Philadelphia EMA HIV Integrated Planning Council (HIPC)
Positive Committee
Meeting Minutes
Monday, December 11, 2017
12:00-2:00pm
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA

Present: PH (16), NJ (3), PA (2)

Staff: Nicole Johns, Briana Morgan, Stephen Budhu

Call to Order/Introductions: K. Carter called the meeting to order at 12:09 pm, and those present introduced themselves and participated in an icebreaker activity.

Approval of Agenda: K. Carter presented the agenda for approval. **Motion:** LW moved, MW seconded to approve the agenda. **Motion passed:** All in favor.

Approval of Minutes: (November 11, 2017) J. Murdock presented the minutes for approval. **Motion**: MW moved, LW seconded to approve the minutes. **Motion passed**: All in favor.

Report of Chair:
K. Carter welcomed J. Murdock, as the new co-chair.

Report of Staff:
N. Johns announced both the Comprehensive Planning Committee and the HIPC have decided to cancel their December meetings; she said both will meet again in January on their regularly scheduled meeting days. N. Johns specified, with the updated meeting schedule, the last HIPC committee meeting in December would be Nominations Committee on Thursday, December 14, 2017 from 12:00-2:00pm.

Action Items: None

Discussion Items:

- **OHP Website Update**

B. Morgan shared the new Office of HIV Planning website (hivphilly.org) with the committee. She reviewed the changes. She pointed out the homepage tracks the prevalence of HIV in the Philadelphia EMA, and the Philadelphia care continuum. She explained the service directory page lists all the services and locations in Philadelphia and it was searchable by keyword. She stated the website was still being updated and still to come is the new epidemiologic profile, the social determinants of health maps for the 9 EMA counties, and the consumer survey report. L.F. asked if the website required users to create a profile to log in before getting full access to the site. B. Morgan replied, the website does not require any log in information. K. Carter asked how often the website is updated. B. Morgan replied, the website is updated as needed, and items such as meeting minutes would be added as soon as they were available. B. Morgan encouraged the group to let her know if they had problems finding information or had suggested changes.

- **Consumer Survey Report**

N. Johns stated the consumer survey was launched on December 1, 2016. She explained there are about 26,000 people living with HIV (PLWH) within the EMA, and survey looked to sample the PLWH population. She stated the Office of HIV Planning distributed 2915 surveys, and the majority of surveys (1600) were hand-delivered in English. Almost 1100 surveys were mailed and 280 of them were mailed in Spanish. The Office of HIV Planning received 392 survey responses; 231 survey responses were from Philadelphia, 73 from New Jersey, and 68 from the PA counties. She pointed out based off of the survey responses Philadelphia was underrepresented, Philadelphia made up 72% of the EMA population, but only accounted for 62% of the survey population.

N. Johns shared the age and gender demographics of the sample. She stated the average age in the survey was 53 years old, and 72.2% of respondents were older than 50. Only 2.4% of respondents were between 18-24 years old. She stated of the 392 responses, 65.9% were male, 34.1% female, 1.3% identified as transgendered, and 0.3% identified as gender nonconforming.

N. Johns moved onto the race and ethnicity demographics of the survey sample. She stated the majority of the sample identified as African American, and noted African Americans made up 44% of the sample. N. Johns explained the survey also asked about ethnicity as well as race, and 15% of the sample identified as Hispanic. Of the 15% Hispanic, 12% identified as male, and 3% identified as female.

N. Johns stated 49% of the survey had reported a monthly income between $0.00-$1000. She explained this meant about half of the survey respondents had reported income less than the Federal Poverty Line ($1,005/month). The committee shared their feelings and comments about income and poverty, the majority of the group felt poverty was widespread, but there are agencies in Philadelphia who are dedicated to help those in need. N. Johns followed up by sharing the housing statistics of the survey respondents. 62% reported to have own/rented their home while about 3% were homeless. Various members of the committee shared their experiences and feelings about housing. M.C. asked if Project Home[1] can do counts of those who are homeless and not in shelters. N. Johns responded that the Project Home does do counts intermittently. L.F. asked when the consumer survey data would be available, and N. Johns replied, by the end of December it would be on www.hivphilly.org. J.M. asked if the majority of those people who reported income less than or equal to $1000 per month were on welfare. N. Johns replied, the survey the did not ask about welfare assistance, but it is likely at least some of the respondents were receiving assistance. J.M. asked N. Johns in her opinion does she think that the income has an association with high risk behavior. N. Johns replied, based off research, lower income individuals are subject to having less than opportunities and access than those with higher incomes, and sometimes lack of access can lead to risk-behavior. JW asked where the income and housing figures were derived from. K. Carter reminded the committee the results N. Johns had presented were just based off survey responses, and all responses were self-reported. RW reiterated this a survey, he explained surveys are self-reported, and they are subject to bias.

N. Johns moved the discussion onto employment, education, incarceration rate, and comorbidities. She began with discussion of employment rates in the survey sample. She stated 48% of the sample reported being retired and/or disabled, 18% were unemployed, and 27% were employed. She stated 77% of the sample had at least a high school degree, and of that 77%, 22% had a college degree or higher.

N. Johns discussed incarceration in the sample, and noted Philadelphia had a very high incarceration rate. She explained more men in the sample were incarcerated than women, and incarceration in the survey referred to being incarceration after HIV diagnosis. In the sample 75% of those incarcerated were men, and the total incarceration rate made up 20% of the sample. She stated those who were incarcerated in the sample were statistically more likely to report an income of less than $1000 per month, be unemployed,

1. Project Home is a nonprofit organization that aims to help homeless to get into permanent housing, and find an occupation. For more information visit https://projecthome.org/

and to report having trouble accessing HIV treatment compared to those who did not report being incarcerated. N. Johns discussed comorbidities in the sample. She stated the survey asked about high cholesterol, hypertension, liver problems, heart disease, nerve issues, kidney problems, diabetes, lung/breathing problems and cancer. She stated about 60% of respondents reported at least one comorbidity. She continued, around 48% responded they had hypertension, and the next most common comorbidity was high cholesterol. She explained all comorbidities were over represented in the sample compared to the baseline of the general population, except for the cancer rate at 8.5%. JM commented about the low cancer rate in the survey, he urged the committee to get their regular checkups, and to take advantage of cancer screenings.

N Johns reviewed the reported mental health issues in the survey sample. She explained the survey asked about Depression, Anxiety, Bipolar Disorder, Dementia, Schizophrenia/Schizoaffective Disorder, Post-Traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD), and Mood Disorders. She stated 61% of respondents reported at least one mental health disorder listed. The most common disorder reported was depression with around 51%. N. Johns referenced other studies that have shown PTSD rates in HIV+ women around 30%, and she added the general population has a rate of about 8% of those with PTSD. She emphasized mental health disorders were severely over-represented in the consumer survey, and mental health treatment services for PLWH may need to be expanded.

N. Johns talked about Hepatitis C prevalence in the sample. In total 30% of the sample has received a Hepatitis C diagnosis, 24% have been treated, and 6% have not been treatment. She noted people who received a Hepatitis C diagnosis were more likely have lower income compared to those who did not receive a Hepatitis C diagnosis. Of those who have reported being diagnosed with Hepatitis C, those who reported receiving treatment were more likely to be older and more likely to be disabled or retired. Those who reported untreated Hepatitis C were more likely to have a lower income than those who reported treated Hepatitis C.

N. Johns moved discussion onto insurance status in the sample. She said about 96% were insured, while only 4.1% were uninsured. She added 16 people were uninsured and 7 of them have had their insurance status change in the past year. M.C. asked if consumers have a choice of which Medicaid managed care they are enrolled in. M.S. stated you can switch managed care organizations (MCO) on Medicaid at any time, once you are enrolled.

N. Johns went over the HIV characteristics of the sample. She stated the average years living with HIV was 16 years, but 10% were diagnosed with a year or less. From the sample 83% were undetectable, and 92% are taking medication. In the sample 49% reported an AIDS diagnosis, and around 60% of those who reported an AIDS diagnosis were late testers (found out they had AIDS where when they were tested for HIV). She continued, 96% had a regular place for the HIV care, and many were satisfied with their providers and case managers. She noted 82% reported having a case manager, and those with case management were more likely to be women, people of color, and have lower income than those without case management.

N. Johns stated 91% of the sample reported that they had no problems accessing medical care. Of those 9% who reported that they had issues with the receiving care, they were more likely to be younger than the mean age of the sample and more likely to be Hispanic.

N. Johns moved discussion to reported sexual activity in the survey. Reported sexual activity was identified by 2 survey questions, “In the last 12 months, have you been sexually active? In the last 12 months have you… (check all that apply)?” From the sample 58% reported they were sexually active within the last 12 months, and 4% reported having a partner on PrEP. She added, no risk was assigned from reported behavior, and designation was left to the reader’s discretion.

She added, risk was difficult to assign, especially since the CDC announced U=U. CP asked what U=U is, and D.G. replied, in September the CDC announced those who were undetectable= untransmittable. This means that those who are virally suppressed and have been virally suppressed for over 6 months pose no transmittable risk from sexual contact. The committee discussed the meaning of undetectable = untransmittable, and their feeling towards the announcement.

N. Johns finished up the report on the consumer survey with discussion of common barriers to care. She stated the barriers to care that were reported in the survey were centered around poverty and transportation. From the survey respondents reported transportation, co-pays, poverty, and other health-related issues as barriers to retention to care. She stated 50% of people who were insured through marketplaces (Affordable Care Act) reported issues with transportation, 38% of those who were insured by Medicaid reported issues with transportation, and 19% of those who were insured by Medicare reported transportation issues. N. Johns reminded the committee the majority of the survey was low income and they faced issues accessing care, as poverty limits your ability to pay bills, get transportation, and obviously medical care/medication co pays. She shared a few quotes from survey respondents that addressed their financial struggle.

N. Johns ended her presentation with discussion of takeaways and recommendations. The main takeaways from the survey is the Ryan White care system is serving those who are in need, poverty limits people's access to medical care, many people living with HIV have complex mental health issues, the Ryan White population is aging and planning of services should cater to an aging population, and incarceration history limits access to care. She concluded the presentation with 5 recommendations for the Planning Council to improve the care system. The recommendations are as follows:

1. The Planning Council should work to mitigate the effects of poverty through material support such as food, housing, transportation services, and financial assistance as well as the provision of services that respects all kinds.
2. Risk assessments to identify PLWH who are at risk of falling out of care.
3. Efforts to support PLWH as they age
4. Housing assistance and homelessness prevention
5. An alternative system to Medicare/Medicaid transportation services.

Old Business: None

New Business: None

Announcements: RL announced Councilman Blackwell is having her annual holiday dinner party, Wednesday, December 13, 2017 from 3pm at the PA Convention center.

N. Johns announced Homeless Memorial Day[2] is Thursday, December 21, 2017. At Thomas Paine Plaza, Municipal Services Building, 1401 JFK Boulevard, Philadelphia, PA. Project Home will gather from 5-6 pm to remember the homeless and former homeless persons who have died in 2017.

Adjournment: Meeting adjourned my general consensus at 1:58 pm.

Respectfully submitted by,
Stephen Budhu, OHP staff

Handouts distributed in the meeting

- Agenda
- November 11, 2017 minutes
- OHP Calendar

2. For more information on the Homeless Memorial Day visit https://projecthome.org/events