

MEETING AGENDA

VIRTUAL:

Wednesday March 23, 2022

2:30 p.m. – 4:30 p.m.

- Call to Order

- Welcome/Introductions

- Approval of Agenda

- Approval of Minutes (*February 23, 2022*)

- Report of Co-Chairs

- Report of Staff

- Discussion Item
 - Integrated HIV Prevention and Care Plan Guidance

- 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, February 23, 2022
2:30-4:30 p.m.**

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

Present: Keith Carter, David Gana, Gus Grannan, Kailah King-Collins, Loretta Matus (co-chair), Erica Rand, Clint Steib (co-chair), Desiree Surplus

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

Call to Order: C. Steib called the meeting to order at 2:36 PM.

Approval of Agenda: C. Steib presented the February 2022 Prevention Committee agenda for approval. **Motion:** D. Gana motioned to approve, G. Grannan seconded to approve the February 2022 agenda. Motion passed: 4 in favor, 2 abstained.

Approval of Minutes (*January 26, 2021*): C. Steib presented the January 2022 meeting's minutes for approval. **Motion:** K. Carter motioned to approve the minutes, D. Gana seconded to approve the January 2022 meeting minutes. Motion passed: 5 in favor, 2 abstained

Report of Co-Chairs

C. Steib apologized for missing last month's meeting for a three-day training called "PrEP Detailing" and he explained that it was for those who wanted to promote awareness for any type of health ailment. The training taught how to go into practices and promote PrEP to providers who did not offer PrEP services. He wanted the subcommittee to be aware of its existence and how it could help spread awareness of PrEP services. Keith asked who facilitated the training? C. Steib answered that it was an organization called NARCAD (National Resource Center for Academic Detailing).

Report of Staff

S. Moletteri announced that they sent out a Doodlepoll for the Ad-Hoc Recruitment Workgroup meeting. It was determined that the next meeting would be held on March 2nd at 2pm. M. Ross-Russell stated that there was discussion about facilitating a Trauma-Informed training and she discussed it with the Recipient. OHP staff were currently working on getting the Community Survey completed and sent out to providers and were awaiting incentives to arrive at the office. She continued that she anticipated that the beginning of next month at the latest was when the

survey tools, packets, etc. would be finalized and begin to get surveys out the door and to providers about how they want to distribute and so on. To that end, Sophia created a SurveyMonkey tool. M. Ross-Russell concluded by saying she needed to follow-up with Dr. Brady regarding whether a letter had been sent to the providers related to the needs assessment.

C. Steib asked if this survey could be sent to the council members so they could help disseminate it. M. Ross-Russell answered affirmatively. K. Carter asked if council members send out surveys would they have to keep track of how many and who sent them to each agency? M. Ross-Russell stated it depended on how planning council members wanted to distribute the survey, whether they're doing it individually or through their organizations. OHP kept track of the number of survey tools that go out and try to track who and which organizations received them.

Discussion Item

–Situational Analysis in the Integrated Plan–

M. Ross-Russell stated that at the moment, we were not going to start pulling apart the EHE plan and the situational analysis, but begin to look at some of those components and try to figure out how to best expand it so that it was nine counties instead of a single county, which was the biggest issues. M. Ross-Russell stated that the HIV National Strategic Plan, EHE plan language seemed to be consistent with what was in the Integrated Plan Guidance. For the last year we knew there was going to be a hybrid of the EHE Plan, because all of the language that has come out recently has pointed in that direction on the national level. Most if not all the plans have been surrounding ending the epidemic in some form or fashion. M. Ross-Russell talked to Dr. Brady to ensure that this was the appropriate direction to take for the Integrated Plan development process.

She went on to explain that this year is action packed with priority setting, the integrated plan, consumer survey, epi profile and allocations. Therefore, it would be better to answer questions related to the plan process sooner rather than later. For the integrated plan, the prevention committee are probably going to be focused very heavily on priorities one and three, which are specifically related to diagnose and prevent. There were pieces in other categories that would probably mildly tip into the prevention discussions as well. Then, it is a matter of trying to figure out precisely how all of this was going to work when trying to expand EHE language to nine counties instead of one. Another consideration is that there were some activities identified that would not have any available data.

M. Ross-Russell stated that there were also some items outlined in the integrated plan guidance that we are pulling from the EHE Plan which are dependent upon the infrastructure in the collar counties. We have yet to determine whether or not we are even going to be able to expand previously identified activities to those areas. Moving forward this process is going to be about collecting data, providing feedback, and crafting the various activities, goals, objectives, etc. By way of example, there is an epidemiologic snapshot which the guidance calls for and other components related to HIV prevention, care and treatment, and a resource inventory. M. Ross-Russell stated that in addition to the situational analysis the guidance includes goals and objectives.

C. Steib pointed out that the state of Pennsylvania did not get EHE funding, so they did not have to come up with a specific EHE plan, the city of Philadelphia received EHE funding. Additionally, Delaware County was going to be reopening its health department, at some point, this year. M. Ross-Russell stated that her assumption was that as part of the statewide coordinated statement of need, since it's based on this same kind of language, that they would have had to address ending the epidemic on some level. C. Steib shared that the state's meeting regarding the new plan for the state, which included the HIV National Strategic Plan and then they kept talking about the National HIV epidemic. He stated that the state of Pennsylvania had not received EHE funding and that they were told that there was a second phase of funding coming but that was two years ago. M. Ross-Russell stated that developing an ending the epidemic plan, or considering ending the epidemic process was something that she never thought of as being tied to funding. It was the direction that we have been moving toward nationally.

C. Steib shared that the Pennsylvania HPG was not familiar with Philly's plan and he spoke at that meeting about how the plan was unique because it introduced pillar zero. He stated that they would probably be reaching out to OHP regarding the plan. G. Grannan asked if we have started to engage with New Jersey in this process? M. Ross-Russell answered that she had to follow up with New Jersey on their statewide coordinated statement of need. But since the person who oversaw that process in New Jersey as the director was on the HIPC and that would be helpful to the process. M. Ross-Russell thanked C. Steib for sharing that information and it was another level that the HIPC probably needed to consider moving forward. We would probably need to work more closely with the states in trying to ensure that these plans all work together, especially since the recipient was still contracted by PA to do prevention work in the collar counties. As well as still working with various PA providers for Ryan White Part B in this region.

C. Steib asked in terms of the situational analysis, what were the next steps for the prevention committee? M. Ross-Russell responded that the prevention committee should go back

specifically to the EHE plan. It's on the OHP website, and it's also on the city's website, and familiarize yourselves with it as much as possible. Because we will also need to tap into the experience of the people who actually do this work. S. Moletteri stated that the guidance for the integrated plan was also on the OHP website. M. Ross-Russell asked what the members of the Prevention Committee were thinking and feeling about what was said thus far as well as what were the next steps?

L. Matus asked what they were going to do after they reviewed the EHE plan and the guidance? M. Ross-Russell answered that part of the process was talking about the other pieces that were within the integrated planning guidance. For example, the executive summary was something that would be dependent on OHP staff writing, as well as the epidemiological overview possibly. What becomes a much bigger task would be looking at the existing situational analysis and working from this at county-level and then expanding it. Given the fact that we're looking at a nine-county area, in the interim, we would go back to try and figure out where the data would come from in order to support the various indicators, activities, and information that is already in that plan. That was something where we would have to work with the recipient to find out how we were going to expand on that.

K. Carter asked if at the next meeting the Prevention Committee should be prepared to dive into this or would that be too early? M. Ross-Russell answered that at the next meeting, hopefully, there would be more information from the recipient about the various components, and what outstanding things still need to be worked through. It's also taking into consideration certain things like how many facilities provide PrEP. That was a question for Philadelphia. The question then turns into how many physical facilities provide PrEP or organizations provide PrEP in the collar counties as well.

M. Ross-Russell stated that the integrated plan guidance doesn't necessarily give any real direction about what they want for the resource inventory, other than a listing of the available resources in the nine counties. Various EMAs did it differently. It's taking into consideration all the resources that are available to the population within the nine counties. There are a lot of teaching hospitals, FQHCs, and health centers within the nine counties.

C. Steib asked how can we track PrEP in private primary care practices that are not receiving any of these funds? It would be going back to the recipient and asking if there was a list of PrEP providers or potentially going to the pharmaceutical companies and other folks for their list of provider organizations who would be willing to provide PrEP. Some of this information is public, some is private, but generally speaking the companies that actually manufacture the

pharmaceuticals related to PrEP usually have some mechanism where they want to make sure that people who potentially could be utilizing these services were aware of them. There are a lot of ways in which this information is captured, it's just finding out whether or not they're willing to provide that information, and how we would go about doing it.

Other Business

None.

Announcements

K. Carter reported that April 20, during the day, and April 21, during the evening there would be a meeting for the Union Project and S. Moletterri was given the materials to disseminate to HIPC.

Adjournment

L. Matus called the meeting to adjourn. K. Carter motioned to adjourn, G. Grannan seconded the motion. The meeting was adjourned at 3:47 p.m.

DRAFT