

# MEETING AGENDA

*VIRTUAL:*

*Wednesday, January 26, 2021*

*2:30 p.m. – 4:30 p.m.*

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes (*October 27, 2021*)
- Report of Co-Chairs
- Report of Staff
- Discussion Item
  - AACO Prevention Update
- Other Business
- Announcements
- Adjournment

Prevention Committee

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

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**Philadelphia HIV Integrated Planning Council  
Prevention Committee  
Meeting Minutes of  
Wednesday, October 27, 2021  
2:30-4:30 p.m.**

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

**Present:** Keith Carter, David Gana, 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:** C. Steib called the meeting to order at 2:35 pm

**Approval of Agenda:** C. Steib presented the October 2021 Prevention Committee agenda for approval. **Motion:** K. Carter motioned, D. Gana seconded to approve the October 2021 agenda.  
**Motion passed:** 4 in favor, 1 abstained. The September agenda was approved.

**Approval of Minutes** (*September 22, 2021*): C. Steib presented the previous meeting's minutes for approval. **Motion:** K. Carter motioned, D. Gana seconded to approve the September 2021 meeting minutes. **Motion passed:** 4 in favor, 1 abstained.

**Report of Chair:**

C. Steib reported that while in the October 26th Dexu meeting, they made an announcement that a project update was in an abstract in the American Journal of Preventive Medicine. Philadelphia made it into the journal and the name of the abstract was Interdisciplinary HIV Signal Case Review: Identifying Practices to Prevent Outbreaks in Philadelphia. The link was sent to OHP to be disseminated to committee members.

**Report of Staff:**

M. Ross-Russell reported that she was in receipt of the journal article and she would have it sent out among the committee. She also reported that OHP informs the HIPC of policy clarification notices that come from HRSA related to the services under Ryan White Part A, even though this was a Prevention meeting the most recent notices were something that could impact everyone. Recently, there was a policy clarification notice 21-02, which dealt with client eligibility and the payer of last resort in the Ryan White HIV/AIDS program. HRSA changed the 6-month certification process in order to retain services which became effective October 19<sup>th</sup>. She further explained that policy clarification notice 21-01 had to do with the core medical services 75% waiver requirement and the expectation was around that and that has slightly changed. HRSA

requires EMAs and TGAs to put 75% of service dollars into core medical services. If a jurisdiction or EMA wanted to put less than 75% into core medical services then they would have to request a waiver. C. Steib asked what was the change to policy number 21-02? M. Ross-Russell answered that the 6 month certification process was no longer in effect and jurisdictions have greater flexibility in determining what the certification process may be and that it no longer has to happen every 6 months.

#### **Discussion Items:**

##### ***--Consumer Survey--***

J. Henrikson stated that the Consumer survey has been updated and going through the tool with the Prevention committee was to ensure it aligned with previously discussed goals. C. Steib suggested that the committee go through the survey changes and then concentrate on the prevention questions. J. Henrikson stated Question 4 was discussed in CPC and added to be inclusive of all people who could potentially take the survey. The committee agreed to keep it as is. Question 12 asked “Has your housing situation changed since February 2020 because of the COVID-19 pandemic?” The committee agreed to keep the new language as it was. Questions 19 and 20 were separated to denote pre-COVID and during the pandemic.

J. Henrikson stated that Question 24 was heavily discussed in the previous Prevention meeting and it was updated to capture data during the pandemic as it pertained to substance use. C. Steib asked if G. Grannan was present and if he would like to comment on the updated questions. K. Carter responded that he was not present, but was heavily involved in the development of the current language as co-chair of the Comprehensive Planning Committee. M. Ross-Russell added that he was also involved in the language of Question 25. M. Ross-Russell clarified that Questions 37 through 40 were added from the COVID-19 survey and they were also a part of Philadelphia's medical monitoring project. She continued that they were added because they were germane to the discussion of trying to understand pre-COVID-19 vs. the period during the pandemic. It was also brought up during the Comprehensive Planning Committee meeting that there should be an inclusion of telehealth questions. C. Steib suggested adding an “if yes, explain” option to get details and better tease out the responses from consumers on why they were not able to get refills on medication for Questions 36 through 40. M. Ross-Russell agreed. K. Carter asked if there was any evidence of people before the COVID-19 pandemic having an undetectable HIV status and now being detectable? M. Ross-Russell responded that she would have to ask AACO if they had data and/or details on that from their surveillance information. K. Morse added that the information was accessible and the information he knew from lab services was that the percentage was still down, but it was not as low as summer of 2020 where there was a 70% decrease in people not going to their medical appointments and without the labs being completed there was no way to accurately capture the data.

M. Ross-Russell stated that Questions 43 and 44 that asked about telehealth services were added from the Newark survey and discussed in the Comprehensive Planning committee. J. Henrikson

stated that Questions 47 through 50 were also added and were prevention related. Question 50 asked “Have you ever heard of PEP?” C. Steib asked a clarifying question about the language in Question 50, should the proper term be “in PEP” or just “PEP”? K. Carter asked if he could define the phrase “in PEP” for the committee. C. Steib answered that it meant “it was non occupational post-exposure” meaning that it was not a needle stick at work. J. Williams agreed with the change to the language. C. Steib asked that the survey explain “in PEP” in parentheses following the question. A. Williams asked what were the benefits in this scenario to differentiating between “PEP” and “in PEP” the main concern being that the consumer may be thrown off by the language if they themselves are unfamiliar with the designation? C. Steib responded that in clinical studies it was referred to as “In PEP” and he was actually unfamiliar with the “PEP” designation.

J. Henrikson stated the CPC did not cover question 51 last meeting, which asked “Is your sexual partner(s) on PrEP? Taking HIV medications to prevent HIV, check all that apply. I'm not sexually active. My partner(s) is on PrEP. My partner(s) is not on PrEP. My partner or partners is HIV positive and on HIV meds, my partner(s) is HIV positive and not on HIV meds, don't know, and does not apply? And another option not listed please specify.” D. Gana asked regarding “My partner is HIV positive and on HIV meds?” if the question should be clarified that they are undetectable? Or just on HIV meds? M. Ross-Russell answered even though a person was on HIV medication, it does not necessarily mean that the individual was undetectable as of yet. L. Matus asked if the language could be changed to “... on HIV meds and/or undetectable?” C. Steib agreed. A. Williams stated that the inclusion of and/or might inadvertently insinuate that being on HIV medication was as good as undetectable status.

J. Williams stated that when there was a question about language it was important to ask “What is the purpose of the question and why are we asking this question?” M. Ross-Russell answered that this was a question that was a carryover from the previous survey. Initially, when this question was included, there were very few questions which were specifically being asked about PrEP. So this was trying to find out if individuals knew about it and if an individual's partners were utilizing them. J. Williams stated he was playing devil's advocate, and did not want people to get caught up on the language, because the goal was for people to understand the question. K. Carter asked if the purpose of this question was to see if the respondent's partner(s) were on PrEP and if so we were trying to find out about the potential risk factor of a respondent's partner(s). J. Williams agreed and suggested that the question does not need additional edits, if anything, another option could be added saying “my partner is HIV positive and undetectable.”

J. Henrikson stated the question 54 was the other question with edits made. It asked the respondent “In the past 12 months, if you couldn't get the HIV services you needed what are the reasons, check all that apply, I got the services I needed, can't afford them. Don't know where to go”. Then the addition was COVID-19 related options. I had difficulty with access due to COVID-19. Other options were, I don't have insurance, I don't know where to go where they speak my language. I have responsibilities that prevent me from going, caring for children, family members work, etc. I don't want to go, I don't have transportation to get there. Depression, denial. Another reason or reasons not listed.” So, the main thing here was that we added the responses to kind of reflect how COVID has impacted people's ability to receive adequate care. C. Steib asked that the committee focus on prevention related questions because those who have been attending CPC have gone through these questions.

M. Ross-Russell stated that originally there were just two categories in this question, which were “used, and received services” versus “needed and didn't get services.” She used Newark as an example, the columns were added to enable people to identify things because one thing that became apparent as we were going through this historically, and that was that in some of the open ended responses people would talk about a service and say they had no idea that the service even existed, whether we paid for it or not,

they just had no idea that that kind of service was available. When they talked about the fact that they didn't know that the surface was available, they also talked about the fact that they wished that it was and that they knew where to go and get it. So the inclusion of the additional selections may actually help us as far as allocations. D. Gana added that M. Ross-Russell brought this up in the Comprehensive Planning committee too, as some of the terminology was more user friendly for people, such as oral care rather than dental care. There were several other services such as It's clear for people to respond.

J. Henrikson stated that the next section were health insurance related questions. Some of the stuff that we had changed, again, were COVID-19 specific. "How has your insurance status changed since February 2020?" We finally picked a date for it. Another change was "Has your doctor ever told you that you have hepatitis, check all that apply." The clarification was "Yes, Hepatitis A, Hepatitis B" So, those are the changes to this page and here we have medical care and other services." She continued "Some of the changes in the last 12 months, did you need mental health care or counseling services?" Possible answers would be "yes, but did not get," "did not get it because the wait time was too long," and "yes, but I stopped because I did not like," and "did not relate to my therapist or counselor."

J. Henrikson continued that #68 was substance use related. The question asked "In the last 12 months, did you need substance use or alcohol treatment services? Check one." Possible answers were "yes, and I got the substance use or alcohol treatment I needed," "Yes, and I did not get the substance use or alcohol treatment services that I needed," "No, I did not need substance use or alcohol treatment services."

J. Henrikson stated that Question 69 added the phrase "your case manager," so it now read as "In the last 12 months has your medical provider or case manager offered any of the following services to check all that apply." Then the additions also included information on colorectal cancer screening information on a mammogram and information about PEP, taking HIV meds after exposure to prevent HIV for you or your partner(s). C. Steib asked if there were gynecological services other than counseling for pregnant women, that that's just HIV counseling or Gynecological Services covered under the Ryan White Part A programs? K. Carter clarified that he meant services like pap smears and mammograms? C. Stieb agreed, but asked about other gynecological services? J. Henrikson stated that there was a section on gynecological care forthcoming. Additionally, she stated that in an effort to be more inclusive the group might want to think about changing language to "HIV counseling for pregnant people."

J. Henrikson continued that the other changes were made to Question 70. The question was now "In the last 12 months, have you had problems getting medical care or other services because of the language or languages you speak? If yes, which language do you speak, please specify? Question 71. Again, just clarifying timelines. "Before February 2020. Have you not gotten medical care because you couldn't afford a copay? Or deductible? Yes, no, and does not apply?" And Question 72 added, again for the timeline, "After February 2020. Have you not gotten medical care? Because you couldn't afford a copay or deductible? Yes, no, it does not apply?"

A. Williams asked if the survey would be translated into other languages besides Spanish? K. Carter replied there was only a Spanish-language translation in addition to the English version of the survey. M. Ross-Russell answered yes, generally but it ultimately depended on the population. The survey was the most appropriate for the population based on where that population was in the city. There were certain sections of the city where there were predominantly Asian languages spoken. That was going to change depending upon which section of the city you were in. There were also going to be sections of the city where people were also speaking Russian, so it depended on the provider base. OHP does contact all of the providers that we would send surveys to and hope to send surveys to so that was another way that we try to address certain things. We were also asking people to specify which language they spoke and if they don't speak the language that the survey was written in. It may not be particularly helpful if somebody just helped them fill out the survey, then the answer was, we may be able to find out what we need to change and how we need to adapt things moving forward. A. Williams asked whether we might be able to have access to more interpreters by asking for assistance from the Office of Immigrant Affairs, or if they have a

language access project. M. Ross-Russell agreed that it was a possibility and thanked A. Williams for their suggestions.

J. Henrikson stated that the last prevention meeting was just making sure that this section needed to remain. The next four questions were about women's health and gynecological care and we erased "women's health" and left it as "gynecological care," in the effort of being more inclusive. The survey skipped to number 77 If you do not need these services. Question 74 asked "In the last 12 months, has your primary medical provider asked you about family planning birth control or your pregnancy plans? Check one? Yes. No, don't know and does not apply?" Question 75 asked in the last 12 months has your primary medical provider offered you a mammogram and the clarification to check for tumors or lumps in the breast tissue, check one. Yes, no, I don't know, and does not apply."

J. Henrikson stated the last section began "Please share any problems you've experienced the last 12 months that have prevented you from getting the medical and support services you need. These problems might include but are not limited to, not having transportation, not having money for co-pays, not having a place to live, not knowing where to go, no health insurance, or family responsibilities. Please be as honest as you can." and then there's a large open ended section. L. Matus asked why the language was "be as honest as you can?" instead of "provide as much detail as you can." M. Ross-Russell agreed and asked if it should say "Be as open as you can? Or as you feel comfortable?"

L. Matus asked if members would receive a copy of the final survey to look over? J. Henrikson answered yes when all the edits were finalized. K. Carter asked if OHP would still make the deadline for the IRB in January? M. Ross-Russell answered that the goal was to submit it on November 17th. Additionally, there was an NIH certification that anyone who was working on the survey had to do and that means that OHP staff that worked on the survey needed to complete it as well.

**Other Business:**

None

**Announcements:**

K. Carter announced that on October 28th, Bebashi would be crafting an LGBTQ+ statement combating HIV/ AID stigma and anyone who was interested would have to register online. S. Moletteri had the link and could disseminate to those who were interested.

L. Matus asked for a motion to adjourn. K. Carter motioned, A. Williams seconded. The meeting was adjourned at 3:53 p.m.

Respectfully submitted,

Elijah Sumners