique, David Gana, Gus Grannan, Ronald Lassiter, Loretta Matus (Co-Chair), George Matthews, Jeannette Murdock, Joseph Roderick, Clint Steib (Co-Chair), Leroy Way, Jacquelyn Whitfield, Robert Woods.

**Excused:** Jennifer Chapman

**Guests:** C. Conyngham, (AACO)

**Staff:** Nicole Johns, Stephen Budhu

**Call to Order:** L. Matus motioned to call the meeting to order at 2:32 p.m. **Motion: J. Murdock moved, R. Woods seconded to approve calling the meeting to order. Motion Passed: All in Favor.**

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

**Approval of Agenda:** C. Steib presented the agenda for approval. **Motion: L. Way moved, J. Murdock seconded to approve the agenda. Motion passed: All in favor.**

**Approval of Minutes** (August 23, 2017): C. Steib presented the August 23, 2017 minutes for approval. **Motion: G. Grannan moved, J. Murdock seconded to approve the minutes. Motion passed: All in favor.**

**Report of Co-Chair:** L. Matus stated HIPC approved the PrEP work group in their last meeting. She noted now the work group is a functioning body under HIPC, and the committee can begin to start discussing finer details about the work group.

C. Steib informed the committee he was not able to attend the last HIPC meeting because he attended the state's integrated council meeting. He mentioned this committee is doing similar work to the state planning body. He mentioned both this committee and the state level committee were work planning based off their integrated plans. He added N. Johns was in attendance, and he thanked N. Johns for her presentation about the HIPC during the meeting. N. Johns stated the state planning body is looking for new members and transportation costs are reimbursed. She stated those interested should let herself or C. Steib know. C. Steib thanked C. Conyngham for presenting the PrEP work group to HIPC in lieu of his absence.

L. Matus informed the committee AACO provided trainings in September for GIS mapping, and the new testing site request forms. She explained the new site testing request forms insured that the testing sites were not duplicated and efficiency was maximized. She thanked C. Conyngham for facilitating the trainings

**Report of Staff:**

N. Johns informed the committee OHP has been in the process of work planning just like the committee. She notified the committee the OHP website is being revamped currently, and OHP is updating the epi profile. She explained B. Morgan will meet with the Executive Committee about ideas for the website; the purpose to make the website easier to use and to include searchable HIV resources inventory. She stated M. Ross-Russell and S. Budhu are working on updating the social determinants of health maps with new census data. She explained OHP will be doing a Knowledge Attitude and Behavior Survey in the winter. She explained the last Knowledge Attitude and Behavior Survey was completed in 2006 and it was time for an update. She noted the timeline for all the updates aforementioned were December 2017 into 2018. She stated plan monitoring will be ongoing through summer 2018. N. Johns informed the committee in the October or November HIPC meeting a guest from Mid-Atlantic AETC<sup>1</sup> will provide training on trauma-informed care to the council. She reminded the committee all are welcome and encouraged to attend HIPC meetings. She mentioned if anyone had recommendations on speakers they think should attend should inform OHP. N. Johns finished her report of staff by informing the committee the nominations committee recommended 8 applicants for appointment by the mayor's office.

L. Matus inquired if there were any action items for today's meeting. N. Johns replied no, there were not any action items on the agenda. C. Steib moved onto the discussion items listed on the meeting agenda.

**Discussion Items:**

- **PrEP Work Group**

C. Steib notified the committee he had a phone conference with L. Matus and C. Conyngham in reference to the PrEP work group. He explained from the conference call they were able to come up with some preliminary suggestions for the committee.

C. Steib suggested before the committee continues further discussion about the PrEP work group or work plan the committee should deliberate about meetings that conflict with holidays. C. Steib noted the November meeting was scheduled for the 22<sup>nd</sup>, one day before Thanksgiving. He explained committee attendance would be poor that day and suggested the committee moved the meeting to a week earlier. C. Steib also noted the committee could cancel the November meeting and meet in December to cover both months. G. Grannan noted the December and January meetings may need to be rescheduled as well, but he suggested the committee look into that later on. N. Johns replied the former HPG did not meet in December usually, and she informed the committee they could cancel the December meeting if they wanted. C. Steib asked the committee if they wanted to cancel the meeting in December and keep the meeting in November. The committee deliberated and decided the best solution was to conduct a vote on rescheduling the November meeting whilst keeping the December meeting.

**Motion:** C. Steib moved, L. Matus seconded to conduct a vote on moving the November meeting.

**Motion Passed:** All in favor.

**Vote:** 15 for, 0 against, 1 abstention, for moving the November meeting from November 22, 2107 to November 15, 2017. The November committee meeting was rescheduled to November 15, 2017 by general consensus of the committee.

C. Steib moved committee discussion back to the PrEP work group. He stated from the conference call they agreed a PrEP work group meeting should be scheduled. He suggested the first meeting of the work group should be before the November prevention committee meeting.

1. The AIDS Education and Training Center (AETC) Program supports national HIV priorities by building clinician capacity and expertise along the HIV care continuum.

C. Steib explained an email with survey questions about meeting days and times for the work group would be sent out. T. Dominique inquired if the PrEP work group would meet the same day as the Prevention committee. C. Steib replied yes the work group would meet on the same day as the Prevention committee on November 15, 2017. C. Steib recommended the PrEP work group should be a discussion topic at the next HIPC meeting so planning council members would be aware of when the first meeting of the work group was. M. Coleman asked C. Steib if the survey email was just inclusive of the Planning Council members or a broader spectrum. C. Steib replied the initial idea was to just include HIPC members on the emails but they are open to a broader group. C. Conyngham informed the committee the survey email was to be distributed to the Planning council members and then in turn they could distribute the email to their networks. She explained she would use the emails to gauge responses and then send emails to AACO's list of providers about meeting time. C. Steib asked the committee to review the draft of the email survey. He asked the committee if they had any suggestions to incorporate into the draft. D. Gana suggested that the language of the email should be changed; he stated instead of window available the survey should say days and times available for more clarity on individual's availability. C. Steib agreed with D. Gana and made note of the changes, he informed the committee D. Gana's suggestions would be reflected in the next draft.

T. Dominique asked what the ideal size of the PrEP work group was. C. Conyngham replied the ideal size is still a work in progress, and she is considering sizes from different groups nationally. She stated every work group has a varying number of members; in L.A., there are subcommittees and caucuses that meet via web chat and the larger committee meets less frequent, and Chicago's work group has over 200 members. She explained at the moment there is no set benchmark on numbers of members for the work group but the question is how to include all individuals who are interested in the progression of PrEP.

T. Dominique inquired how success would be measured. She specified would success be measured on the integrated plan goals or something else. C. Steib suggested that would be a topic the work group discussed in their first meeting N. Johns mentioned there are activities relating to PrEP in the plan but the plan was written before there was a work group, she noted the plan could be updated to add more strategies around PrEP. C. Conyngham replied there is no set scale to determine success of the group. She explained she is polling information from similar organizations around Philadelphia about their program planning.

T. Dominique asked if meals would be provided at the meetings. She noted the first meeting was set during lunch hour and committee members would need to be fed. J. Whitfield agreed with T. Dominique; J. Whitfield stated her meals are planned around her medication schedule. R. Lassiter noted many people eat on a schedule especially those who are on medications, therefore food at work group meetings needed to be a topic for discussion. C. Conyngham reminded the committee since the work group was made official by HIPC vote many aspects have yet to be considered, so she cannot yet speak on if meals would be provided. C. Conyngham assured the committee by the next HIPC meeting more details would be finalized.

G. Grannan asked if a document could be drafted that outlines the Federal and State funding sources the city would be utilizing for the PrEP programming. G. Grannan stated the document should also include the limitations of those funding streams as well as their scope of action. G. Grannan elaborated that his understanding was the city was asking the PrEP work group to jumpstart the PrEP program, and he asked if the work group has any specific targets. C. Conyngham said the working group will decide that information in their first few meetings.

K. Carter suggested the work group should report how many people are on PrEP currently versus the number of people who will be on PrEP after the work group; he stated this could be used as a success measure. T. Dominique replied the estimates are about 1600 people currently using PrEP in Philadelphia. K. Carter expressed his displeasure with the estimate given by T. Dominique. C. Conyngham stated estimates of those using PrEP are very difficult to obtain. She explained the information is proprietary to Gilead and their willingness to share that information is subject to change based on their contracts and involvement in a specific area. She noted these estimates are probably conservative and true estimates are most likely greater. C. Steib proposed under the PrEP work group email survey it should also include an “other” box as well as D. Gana’s earlier suggestion. He asked committee members for a motion to approve the updated draft email.

**Motion:** L. Matus moved, G. Grannan seconded to approve the updated draft email. **Motion Passed:** All in favor.

C. Steib stated the PrEP group would be a topic at the next HIPC meeting. T. Dominique asked if the PrEP group is just for Philadelphia or the entire EMA. C. Conyngham replied the group would be just for Philadelphia due to funding limitations, and restrictions for city to state health departments. T. Dominique suggested the PrEP work group should be named the Philadelphia PrEP work group for clarity, since HIPC refers to the entire EMA. G. Grannan recommended the group should consider the different needs across the EMA He stated this was a long-term activity, and could be shared with the entire EMA from Philadelphia’s work group. N. Johns stated she and M. Ross-Russell were discussing similar issues pertaining to PA suburban counties and South Jersey. She noted Philadelphia could be used as a blueprint for the entire EMA. She explained the committee could use the work group to decide better strategies as time progresses. She noted OHP was discussing new ideas about collaborating with health departments on a state level. C. Steib stated even though the work group was for Philadelphia all individuals from the EMA are welcome. He stated those individuals from other parts of the EMA would provide valuable input about their regions.

L. Matus inquired about December’s meeting, she apologized to the committee and stated she could not remember if the committee deliberated on December’s meeting. J. Whitfield suggested to cancel the meeting and G. Grannan advised the committee to move the meeting one week earlier. N. Johns reminded the committee meeting times are completely up to them, however; one less meeting condenses the committee’s time for work. She cautioned the committee if the meeting was kept at the 27<sup>th</sup> of December not many members would attend.

**Motion:** The committee decided by consensus to move the December 27<sup>th</sup> meeting to December 20, 2017.

N. Johns inquired about the time frame for the email to go out. C. Steib replied within the next few weeks. N. Johns suggested the email be sent out before the next HIPC meeting. C. Steib agreed and decided the email would be sent out within the next week.

- **Work Planning**

N. Johns asked the committee to review the integrated plan excerpt in the meeting packet. N. Johns proposed the PrEP work group update/report should be a standing discussion item on the Prevention Committee meeting agenda. N. Johns stated the committee has started to work on the integrated plan, she noted in July the committee reviewed goal 1.

She stated the goal of work planning was to break up work over time and to prioritize what to work on. N. Johns reviewed page 3 of the integrated plan handout with the committee. She pointed out the activities highlighted in yellow and explained they were suggestions from the discussion at the Philadelphia Allocations meetings. She noted those activities could be incorporated into plan updates. She mentioned the notes for objective 1 on the handout was not completed and she stated it would be updated by the next meeting. N. Johns stated some of the data indicators in the plan needed to be evaluated and/or updated. She reminded the committee they can evaluate the data indicators to see if they are appropriate for the strategy they are associated. N. Johns recommended the committee designate an hour of each meeting to monitor the plan because the work can be tedious.

In relation to strategy to 1.2.3, Robert inquired about Narcan. He stated Narcan was ubiquitous in Philadelphia. He explained the committee should keep watch of Narcan but not necessarily get involved in Narcan trainings/distribution. G. Grannan replied Narcan was widely available in Kensington, but necessarily all of Philadelphia. R. Wood commented that Narcan is everywhere including drug stores and it's cheap or free in some instances. G. Grannan agreed Narcan was available in drug stores, but he noted it wasn't free but rather quite expensive for those who are uninsured. G. Grannan stated it was not common knowledge that Narcan was available in drug stores, and various committee members agreed with G. Grannan's statement. G. Grannan continued that he doesn't believe those who need to know Narcan is available in drug stores do know, and he thinks R. Woods's assessment of Narcan was only true in Kensington. He stated there was not enough funding for Naloxone, and he suggested HIV medication money should be allocated to address the issue. He noted injection drug use and HIV are correlated. He stated in certain regions of Philadelphia opioid users do not have access to naloxone in drug stores, unless that user was a part of Prevention Point. J. Whitfield asked G. Grannan to explain why there is a funding issue. G. Grannan stated a 10cc vial of naloxone in 2003 used to cost \$10, now it costs around \$90. G. Grannan explained the distribution of naloxone could bankrupt a non-governmental organization, since the \$90 does not include the costs associated with application<sup>2</sup>. He stated the nasal applicator costs 8 dollars per unit. L. Matus stated the nasal spray was the preferred method since it was easier to apply. G. Grannan informed the committee the rising cost of naloxone was not associated with demand but more so due to the functional monopoly the pharmaceutical company had on naloxone. He stated another company made suboxone<sup>3</sup> which was buprenorphine and naloxone and suboxone worked similar to naloxone. In efforts to drive the price of naloxone down he stated advocates urged the pharmaceutical company that produced suboxone to mass-manufacture naloxone. He noted the company initially agreed to manufacture naloxone but never did.

K. Carter stated there weren't many places to get naloxone in Bucks County. G. Grannan replied the supply of naloxone for South Jersey and suburban PA counties is distributed from Philadelphia. N. Johns suggested the committee should explore these concerns and incorporate them into the integrated plan.

L. Matus inquired about strategy 1.2.2. She asked if 1.2.2 would be an activity for the work group. N. Johns replied 1.2.2 could be a strategy for the PrEP work group to work on. L. Matus referenced the yellow highlighted activities under strategy 1.2.3.

2. The most common application of naloxone is the nasal spray application. There is also an injection application. For more information visit <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioid-overdose/administer-naloxone/>

3. Suboxone is a prescription medicine with active ingredients buprenorphine and naloxone. It is used to treat adults who are dependent on opioids. Brands: Buprenex, Butrans, Probuphine, and Belbuca For more information visit <https://www.suboxone.com/>

She asked N. Johns if the committee should have a vote on whether to include those activities. T. Dominique suggested the committee add another activity as well that pertaining to people receiving naloxone in the Emergency Department. T. Dominique proposed the committee could look into if those individuals received HIV testing with their naloxone dose. G. Grannan suggested the language of the plan changes from substance abuse to substance use. N. Johns replied she will update the plan accordingly.

**Motion:** C. Steib moved to conduct a vote to add the yellow highlighted activities to goal 1 of the integrated plan, G. Grannan seconded to approve the vote for the addition to goal 1. The committee conducted a vote, and the addition of the new activities to goal 1 was approved by general consensus.

N. Johns asked the committee if they wanted to schedule time to work on activities under goal 1. She noted this could be done in congruence with the Comprehensive Planning committee since they are working on the integrated plan as well. N. Johns polled the committee on whether they wanted to start work on the integrated plan in the fall or winter. L. Matus added the fall would mean the committee starts on work planning in October. N. Johns suggested the committee plan for October and November at minimum and revisit work planning in the winter. The committee decided to work strategy 1.2.2 in the fall by general consensus. T. Dominique proposed some of the work centered on PrEP should be pushed back, since NHBS survey data is still being collected. N. Johns agreed and stated the plan monitoring of PrEP could be moved to spring 2018 to allow adequate time for data collection and dissemination of the data. T. Dominique stated with the adjusted timeline, the committee would have more time to request data, and they could be able to request data that was suggested earlier by G. Grannan. G. Grannan asked if the committee could request an early copy of the NHBS survey data. T. Dominique replied she thinks the committee would be able to ask Dr. Brady if she would provide early sample data. N. Johns stated Dr. Brady has shared early data samples in the past, and the committee could ask Dr. Brady to include some unofficial data in her presentations to the Planning Council.

**Old Business:** None

**New Business:** None

**Research Updates:** None

**Announcements:** L. Matus stated October 15, 2017 is the Philadelphia AIDS walk, and the 14<sup>th</sup> is the National Latino AIDs Awareness Day<sup>4</sup>. She stated the event would be from 2:30 to 4 pm in Fair Hill Park.

C. Steib reminded the committee October is also LGBTQ history month.

N. Johns informed the committee A. Boone is out on medical leave. She stated she will be filling in for A. Boone over the next few months. She noted both Positive and Prevention committee member are welcome to communicate with her or M. Ross-Russell about any inquiries.

4. For more information visit <https://www.hiv.gov/events/awarenessdays/latino>.

**Adjournment: Motion: J. Murdock moved, R. Lassiter seconded to adjourn at 4:14p.m. Motion passed: All in favor.**

Respectfully submitted by,

Stephen Budhu, OHP Staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from August 23, 2017
- PrEP Work Group Email Questionnaire
- Integrated Care Plan Pages 65-70
- Planning Calendar