

Philadelphia HIV Integrated Planning Council
Prevention Committee
Meeting Minutes of
Wednesday, June 26, 2019
2:30 p.m. – 4:30 p.m.

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

Present: Clint Steib, Dave Gana, Erica Rand, Gus Grannan, Janice Horan, Joseph Roderick, Keith Carter, Lupe Diaz, Mark Coleman

Absent: Katelyn Baron, Nhakia Outland, Zora Wesley

Excused: Eran Sargent, Loretta Matus

Guests: Beth Gotti

Staff: Briana Morgan, Sofia Moletteri

Call to Order:

C. Steib called the meeting to order at 2:34pm.

Welcome/Introductions:

Everyone introduced themselves. C. Steib mentioned that L. Matus would not be able to make the meeting.

Approval of Agenda:

C. Steib called for a motion to approve the agenda. **Motion: M. Coleman moved, D. Gana seconded to approve the agenda. Motion passed by general consensus.**

Approval of Minutes:

C Steib called for a motion to approve the meeting minutes from May 22, 2019. **Motion: D. Gana moved, J. Roderick seconded to approve the minutes. Motion passed by general consensus.**

Report of Co-Chairs:

C. Steib mentioned that there was not much to report on at the time except that he and L. Diaz would be going to Baltimore for the UCHAPS meeting.

Report of Staff:

B. Morgan said all important reports would be covered under the discussion items. B. Morgan also reported recent news about Hahnemann Hospital closing—she warned everyone to watch out for that impact, adding that there was not too much information on its closing at the moment. Regarding the

hospital, C. Steib noted the definite concern around perinatal transmissions. L. Diaz asked if Hahnemann has an HIV unit. C. Steib answered, saying that the hospital has Drexel Partnership Clinic. He said there would be more information about Hahnemann to come. B. Morgan mentioned how there are currently only six labor and delivery hospital options in Philadelphia.

Prevention Services Initiatives:

C. Steib tabled this conversation on account of C. Conyngham's (AACO) absence.

Discussion Items:

— **PrEP Workgroup Report** —

Planning Council Discussion & First Steps

B. Morgan stated that the Planning Council felt as if it did not have enough information or context to vote on the PrEP Workgroup Report. B. Morgan asked for the committee's input in order to gauge how the Planning Council should proceed and how the report should be presented for review in July. C. Steib asked for clarification about the report's initial presentation. G. Grannan answered, letting the committee know that the Planning Council went through each individual point one by one, but this method did not catch anybody's attention. C. Steib then asked if the council had known there was a PrEP workgroup. B. Morgan mentioned that it had been announced in the past, but people outside of Prevention Committee have not had as much interaction—or possibly any—with the PrEP workgroup.

B. Morgan asked what the committee's intention is for the report. B. Morgan presented the following questions to the committee: should the report be in the appendix? Should items from the report be picked up, and should Planning Council run with them? Is this report something that should result in immediate action? E. Rand and L. Diaz said that the lengthy initial Planning Council discussion around the report caused people to zone out. L. Diaz noted that the setup of the tables was conducive to socialization and wavering attention, not discussion. E. Rand suggested that next month, July 2019, if there is more time to re-present the PrEP report, it might be better received. K. Carter recommended sending another email to the Planning Council body asking for a robust discussion around the report. K. Carter also mentioned the use of "hot button" terms and key topics/discussion points in the email for simplification purposes and more palatable information for the council. L. Diaz played off of K. Carter's point, saying that they would tell Planning Council that Prevention Committee will be asking questions about the document based on the discussion points. B. Morgan reiterated that Planning Council needed to vote on the document, and there needed to be a basic understanding of the document to do so. She said picking out certain ideas like L. Diaz and K. Carter suggested could work.

G. Grannan said the easiest way would be to attach this to the plan as an appendix, and when issues come up, one can just refer to the PrEP Addendum. G. Grannan said instead of integrating it directly

into the plan, the appendix idea would be more honest to the report's development since it was not initially written with the plan.

B. Morgan stated that the PrEP report is not really a plan, it is a report tied to an existing plan. In this sense, it is not exactly stand-alone. She stated that the appendix notion had been suggested to Planning Council. She continued that next year, if the Planning Council wanted, it would be a good time to incorporate key elements of the PrEP report to the update of the plan. C. Steib agreed with this idea because the update is happening next year anyways. The committee seemed to all agree. C. Steib explained the Council needed to vote on the report now.

K. Carter questioned the release of the updated plan. B. Morgan said OHP is going to work on that for 2020. B. Morgan pointed out that this could be put as an appendix right away, and they could work on the incorporation with the 2020 plan update. D. Gana suggested that Prevention Committee present an overview of everything so people have an understanding of what they are voting on. He voiced his concern about how people have and will abstain from voting on PrEP report because they don't understand it.

C. Steib clarified that the committee wants the report as an appendix, and later, it should be integrated into the 2020 plan. He asked B. Morgan to give more time to the report in the meeting and put it at the beginning of the agenda so people do not burn out. Regarding the email about PrEP to the whole council, C. Steib echoed the idea of having goals and objectives and how they relate to key elements or points for discussion. B. Morgan suggested drafting the email for Planning Council and first sending it to the committee for approval. Everyone agreed that this would be a good idea.

— End the Epidemic Initiative (EEI) —

B. Morgan said that there is a bit more information coming out about the End the Epidemic Initiative. She informed the group about NOFOs (notice of funding opportunity), the new FOA. She mentioned that the CDC just released a first NOFO about EEI. Most webinars have not been updated so there are still speculative plans in place. B. Morgan explained that the EEI will rely heavily on Federally Qualified Health Centers (FQHCs) and FQHC lookalikes for PrEP rollout and HIV testing. These FQHCs see 25 million patients a year but only do 2 million HIV tests a year. B. Morgan continued, saying that OHP has been adding the FQHCs to the service directory. B. Morgan then voiced her concern about there being no FQHCs or lookalikes in Bucks county. B. Morgan mentioned C. Terrell's informative presentation on the EEI at the last Planning Council meeting. She then stated that the first NOFO the CDC released, due July 12th, is around strategy, building, and partnerships. She said that it is trying to identify who is going to do what. B. Morgan then explained that when the EEI money is released, the CDC wants a rapid turnaround (approximately a couple of months). She explained that there is nothing to do to prepare, but the Planning Council should brace itself.

C. Steib mentioned a webinar he participated in regarding EEI. He said he printed out the four pillars—Treatment, Respond, Diagnose, and Prevent—and their accompanying questions. C. Steib

read the committee the Treatment Pillar questions. **Refer to HRSA HAB Recipient Webcast handout under the subheading, Treatment Pillar** B. Morgan responded that she knows that the Treatment Pillar is planning on relying heavily on technical assistance. B. Morgan explained that the AETC (AIDS Education Training Centers) can rely more heavily on technical assistance than Ryan White, because Ryan White is only allowed to work with people who are HIV positive. Therefore, the Prevention Pillar is really depending on the AETC. K. Carter mentioned the 15-09 and said that data can be collected from the newly diagnosed. B. Morgan said this 15-09 is prevention. She also stated that if people are not in the care system, it is the job of the prevention provider to get them care. B. Morgan acknowledge reasons people might not get linked to care, e.g. sometimes people don't want to be linked to care or have difficulty getting an appointment. B. Morgan reminded the group that there are some things that the Planning Council cannot help, but there are always the things that happen often enough that the council can do something about. For example, B. Morgan stated that this might look like building organizational capabilities and helping them do better. G. Grannan suggested that technical assistance could even be used to stop misgendering at-risk groups. He further explained that approaches of the like would really help retention in care.

The group moved onto the third question under the Treatment Pillar: what new partners do you plan to engage? B. Morgan explained that for EEI, when it comes to partnerships, Planning Council and OHP are interested in partnerships and involving people more on the council. She explained how a meeting and a phone call is always very helpful for the OHP, and there is always a standing invitation for council members to introduce the OHP to their connections. B. Morgan emphasized the importance of having people from different areas of expertise.

B. Morgan returned and let the committee know that the current CDC NOFO being responded to is for 47 counties and 7 states that are responsible for 50% of new HIV infections. She explained that most counties, except for one, are located in EMA. B. Morgan continued, saying that in Philadelphia, the plan and funding will be geared towards Philadelphia. However, when it comes to partnerships, B. Morgan explained that the office is going to look at how that impacts the whole EMA as well. She explained that technically, the EEI is only going to be for Philadelphia, but the office is going to try do what they can. M. Coleman asked if Philadelphia is doing well, comparatively. B. Morgan responded that through Ryan White, yes, Philadelphia is doing well. However, B. Morgan continued, some people either don't know about Ryan White or just don't access it. She acknowledged the improvements, but there is definitely not a lot of room for more improvement since its success rate is already pretty high.

K. Carter asked about the prevention portion of the EEI and whether the Prevention Committee will need to come up with plan or take on some responsibility. B. Morgan said that as of right now, there is no responsibility for EEI, but there will most likely be involvement with EEI and the council once it hits the ground. B. Morgan expressed that the committees will be asked to help out eventually and that talking and having discussions about the EEI will be very helpful so that everyone can be prepared.

Refer to HRSA HAB Recipient Webcast. C. Steib suggested that each of these questions can be discussions for the group. E. Rand asked what their reach is, because people who have access to AETC are usually already involved. C. Steib recommended reaching out to AETC to see if they can come to Planning Council to talk more on this topic. E. Rand continued, saying that the target population would be those who don't know about webinars, because these are the people who actually need the information. C. Steib said to check out the AETC website to look at a list of webinars. B. Morgan said there are many webinars from many different sources, so she might work on compiling something for people to look at.

B. Morgan directed the conversation back to technical assistance, asking if there is anything that nobody knows or hasn't been able to find. E. Rand asked if the committee is answering this for Planning Council or city. B. Morgan responded that she just wants a perspective, but the committee is not responsible in regards to the city. B. Morgan said that there are 4 presentations the committee was planning on getting. She continued to mention one particular presentation, DExIS, a molecular surveillance initiative for which the city received funding. There is someone from DExIS who OHP wanted at a meeting to talk to the Prevention Committee. C. Steib informed everyone that there was a briefing about this in the past, and there are two groups—support staff and providers. He explained that these two groups were teamed up from the same agency, so they could work closely together. C. Steib informed the committee that in the first meeting for DExIS, he was told there are going to be in-depth case studies about newly identified positive folks. DExIS was planning on going deeply into gaps of care in newly identified people's charts to find missed opportunities. Based on that, they would try to put intervention in place for this. C. Steib said this DExIS group was all 13-24 youth and, for the most part, MSM of color and trans individuals. B. Morgan mentioned how C. Conyngham will probably email about the DExIS discussion soon.

B. Morgan said that in the EEI, there will be syringe service support, and this is particularly important to consider from EMA perspective, not just Philadelphia. She further explained that there is a serious lack of syringe service access in the rest of the EMA. B. Morgan expressed how Planning Council needs to figure out how to support this without paying for syringes themselves. She mentioned that for Ryan White funds, the council is able to support these services for people who are already positive.

K. Carter asked who will pay for these syringe services. D. Gana responded with the city, but not Ryan White. B. Morgan said that they are able to pay for syringe services with Ryan White, just not the actual syringes. G. Grannan asked about syringe disposal and whether that would be paid for. B. Morgan said she has not seen anything that would indicate that it could not be paid for. L. Diaz said that since used syringes are a biohazard, the disposal portion can be expensive. K. Carter said that there are places to go where people can drop them off. B. Morgan mentioned that in massive amounts there is no place to dispose of them. G. Grannan said that organizations will refuse to dispose of syringes because of insurance reasons. The group asked about Prevention Point, and G. Grannan clarified that Prevention Point is an exchange, so someone would have to bring syringes back since there is a (very expensive) disposal process.

The idea of this EEI, said B. Morgan, is to go after things that *you can do*, because even if there is resistance in a lot of places, there is always room to do something and make a difference. G. Grannan asked if individuals are actually going to medical examiners to see if they can find disease rates among those confirmed overdoses. B. Morgan said she was uncertain. The group seemed to agree that this would be valuable information. K. Carter asked about confirmed overdose rates. G. Grannan said it was about 1,200 in 2017 and 1,100 in 2018, explaining that rates have been increasing since 2013. From C. Terrell's presentation, B. Morgan said that for new HIV diagnoses, the increase was 33% in 2016, 45% in 2017, and 59% in 2018. G. Grannan mentioned that prior to these statistics, new cases in PWID was between 3-5% for 20 years of decline. K. Carter asked about injection drug use and the specific drugs in question. G. Grannan and B. Morgan responded that it could be anything, and the rate for Hepatitis C cases has also gone up for PWID.

C. Steib asked if everyone wanted to move on and commented on the productivity of the committee's discussion. B. Morgan expressed the importance of in-depth conversation about such issues.

Old business:

None

New Business:

D. Gana mentioned Bucks County, saying there is a sex positive health clinic opening up in July which will focus on HIV testing, STIs, and PrEP and its distribution. He said the clinic will be right next to the Bucks County Board of Health since it's central in Bucks County for everyone's access. B. Morgan mentioned that in PA counties, 33% currently diagnosed already have AIDS. Based on 2016 data, B. Morgan also explained that this was the case for 17.4% of Philadelphia new diagnoses and 17.7% for New Jersey counties. She said that this percentage has gone down in Philadelphia and New Jersey counties and up in PA counties. C. Steib asked about the population most affected in the suburbs. B. Morgan responded that the population affected is fairly representative of the PA counties. D. Gana said that a lot of physicians in the county are not involved with HIV until someone actually gets sick. M. Coleman mentioned Montgomery County and the city of Norristown, asking if there is as much of a problem with injection drug use. G. Grannan responded that this is a problem all around the EMA.

Announcements:

D. Gana announced the Men's Health Conference on June 27th from 11am-3pm at 38th and Lancaster. He explained that the free event will have HIV testing from many different organizations.

C. Steib mentioned that June 27th is also national HIV testing day. He let the committee know that many agencies will be testing at Walgreens or holding their own events. C. Steib also mentioned the Trans Health Conference in July. He told everyone to check up with the Mazzoni Center to set up a

table. D. Gana confirmed the conference dates as July 25th-27th. L. Diaz said they are still accepting tables.

M. Coleman announced to everyone that there will be a lot of events happening due to Wawa Welcome America starting June 29th and extending to July 4th.

L. Diaz announced that she and C. Steib would be going to Baltimore for the UCHAPS meeting.

Adjournment: C. Steib called for a motion to adjourn. **Motion: L. Diaz moved, G. Grannan seconded to adjourn Prevention Committee meeting. Motion passed by general consensus.**

Meeting adjourned at 4:00 PM.

Respectfully Submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from May 22, 2019
- PrEP Workgroup Report
- HRSA HAB Recipient Webcast